

SAIS ID #: _____

(South Pointe High School) 2019 SUMMER SCHOOL ENROLLMENT FORM

STUDENT INFORMATION					
Student's Last Name	Student's First Name	Student's Middle Name	Age:	Grade:	Gender:
Ethnicity: (Please mark ONLY ONE) Hispanic or Latino NOT Hispanic or Latino	Race: (Please mark ONE or MORE of the following) American Indian/Alaska Native Black or African American Asian Hawaiian/Other Pacific Islander White		Student's email address:		
Date of Birth (Month / Day / Year) / /	Birth City	Birth State	Student's Cell Phone: ()		

PREVIOUS SCHOOL INFORMATION		
Name of Previous School Attended	Withdrawal Date	Previous School Location (City, State, Zip, if known)

PARENT/LEGAL GUARDIAN/ ADULT STUDENT (over 18) INFORMATION					
Primary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings	Secondary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings
Home Address		Home Address			
City	State	Zip Code	City	State	Zip Code
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip Code	City	State	Zip Code
Home Phone (__ Primary #)	Work Phone (__ Primary #)		Home Phone (__ Primary #)	Work Phone (__ Primary #)	
Cell Phone (____ Primary #)	Relationship to Student		Cell Phone (____ Primary #)	Relationship to Student	
Email Address:			Email Address:		

IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY			
Emergency Contact 1 Name (Last, First) - Person That Can Pick Up Student		Emergency Contact 2 Name (Last, First) - Person That Can Pick Up Student	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Relationship to Student	Cell Phone	Relationship to Student

STUDENT BACKGROUND IMPORTANT!!!	HOME LANGUAGE SURVEY (as required by Arizona Department of Education)									
If parents separated/divorced, who has legal custody? _____ Does the non-custodial parent have restricted visitation rights? __ Yes __ No (If yes, a copy of the legal papers must be provided.) Does your child currently receive extra services? YES NO Special Education/IEP 504 ELL or LEP Does your child have medical or dietary concerns we should know about? Has your child ever been expelled from another educational institution? __ Yes __ No Is your child currently in the process of being expelled from a school? __ Yes __ No Has your child ever been a Leona Group student before? __ Yes __ No	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? _____									
PLEASE LIST SIBLINGS										
<table border="1"> <thead> <tr> <th>First and Last Name</th> <th>Age</th> <th>School</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>		First and Last Name	Age	School	1.			3.		
First and Last Name	Age	School								
1.										
3.										

	X _____ PARENT / GUARDIAN / ADULT STUDENT SIGNATURE	_____ DATE
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THIS SECTION IS FOR OFFICE USE ONLY			
Proof of Birth Documentation	Entry Date: ____/____/ 201__	Entered into SMS: ____/____/ 201__	Interviewer Initials:
Proof of Residency	Entry Code: _____	Entered into SMS by: _____	

*****For Re-Enrollment Only*****

*As I re-enroll my student: _____ I acknowledge the information above has not changed and is still current.
 (student name)

Parent/Guardian Signature: _____ Date: _____