

2018

Berean Academy Pre-Registration

2019

Accredited by



Grade Level: \_\_\_\_\_

Today's Date: / /

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: / / Gender: M F

1-Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with Student? Yes No

Home Phone: ( ) - Cell Phone: ( ) - Work Phone: ( ) - Email: \_\_\_\_\_

2-Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Lives with Student? Yes No

Home Phone: ( ) - Cell Phone: ( ) - Work Phone: ( ) - Email: \_\_\_\_\_

Parent/Guardian Address: (where student lives) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1),(2)(a-c) Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the Language that the student first acquired? \_\_\_\_\_

Has the student received any of these services? (circle all that apply) Special Education 504 plan Speech Hearing IEP Occupational Therapy Title 1 ELL (English as a 2nd Language)

Has the student ever been expelled or received a long-term suspension? Yes No

If yes, please explain. \_\_\_\_\_

Does student have siblings enrolled at Berean Academy? If yes, name/grade: \_\_\_\_\_

Does student have siblings on the Wish List? If yes, name/grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Office Use Only

Table with columns for dates and positions: Date added to Wait List, Position on Wait List, Principal Conference, 1st Offer, Teacher Conference, Reg. Pkt. Pickup, Registration Appt, Date added to Count, Date added to schoolMaster.