



SAIS ID: \_\_\_\_\_ Grade: \_\_\_\_\_

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

### 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
	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

Is Ethnicity Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: \_\_\_\_\_

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: \_\_\_\_\_

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