



Center for Academic Success

900 Carmelita Drive
 Sierra Vista, AZ 85635
 Phone: (520) 439-3518
 Fax: (520) 459-7243
 2016-2017

WES SE

Student ID _____ Birth Date _____

Age _____ Last School Attended: _____ Grade Entering SY 1____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone # _____ Home Phone # _____

Cell Phone # _____ Home Phone # _____

Additional Guardianship Information (Please ZI)

Step-Mother Step-Father Guardian

Name (Last, First) _____

Cell Phone # _____ Home Phone # _____

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

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

This information is requested solely for purposes of ensuring continuity of services upon enrollment, and will not be considered in making enrollment decisions.

Parent / Guardian Signature: _____ Date: _____

Please include a copy of your student's most recent grade card for class placement purposes only. It will not be considered in making enrollment decisions. Please contact the front office at 520-439-3518 with any questions. Thank you for your interest in the Center for Academic Success.