

**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: \_\_\_\_\_ May Pickup Student: Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

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**