



Center for Academic Success High School

900 Carmelita Drive
Sierra Vista, AZ 85635
Phone: (520) 439-3500
Fax: (520) 458-6396
2016-2017 SY

Pre-Enrollment Form

***PLEASE PROVIDE A COPY OF HIGH SCHOOL TRANSCRIPTS**

Student's Name _____ Birth Date _____

Age _____ Last School Attended: _____ Current Grade: _____

Address _____

City: _____ State: _____ Zip Code: _____

Day Phone # _____ Home Phone # _____

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

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

Parent / Guardian Signature: _____ Date: _____

***Please call Wendy Koop at 520-439-3500 to schedule a new student interview; we will need your student's most recent transcript or eight grade completion certificate for class placement.**