

Entry Code: \_\_\_\_\_  
Entry Date: \_\_\_\_\_  
Entered Date: \_\_\_\_\_  
SAIS : \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
(For Office Use Only)

**AZTEC HIGH SCHOOL**  
2330 W. 28<sup>th</sup> Street • Yuma, AZ 85364  
Telephone: (928) 341-1918 • Fax: (928) 314-1990



SCHOOL YEAR: **2018-2019**

**STUDENT NAME**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Students Cell Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Gender: M:  F:  Grade Entering: \_\_\_\_\_

**LAST SCHOOL ATTENDED**

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is this student of Hispanic/Latino ethnicity? Yes:  No:   
Please mark one or more boxes to indicate students race: Black:  White:  Asian:   
Native Hawaiian or Other Pacific Islander:  American Indian or Alaska Native:

Has the student ever been identified for any of the following programs? (NOTE: If YES, please include IEP)  
 Special Education  Speech  Gifted  504 Plan  ELL

Has student ever been expelled or long-term suspended? NO:  YES:

Is student on probation? NO:  YES:  Probation Officer: \_\_\_\_\_

Does student have a chronic condition? NO:  YES:   
If so, chronic illness form must be submitted and signed by Physician.

Who has legal custody?  Parents  Mother  Father  Other: \_\_\_\_\_

**LEGAL PARENT/GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Relationship to Student:  Father  Mother  Step-parent  Foster Parent  Grandparent  Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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