



Enrollment Form for:  
2022-2023 school year

SAIS ID: \_\_\_\_\_ Grade: \_\_\_\_\_ ENROLLMENT: NEW  CONTINUING

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(Apellido) (Primer nombre) (Segundo nombre)

Current Age(Edad): \_\_\_\_\_ Date of Birth: fecha de nacimiento(MM/DD/YYYY) \_\_\_\_\_ Gender(género):  Female  Male

Last School Attended: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_  
(última escuela que asistió) (último día de asistencia)

Has student been expelled or is currently pending expulsion or long term suspension?  Yes  No  
(¿El estudiante ha sido expulsado o está pendiente de expulsión o suspensión a largo plazo?)

Information below is for reporting demographic data of our student population when applicable. Completion is not condition of enrollment (La información a continuación es para informar datos demográficos de nuestra población estudiantil cuando corresponda. La finalización no es una condición para la inscripción.)

Is Ethnicity Hispanic or Latino?  Yes  No Race:  American Indian/Alaskan Native  Native Hawaiian or Pacific Islander  
 Asian  Black or African American  White

The questions below are only asked for continuation of services and completion is not a condition of enrollment (Las preguntas a continuación solo se hacen para la continuación de los servicios y la finalización no es una condición para la inscripción)

Special Classes, Accommodations or Services(Check all that apply):  English Language Development  Gifted/Accelerated Program  
 Special Education  504 plan  Current IEP  Speech Therapy  Other \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student?  
¿Cuál es el idioma principal que se usa en el hogar, independientemente del idioma que habla el estudiante? \_\_\_\_\_

What is the language most often spoken by the student? ¿Cuál es el idioma que habla el alumno con más frecuencia? \_\_\_\_\_

What is the language that the student first acquired? ¿Cuál es el idioma que adquirió el estudiante por primera vez? \_\_\_\_\_

**Parent / Guardian Information Información del padre/tutor**

**Primary Contact**

Last Name(Apellido): \_\_\_\_\_ First Name (nombre): \_\_\_\_\_ Relationship(relación): \_\_\_\_\_

Mailing Address(Domicilio): \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation(Ocupación): \_\_\_\_\_

Home Phone(teléfono): \_\_\_\_\_ Cell Phone(celular): \_\_\_\_\_ Work Phone(trabajo): \_\_\_\_\_

Email Address: \_\_\_\_\_ MILITARY:  Active  Reserve Start Date: \_\_\_\_\_

Lives with contact?  Yes  No Has Legal Custody:  Yes  No Ok to Pick up?  Yes  No

OK to receive confidential school information in the mail (report cards, behavior information, etc...)?  Yes  No

**Secondary Contact**

Last Name(Apellido): \_\_\_\_\_ First Name (nombre): \_\_\_\_\_ Relationship(relación): \_\_\_\_\_

Mailing Address(Domicilio): \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation(Ocupación): \_\_\_\_\_

Home Phone(teléfono): \_\_\_\_\_ Cell Phone(celular): \_\_\_\_\_ Work Phone(trabajo): \_\_\_\_\_

Email Address: \_\_\_\_\_ MILITARY:  Active  Reserve Start Date: \_\_\_\_\_

Lives with contact?  Yes  No Has Legal Custody:  Yes  No Ok to Pick up?  Yes  No

OK to receive confidential school information in the mail (report cards, behavior information, etc...)?  Yes  No

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.

Por la presente doy mi permiso para que la foto de mi hijo / hija sea utilizada en cualquier momento por Las Puertas Community School / StrengthBuilding Partners con el (los) propósito (s) de reclutamiento y / o relaciones públicas  Yes  No \_\_\_\_\_(initial).

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

(AFIRMO QUE LA INFORMACIÓN ANTERIOR ES VERDADERA Y CORRECTA A LO MEJOR DE MI CONOCIMIENTO)

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

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.**

Información y permisos de transporte:

Las siguientes personas tienen permiso para transportar a mi hijo a / desde la escuela y / o en caso de emergencia. (aparte del contacto primario / secundario) El estudiante **no será entregado a nadie que no sean los enumerados, a menos que se hayan hecho arreglos previos y se haya notificado a los funcionarios de la escuela.**

- 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(Alergias) \_\_\_\_\_

Parent/Guardian Signature (frima) \_\_\_\_\_

Date (fecha) \_\_\_\_\_