



**Center for Academic Success Elementary/ Middle School**

900 Carmelita Drive  
Sierra Vista, AZ 85635  
Phone: (520) 439-3518  
Fax: (520) 459-7243  
2017-2018 SY

**Pre-Enrollment Form**

***\*PLEASE PROVIDE A COPY OF MOST RECENT GRADE CARD***

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Last School Attended: \_\_\_\_\_ Grade Entering SY 17-18: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name (Last, First) \_\_\_\_\_

Day Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name (Last, First) \_\_\_\_\_

Day Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Additional Guardianship Information (Please Circle)**

Step-Mother      Step-Father      Guardian

Name (Last, First) \_\_\_\_\_

Day Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Has the student received any of these educational services? (Please Circle):**

Special Education      Speech/Hearing      Title 1      Gifted      ESL      504 Plan      NONE

**Why are you interested in enrolling your child at The Center for Academic Success?**

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*We accept forms by fax, email or in-person. Please contact Kathy Hall ([khall@cpic-cas.org](mailto:khall@cpic-cas.org)) at 520-439-3518 to schedule a new student interview; we will need your student's most recent grade card for class placement.**