

Coolidge Unified School District #21

2018-2019 STUDENT ENROLLMENT CARD

Heartland CAP West Coolidge Junior HS Coolidge HS
Open Enrollment

Please PRINT all information except signature

ID#
ED: / / Code:
WD: / / Code:
SAIS#:
Teacher: Rm#:

Name: (Legal Last Name), (First Name) (Middle Name/s) Grade:

Street Address: City: Zip:

Mailing Address: City: Zip:

Home Phone: () - Cell Phone: () - SS#(student): - -

Date of Birth: / / Gender: M F Place of Birth (City): Birth State

Was this student born outside of the U.S.? Yes No Birth Country

Parent/Guardian Email Address: Parent In Military: Yes No

Last School Attended: Address:

City, State, Zip: Grade: Last Date of Attendance: / /

If student previously attended school in Coolidge: School: Grade: Date:

Has the student previously attended school in Arizona? Yes No

***** ETHNIC/RACIAL INFORMATION *****

Is this student Hispanic/Latino? (Choose only one) Yes No

(The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.)

Choose one or more with which this student is most closely identified:

Native American or Alaska Native Caucasian (White)
Asian Black or African American
Native Hawaiian / Other Pac Islander

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?

Has this student ever been qualified for and/or participated in Migrant Child Education? Yes No

Has this student been identified for and/or placed in a Special Education Program (IEP) over the last three years? Yes No

Has this student ever been identified for a 504 plan? Yes No

Has this student ever been identified for and/or placed in a Gifted Program? Yes No

Can your child's name and/or picture be released for publication, (i.e., newspaper, television, etc.)? Yes No

Does your child have permission to have access to the Internet? Yes No

***** FAMILY INFORMATION *****

Parent/Guardian Name Living U.S. Citizen Employer Work Phone
Father: Y N Y N
Mother: Y N Y N
StepParent: Y N Y N
Legal Guardian: Y N Y N

Marital status of parents: Married Single Divorced Separated Widowed
If parents are separated or divorced, who has custody? (please provide court documentation)

Student lives with Brothers D.O.B. Sisters D.O.B.

Student MAY be signed out by:

Student MAY NOT be signed out by: Reason:

***** PERSONS OTHER THAN PARENT TO CONTACT IN CASE OF EMERGENCY *****

Name: Relationship to student: Phone:

Name: Relationship to student: Phone:

I affirm that the above information is true and correct to the best of my knowledge.

Signature of Parent/Guardian Date