

FOR OFFICE USE ONLY

Graduation Year: _____ ID Number: _____ Grade: _____ Counselor: _____ SAIS #: _____
Entry Code: _____ Entry/Date: _____ School: _____ Map Code: _____ Date in System: _____

Student Information

Last Name: _____ First Name: _____ Middle: _____ Gender: M / F
BIRTHDAY Month: _____ Day: _____ Year: _____ BIRTH PLACE City: _____ State: _____ Country: _____

ETHNICITY: Hispanic or Latino NOT Hispanic or Latino RACE: White Black/African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander
Street Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Major Cross Streets: _____
Student Cell Number: () _____ Student Email: _____ Parental Phone # for reporting attendance: () _____
Last School Attended: _____ City: _____ State: _____

Parent Information

NOTE: The school will not honor restriction requests unless copies of custody papers or court orders that support the requests of the parent are on file with the school.

Mother's Legal Name: _____
Mother's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell: () _____
Work: () _____ Ext: _____ Email: _____
May Pickup Student: Yes _____ No _____ Student lives with Mother: Yes _____ No _____

Father's Legal Name: _____
Father's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell: () _____
Work: () _____ Ext: _____ Email: _____
May Pickup Student: Yes _____ No _____ Student lives with Father: Yes _____ No _____

Legal Court Ordered Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell: () _____
Work: () _____ Ext: _____ Email: _____
May Pickup Student: Yes _____ No _____ Relationship: _____

Legal Court Ordered Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell: () _____
Work: () _____ Ext: _____ Email: _____
May Pickup Student: Yes _____ No _____ Relationship: _____

Who does student live with?

Both Parents Mother Father Stepmother Stepfather Two Stepparents Relative Other
Stepfather _____ May Pickup Student: Y/N Contact Number: () _____
Stepmother _____ May Pickup Student: Y/N Contact Number: () _____

Emergency Information:

Contact (other than parent/guardian) _____ Relationship to student: _____
Home Phone: () _____ Cell Phone: () _____ May Pickup Student: Yes _____ No _____

Contact (other than parent/guardian) _____ Relationship to student: _____
Home Phone: () _____ Cell Phone: () _____ May Pickup Student: Yes _____ No _____

Doctor: _____ Phone: () _____ Hospital: _____

**PLEASE COMPLETE INFORMATION ON BOTH SIDES OF FORM
GUARDIAN SIGNATURE REQUIRED ON BACK OF FORM**

HOME LANGUAGE SURVEY

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? _____

BACKGROUND INFORMATION

Has the student EVER attended a school in ARIZONA? Yes No Year _____ School _____
HAS THE STUDENT EVER BEEN REMOVED OR IS THE STUDENT IN THE PROCESS OF BEING REMOVED FROM A PREVIOUS SCHOOL DUE TO DISCIPLINARY ACTION? Y / N
Has the student previously registered/attended a TEMPE UNION HIGH SCHOOL DISTRICT? Yes No Year _____ School _____
IS THE STUDENT UNDER A CONDITION IMPOSED BY THE JUVENILE COURT PURSUANT TO A.R.S. § 8-301? Yes No
Has the student attended a school in the U.S. for MORE THAN 3 FULL academic years? Yes No (if NO please complete Immigrant Status Form below)

IMMIGRANT STATUS FORM

This information will be used only for purposes of verifying eligibility for funding under the Emergency Immigrant Education Fund.
Has the student attended a school in the U.S. for MORE THAN 3 FULL academic years? Yes No

My Student _____, _____
(Last Name) (First Name) (Middle Name)
was born in _____ on _____ / _____ / _____
(City) (Country) Month Day Year

No birth certificate or other documentation concerning my student's birthplace is available because _____
Print first and last name _____ Signature _____ Date _____

EDUCATIONAL CAREER ACTION PLAN/CAREER INTEREST

Parent/guardian please indicate student's interest(s): Agriculture Construction AV Technology Business Mgmt. Education Finance Transportation
 Government Health Services Hospitality Human Services Information Technology Public Safety Manufacturing Marketing Engineering

I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws of the state of Arizona. I further hereby certify that all the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility. Further, I acknowledge that if any information has been falsified, I may be liable for non-resident tuition from the date of enrollment in the Tempe Union High School District.

Print first and last name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

PLEASE COMPLETE INFORMATION ON BOTH SIDES OF THE FORM