



Enrollment Form for:
2020-2021 school year

SAIS ID: _____ Grade: _____ Enrollment: New Continuing

Student Information

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

Current Age: _____ Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Last School Attended: _____ Last Date of Attendance: _____

Has the student been expelled or is currently pending expulsion? Yes No

Information below is for reporting demographic data of our student population when applicable. Completion is not a condition of enrollment.

Is Ethnicity Hispanic or Latino?
 Yes No

Race: American Indian/Alaskan Native
 Black or African American
 White

Asian
 Native Hawaiian or Pacific Islander

The questions below are only asked for continuation of services and completion is not a condition of enrollment

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

What language do people speak in the home most of the time? _____

What language does the student speak most of the time? _____

What language did the student first speak or understand? _____

Parent/Guardian Information

Primary Contact:

Last Name: _____ First Name: _____ Relation to Student: _____

Mailing Address: _____ Apt Number: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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 intervention information, etc...)? Yes No

Secondary Contact:

Last Name: _____ First Name: _____ Relation to Student: _____

Mailing Address: _____ Apt Number: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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 intervention information, etc...)? Yes No

I hereby give my permission for my child's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose of recruiting and/or public relations. Yes No _____(initial)

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

Parent/Guardian Signature

Date

For Office Use Only	SMS Entry Date: _____ Student ID# _____ Grade: _____
	Enrollment Date: _____ Staff Initials: _____



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