

Types of Merged Documents

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Phlote/PDF- For Arizona Only



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home Language Survey

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: Bilbo Baggins

Date of Birth: 10/09/2013

Parent/ Guardian Signature: _____ Date: _____

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(For Office Use Only)

Student ID: _____

SAIS ID:

Office of English Language Acquisition Services (OELAS) – Arizona Department of Education
1535 West Jefferson – Phoenix, Arizona - 85007 (Tel.) 602-542-0753 (Fax) 602-542-3050

Enrollment Form/PDF- for Chandler school district only-

CHANDLER UNIFIED SCHOOL DISTRICT #80

TODAY'S DATE:

STUDENT'S LAST (LEGAL) NAME Baggins		STUDENT'S FIRST (LEGAL) NAME Bilbo		STUDENT'S (LEGAL) MIDDLE NAME		BIRTHDATE: MONTH/DAY/YEAR 10/09/2013		GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F		GRADE 2
PHYSICAL ADDRESS	N.S.E.W.	STREET NAME	ST. AVE.	APT.	P.O. BX	CITY	STATE	ZIP	HOME PHONE	

Ethnicity: Is your student Hispanic or Latino? Yes or No

Race: What is the student's race? Choose one or more: White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Birth Place: City _____ State _____ Country _____

Who does student live with? (circle) Both parents Mother Father Stepmother Stepfather Relative Foster Guardian

MOTHER'S NAME Kristina Gass		MAILING ADDRESS (IF DIFFERENT THAN ABOVE) 445 S. Livernois Rd Suite 224Rochester HillsMI48307			
HOME PHONE 24884119401018	WORK PHONE	CELL PHONE 24884119401018	E-MAIL ADDRESS Kgass@cirrusgroup.com		
FATHER'S NAME Guardian 2 Baggins		ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS		

SIGNATURE OF PARENT/GUARDIAN _____

IF STUDENT IS NOT LIVING WITH ONE OR BOTH NATURAL PARENTS GIVE THE FOLLOWING INFORMATION:

NATURAL MOTHER'S NAME	ADDRESS (INCLUDE CITY AND STATE)	HOME PHONE	WORK PHONE
NATURAL FATHER'S NAME	ADDRESS (INCLUDE CITY AND STATE)	HOME PHONE	WORK PHONE

LIST SIBLINGS: LAST, FIRST, MI	AGE	SCHOOL	LIST SIBLINGS: LAST, FIRST, MI	AGE	SCHOOL
LIST SIBLINGS: LAST, FIRST, MI	AGE	SCHOOL	LIST SIBLINGS: LAST, FIRST, MI	AGE	SCHOOL

STUDENT INFORMATION REQUIRED:		Has the student previously attended/registered in the Chandler Unified School District? (Circle) YES NO	
What is the primary language of the student? _____		If YES, year attended: _____ School attended: _____	
In total, has the student attended U.S. schools for more than 3 full years? (Circle) YES NO		Previous school(s) attended (other than Chandler Unified School District): <i>Please list most recent.</i>	
If NO, date first enrolled in U.S. school: _____		Name _____ School District _____	
Has the student lived in the U.S. less than 5 full years? (Circle) YES NO		City, State _____ Phone Number: _____	
If YES, date first entered U.S. _____ From what country? _____		Name _____ School District _____	
Have you or any family member moved in the past 3 years for the purpose of seeking or obtaining temporary or seasonal employment in agriculture or fishing industries? (Circle) YES NO		City, State _____ Phone Number _____	
Has the student been previously enrolled in a migrant child education program? (Circle) YES NO			

FOR OFFICE USE ONLY			
School	Student ID#	SAIS #	Teacher
Entry date	Entry code	Birth certificate Y N	Legal documentation Y N
			Class of
			Date keyed

67-60-1820
REV 3/10

Home School:

Dynamic Form- this form will vary based on the state a site is located in.

