



Enrollment form for 2020 – 2021 school year
ENROLLMENT: NEW _____ CONTINUING _____

SAIS ID: _____ Grade: _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Current Age: _____ Date of Birth: Month _____ Day: _____ Year: _____

Gender: Female Male Have you ever attended this school? Yes No

Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	Is Ethnicity Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	
	<input type="checkbox"/> Black or African American		

School year student was first a freshman? 2018-2019 2019-2020 Other: _____

Is the student pending expulsion or long term suspension? Yes No

Last School Attended: _____ Last Date of Attendance: _____

Has the student ever been identified for and/or placed in a Special Education Program? Yes No

If yes, does the student have a current IEP? (Please bring to enrollment interview) Yes No

Student's Place of Birth? City: _____ State: _____ Country: _____

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 attended school in the United States for more than 3 years? Yes No

Parent / Guardian Information

Primary Contact

Last Name: _____ First Name: _____ Relationship to Student: _____

Mailing Address: _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email Address: _____ MILITARY: Active Reserve Start Date: _____

Lives with contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Legal Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to Pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Report Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Secondary Contact

Last Name: _____ First Name: _____ Relationship to Student: _____

Mailing Address: _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email Address: _____ MILITARY: Active Reserve Start Date: _____

Lives with contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Legal Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to Pick up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Report Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby give my permission for my son/daughter's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose(s) of recruiting and/or public relations. Yes No _____(initial).

NOTICE: Parents/guardian and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records to applicable state and federal laws and administrative rules & regulations. Copies of the district's policy on student education are available at the school and may be obtained at no charge.

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature

Date

SMS Entry Date: _____ Staff Intl _____ Student ID# _____ Grade: _____ Enrollment Date _____



LAS PUERTAS COMMUNITY SCHOOL

100 W 37th Street
Tucson, AZ 85713

Emergency Contact/Medical

Students Name _____ Grade _____

Transportation information and permissions:

The following people have permission to transport my child to/from school and/or in case of emergency.(aside from primary/secondary contact) **Student will not be released to anyone other than those listed, unless prior arrangements have been made and school officials have been notified.**

- 1) _____ Relationship _____ Phone _____
- 2) _____ Relationship _____ Phone _____
- 3) _____ Relationship _____ Phone _____
- 4) _____ Relationship _____ Phone _____
- 5) _____ Relationship _____ Phone _____

Doctor & Phone _____

Counselor & Phone _____

Probation Information (if applicable) _____

Special Medication
Considerations _____

Allergies _____

Parent/Guardian Signature

Date