

<b>Office Use Only:</b> Grade _____	Cohort year _____	SAIS ID _____
Start Date _____	Schoolmaster Date _____	Withdrawal Date _____
Track One _____ Track Two _____		Teacher _____

**STUDENT INFORMATION**

**Entering Grade:** \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ **Student** Cell Phone # \_\_\_\_\_ **Student** Work Phone # \_\_\_\_\_

**Gender:** M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

**Please answer both parts:**

**Part A:** Hispanic/Latino:  
 Yes \_\_\_ No \_\_\_

**Part B:** White \_\_\_ Black/African American \_\_\_ Asian \_\_\_  
 American Indian/Alaskan Native \_\_\_ Hawaiian/Pacific Islander \_\_\_

**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? \_\_\_\_\_

**Special Education, Accommodations or Services?** Yes \_\_\_ No \_\_\_ (If yes, please answer next question)

Was an Individual Education Plan (IEP) ever developed? Yes \_\_\_ No \_\_\_ (If yes, please provide copy)

**Does student have a medical condition?** (If yes, please explain) \_\_\_\_\_

**Does student take prescription medicine?** (If yes, please explain) \_\_\_\_\_

**Parent/Guardian**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Emergency Contact Information (Only people on this form may take students out of classes)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

Last Date Attended School \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Has the student ever been suspended or expelled? Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Reason \_\_\_\_\_

Has student ever been arrested or on probation: Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

Probation Officer Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you find out about Nosotros Academy? Nosotros Academy Student \_\_\_\_\_ Advertising \_\_\_\_\_

Other \_\_\_\_\_

The following signature(s) confirm that I/we will read the Nosotros Academy Summer School Expectations and/or Student/Parent Handbook for the School Year. I/We also confirm that I/we have read the School/Parent/Student Responsibilities Compact that is in the handbook, and will abide by all of the policies contained therein, and that all information contained on this form is complete and accurate to the best of my/our knowledge. I/We understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Nosotros Academy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**A student WILL NOT be allowed to start the school year until the COMPLETE ENROLLMENT PACKET has been received and reviewed by the Registrar.**

### REQUIRED DOCUMENTATION FOR ENROLLMENT

- ✓ Birth Certificate
- ✓ Immunization Records (**K & 6<sup>th</sup> grade require update**)
- ✓ Proof of Arizona residency
- ✓ Withdrawal from previous school including:
  - High school student transcript
  - MS promotion certificate for **NEW 9<sup>th</sup> grade students**
  - Elementary/Middle school report card
- ✓ **Case Number** for: SNAP TANF FDPIR (breakfast/lunch program)
- ✓ **IEP** documentation

***\*\*\*Free breakfast and lunch meals during the summer break for students attending Summer School The meal service is also open to any child 18 years of age and younger living in the neighborhood.  
For more information call (520) 624-1023***