

PAPA 2020-2021 Registration Packet

ADDRESS: 11800 Princess Jeanne Ave NE, Albuquerque, NM 87112; PHONE: (505) 830-3128

FAX: (505) 830-9930; EMAIL: info@paparts.org



Welcome

The following documents are required when registering a child to attend Public Academy for Performing Arts (PAPA)

**Click boxes to select or fill in information*

Student Registration Information Packet – including Free and Reduced Lunch form, Emergency Authorization Form, Permission to Photograph/Technology Use Form, Language Use Survey

Birth Certificate or Passport (required to register)

Child's Immunization Record (required to register)

Child's Most Recent Report Card (not required for Kindergarten)

Child's IEP/SAT/504/BIP (if applicable)

Child's Transcript from Current School

Most Recent Standardized Test Results

Photo ID of the Parent/Guardian (Only the parent or legal guardian may register a child for school)

Proof of Custody (Legal Guardian must provide legal documentation of custody)

Parent/Legal Guardian must complete registration process using the fillable form. We do not need a hard copy once you submit.

All requested documents can be brought in person, mailed, emailed or faxed. Make sure all documents have child's name and parent/guardian name clearly printed so that we can complete your file in a timely manner.

If you can't submit online please come to the main office and complete a packet in person, don't forget to bring all required documents for copy.

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All documents listed above must be submitted to complete the Student Registration Information Packet – incomplete packets will not be accepted.**STUDENT INFORMATION****STUDENT REGISTRATION INFORMATION FORM**

Please print clearly. Provide legal names.

Last Name:		First Name:	
Middle Name:			
Gender:			
Birthdate Month:		Day:	Year:
Student Phone Number:			
Home Address:			
City:	State:	Zip:	
Students Most Recent School			
School Name:			
Teachers Name:			
School Address:			
City:	State:	Zip:	

ESL

Has student ever received English as a Second Language (ESL) or Bilingual services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Race/Ethnic Code

☐ Black/African-American ☐ White/Caucasian ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander
(Please check all that apply)

PARENT INFORMATION**Parent A**

Last Name:		First Name:	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other-please list here: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Resides with Student?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Address:			
City:	State:	Zip:	

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Best Phone Number:		
Best Email Address:		
Employer:		
Work Phone Number:		
Receive School Mail (if not Custodial Parent)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Parent B

Last Name:		First Name:	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other-please list here: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Resides with Student?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Address:			
City		State	Zip
Best Phone Number:			
Best Email Address:			
Employer:			
Work Phone Number:			
Receive School Mail (if not Custodial Parent)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

US ARMED SERVICES

Public Schools are required to identify students whose parent is (or parents are) in the U.S. Armed Forces (Active Duty, Natl Guard or Reserve).

Parent/Guardian in Active Duty, Natl Guard or Reserve?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Place of employment located on a Government Owned Property? Property Name: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Parent's/ <input type="checkbox"/> Guardian's Name _____		
<input type="checkbox"/> Parent's/ <input type="checkbox"/> Guardian's Name _____		

SIBLING INFORMATION**Sibling A**

Last Name:		First Name:	
Middle Name:			
Gender:			
Grade:		Age:	

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Sibling B**Last Name:****First Name:**

Middle Name:

Gender:

Grade:

Age:

Sibling C**Last Name:****First Name:**

Middle Name:

Gender:

Grade:

Age:

Health and Wellness

Does your child take medication at school?

☐ No☐ Yes

Does your child receive mental health counseling?

☐ No☐ Yes

If no, are you interested in receiving a referral?

☐ No☐ Yes

Does your child have a health care plan?

☐ No☐ Yes☐ Diabetes☐ Asthma☐ Allergy

Other, please list:

Does your child have a special diet?

☐ No☐ Yes

If yes, please list:

Students with Special Needs

Does child require mobility assistance? (i.e. wheelchair, etc.)

☐ No☐ Yes

Has child ever had a SAT (Student Assistant Team)?

☐ No☐ Yes

If Yes, is there an intervention in place?

☐ No☐ Yes

Did child receive Special Education and related services in most recent school?

☐ No☐ Yes

Does this child have a current IEP (Individualized Education Program)?

☐ No☐ Yes

Does child have a 504 Accommodation Plan?

☐ No☐ Yes

If Yes, is the plan available?

☐ No☐ Yes

Did child receive Gifted Services in most recent school?

☐ No☐ Yes

If Yes, is there an IEP available?

☐ No☐ Yes

Answers to these questions will help determine what services the student may be eligible to receive.

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Temporary Living Arrangements – (the following questions address the McKinney-Vento Act 42 U.S.C.)Is student's current address a temporary living arrangement? ☐ No ☐ YesIs this temporary living arrangement due to loss of housing or economic hardship? ☐ No ☐ Yes**Where is the student living now?**☐ In a motel or hotel☐ Doubled up with family or friend☐ In a homeless shelter☐ Unaccompanied youth☐ Other (a place not designed for ordinary sleeping accommodations)**How Did You Hear About PAPA?**☐ Billboards☐ Radio☐ PAPA Publication☐ PAPA Website☐ PAPA Facebook☐ PAPA Twitter☐ PAPA Instagram☐ Television News Story☐ Newspaper Story☐ Friend or Relative☐ PAPA Staff Member☐ PAPA Event

I understand that any inaccurate information provided about this student on any page of this Student Registration Information Form may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

Parent's/Guardian Signature**Date**

Parents and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C., 20202- 4605
Website: www.ed.gov/offices/OM/fpcol Informal inquiries may be sent to the Family Policy Compliance Office at this email address: FERPA@ed.gov

Student ID

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Entry Date ____/____/____

(Office Use Only)