



Center for Academic Success High School

900 Carmelita Drive
Sierra Vista, AZ 85635
Phone: (520) 439-3518
Fax: (520) 459-7243
2018-2019 SY

Pre-Enrollment Form

Student's Name _____ Birth Date _____

Age _____ Last School Attended: _____ Grade Entering SY 18-19: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name (Last, First) _____

Day Phone # _____ Home Phone # _____

Father's Name (Last, First) _____

Cell Phone # _____ Home Phone # _____

Additional Guardianship Information (Please Check)

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 placement purposes only. It will not be considered in making enrollment decisions. **Please contact the front office at 520-439-3500 with any questions. Thank you for your interest in the Center for Academic Success.***