

The Academy of Tucson ES MS HS

ES: 9209 E Wrightstown Rd, Tucson AZ 85715
 MS: 7310 E 22nd St, Tucson, AZ 85710
 HS: 10720 E 22nd St, Tucson, AZ 85748

PHONE: (520) 886-6076
 PHONE: (520) 749-1413
 PHONE: (520) 733-0096

FAX: (520) 886-6575
 FAX: (520) 749-2824
 FAX: (520) 733-0097

SCHOOL YEAR: 20__ - 20__	ENROLLMENT FORM	GRADE ENROLLING IN: _____
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STUDENT INFORMATION

STUDENT LEGAL NAME: _____		GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	DOB: _____
LAST	FIRST	MIDDLE	
PHYSICAL ADDRESS: _____			
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS: _____			
(if different)	STREET ADDRESS	CITY	STATE
	STREET ADDRESS	CITY	STATE
PREFERRED NAME: _____		CITY OF BIRTH: _____	BIRTH STATE: _____

RACE: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander	Is your child Hispanic/Latino? <input type="checkbox"/> Y <input type="checkbox"/> N
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STUDENT LIVING WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Mother ONLY <input type="checkbox"/> Father ONLY <input type="checkbox"/> Grandparent	
(CHECK all that apply) <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother	
<input type="checkbox"/> Other (please specify): _____	

PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT

LEGAL NAME: _____		RELATIONSHIP TO STUDENT: _____	
LAST	FIRST		
EMAIL ADDRESS: _____		OCCUPATION: _____	
HOME #: _____	CELL #: _____	WORK #: _____	
Number to use for contact: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK			
LEGAL NAME: _____		RELATIONSHIP TO STUDENT: _____	
LAST	FIRST		
EMAIL ADDRESS: _____		OCCUPATION: _____	
HOME #: _____	CELL #: _____	WORK #: _____	
Number to use for contact: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK			

PARENTS/GUARDIANS LIVING AT AN ADDRESS DIFFERENT FROM STUDENT

LEGAL NAME: _____		RELATIONSHIP TO STUDENT: _____	
LAST	FIRST		
PHYSICAL ADDRESS: _____			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS: _____		OCCUPATION: _____	
HOME #: _____	CELL #: _____	WORK #: _____	
Number to use for contact: <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK			
Does this parent/guardian have joint custody? <input type="checkbox"/> Y <input type="checkbox"/> N		Should this parent/guardian receive school information? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is this person legally restricted access to the student? <input type="checkbox"/> Y <input type="checkbox"/> N (A copy of the court order must be provided to the school.)			

Are you or a member of your household active duty, active reserve or National Guard? <input type="checkbox"/> Y <input type="checkbox"/> N
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PREVIOUS SCHOOL INFORMATION

NAME OF PRESENT SCHOOL: _____ **GRADE:** _____
STREET ADDRESS: _____ **PHONE #:** _____
CITY STATE ZIP CODE

FORMER SCHOOLS (LIST IN ORDER)	DATES ATTENDED

SPECIAL SERVICES INFORMATION

Is your child currently receiving or has ever received Special Education Services? Y N

If yes, please specify below:
 Speech/Language Learning Disabled Emotionally Disabled

Does your child have a current 504 plan? Y N

If yes, please explain: _____

DISCIPLINE

Please provide discipline information and dates below.
 Pending Expulsion Expulsion

Dates: _____

All information provided on the enrollment form and/or requests for student records are for informational purposes and/or cohort placement. **Enrollment at Academy of Tucson Schools is open.** The Academy of Tucson does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Answers provided or missing information does not negatively impact enrollment or enrollment status.

All stakeholders — including students, parents, guardians, teachers, staff, etc. — are expected to support the mission of The Academy in providing the best possible educational outcome for all students.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR ADMINISTRATIVE USE ONLY:

SMS DATA ENTRY DATE: _____ WITHDRAWAL DATE: _____
ENTRY DATE: _____ UNIQUE STATE ID#: _____ ENROLLMENT CODE: _____