

SAHUARITA UNIFIED SCHOOL DISTRICT NO. 30
School Enrollment Form

THIS SECTION IS FOR OFFICE PERSONNEL ONLY

Student ID#:	School	Homeroom	Grade Level	District of Residence	Bus Route	Distribution: <input type="checkbox"/> Cum file <input type="checkbox"/> ELL Teacher <input type="checkbox"/> Student Services
SAIS ID#:			<u>Cohort Group</u>		<u>Area</u>	
Initial Enrollment Date	Entry Code	Ethnicity/Race Code	Foreign Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No	Open Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <input type="checkbox"/> Immunization	Registrar initials: Date entered in SMS:

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

FAVOR DE LLAMAR A LA OFICINA DE LA ESCUELA PARA OBTENER UNA FORMA EN ESPANOL

DEMOGRAPHIC INFORMATION:

Please check (✓) one: New student to district Attended Sahuarita district previously

Student Name _____
Legal Last name First name Middle initial

Street Address: _____
Number Street City Zip Code

Mailing Address: _____
Number / P.O. Box # / Street Subdivision

Home Phone Number: _____ Age of student at time of enrollment: _____ Gender: M F

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

Ethnicity: Hispanic/Latino Yes No
Race: (Select one or more of the following):
 White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

Your response to the following questions will be used to determine whether your child will be assessed for English Language Proficiency.
 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? _____

PREVIOUS SCHOOL INFORMATION:

School student last attended: _____ Grade student was in: _____ Date withdrawn: _____

School address: _____ State: _____ Phone #: _____ Fax #: _____

Was student suspended or expelled from school? Yes No
 Is student currently being considered for suspension or expulsion from school? Yes No
 Is the student currently under conditions imposed by a juvenile court? Yes No
 Is the student currently under disciplinary action by any school or district? Yes No

If student was receiving special services at his/her previous school, please indicate which services below:

Special Education Speech/Language ELL Gifted 504 Plan Title I

Has your child ever been retained? Yes No If yes, what grade? _____

FAMILY INFORMATION: (This section pertains to who the child currently lives with.)

Student lives with: Both Natural Parents Natural Mother Natural Father Legal Guardian _____

Please indicate any legal circumstances if applicable:
 Sole Custody (Court Decree must be on file in school) Joint Custody Other _____

Mother's Name: _____ Work Phone # _____ Cell# _____ E-Mail _____
 Relationship to student: Parent Step Mother Foster Parent Legal Guardian Is legal documentation on file? ()Yes ()No

Father's Name _____ Work Phone # _____ Cell# _____ E-Mail _____
 Relationship to student: Parent Step Father Foster Parent Legal Guardian Is legal documentation on file? ()Yes ()No

Siblings: _____ Age: _____ Age: _____

I certify the information provided to be true to the best of my knowledge.

PARENT SIGNATURE _____ **DATE** _____

Student: _____

Grade: _____

School: _____

CONTACT INFORMATION: Please designate Emergency Contact(s) and/or Permission to Pick Up. A written note from parent is required for permission to pick up.

Name	Phone #	Relationship	<u>Emergency Contact</u>	<u>Permission to Pick up</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

FIELD TRIP PERMISSION:

I give permission for my child to participate in field trips. (School vehicles only are to be used.) YES NO

STUDENT/PARENT TRANSPORTATION INFORMATION:

Not Eligible (circle one) : Open Enrollment / Tuition / Discipline / Other _____

To School (choose only one) : Residence Stop Parent dropoff / Student drive Walks Alt. Address _____

From School (choose only one) : Residence Stop Parent pickup / Student drive Walks Alt. Address _____

SCHOOL-PARENT COMMUNICATION :

Sahuarita Unified School District utilizes a school-parent communication system for a faster and more reliable way of contacting you on your child's absences. If the need arises, it can also be used to communicate to you at a district level. Home phone numbers and Cell numbers will be used to notify you on your child's unknown absence. Below, please complete all options of school-parent communication that would apply.

Voice message - This is the most efficient method of communication with you. Indicate the phone number you wish to receive voice messages.

Phone Number: _____

Email message - Indicate your e-mail address below.

E-mail Address: _____

Text message - This method of communication is only used in special circumstances i.e.; Mass messaging, Lock-down, etc. Depending upon your cell phone provider, there may be a small charge per message received. Indicate below the cell phone number you wish to receive text messages. **Text messaging is NOT used for absence notifications unless specifically requested by the parent/guardian.**

Cell Phone Number: _____ Belongs to: _____

I certify the information provided to be true to the best of my knowledge.

PARENT SIGNATURE _____

DATE _____