

SONORAN SCIENCE ACADEMY

Enrollment Application 2010-11



2325 W Sunset Road, Tucson, AZ 85741
 P: (520) 665-3400 F: (520) 665-3420
www.sonoranacademy.org/tucson

Date Received:

Enrollment is conditional, subject to review of previous school records

Student Information:

Grade in 2010-2011 _____

Last Name: _____ First Name: _____ Middle Initial: _____

DOB ____/____/____ State Born in _____ Country Born in _____ Gender: _____

Mailing Address:

Street: _____ City / State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Previous School: _____ District: _____ City / State: _____

Ethnicity (Required by State of AZ): Is Hispanic or Latino Native Hawaiian or Pacific Islander

Black or African American White (not Hispanic or Latino) American Indian/Alaskan Native Asian

What is the primary Language of the student? _____

Family Data: *Both Boxes must be completed for Mother and Father unless custody paperwork is included terminating parents rights*

Mother /Guardian info:

Full Name: _____

Relationship _____

Lives With: YES / NO

Has Legal Custody: YES / NO

Home Phone: _____

Cell/ Pager: _____

Address (if different than student): _____

Place of Employment: _____

Work Number: _____

Email _____

Father/Guardian info:

Full Name: _____

Relationship _____

Lives With: YES / NO

Has Legal Custody: YES / NO

Home Phone: _____

Cell/ Pager: _____

Address (if different than student): _____

Place of Employment: _____

Work Number: _____

Email _____

For Office Use Only:

Placement Test Date _____ MS Math _____ Elem Reading _____ Lang _____ Math _____

Rec'd:

Birth Cert. _____ Immunizations _____ Transcripts _____ W/D Form _____ Deposit _____ Receipt # _____

Approval by: _____ Date _____ Waitlist _____

Entry Date _____ Entry Code _____ Date enrolled into SMS _____ by _____

List other Children enrolling or attending SSA:

Name _____ Grade _____ Name _____ Grade _____

How did you hear about us?

Newspaper flyer TV Friend/ Relative Sign Drive-by Other

Please check programs student is currently enrolled in:

Special Education 504 Program Bilingual Program Gifted Education

Is the student **currently** or ever been suspended or expelled from any school? Yes / No

If yes, for what reason, how long, and what school: _____

_____ Dates of suspension or expulsion _____

Does student have **any** disabling conditions that require special accommodation? Yes / No

If yes, what is the condition and what are the accommodations needed? _____

Has student ever skipped or repeated a grade? Yes / No If yes, which grade and why?

Has student been promoted to the grade level in which he/she is enrolling? Yes / No

Please list all schools the student has attended:

	SCHOOL NAME	STATE	GRADE
1			
2			
3			

Permission for school directory:

_____ YES, I give Sonoran Science Academy permission to publish our name, address and phone number in a school directory.

_____ NO, I do not give Sonoran Science Academy permission to publish our name, address and phone number in a school directory.

Permission to Photograph:

_____ YES, I give Sonoran Science Academy permission to photograph and/or videotape our son or daughter in connection with any school activity and to use such photographs/videos for any school-related purpose, including use related to Sonoran Science Academy exhibitions, publicity, advertising and promotional materials.

_____ NO, I do not give Sonoran Science Academy permission to photograph and/or videotape our son or daughter in connection with any school activity.

The mission of Sonoran Science Academy (SSA) is college preparation for students to achieve success in the high-tech community of the new millennium through a science and math instructional program that includes high educational standards, a liberal arts foundation and meets individual student's needs to compete successfully in a global technological society upon graduation.

I understand the mission of SSA, to the best of my knowledge the above information is correct, and I am willing to partner with teachers, administration and my child for the success of his/her education. Due to the rigorous nature of the curriculum, I understand that my child will be held accountable for personal academic goals.

Parent Signature _____

Date _____

