


# STUDENT ENROLLMENT FORM



**Toltec School District**  
3315 N Toltec Road  
Eloy, Arizona 85131  
District 520/466-2360

Toltec Elementary School 520-466-2350  
 Arizona City Elementary School 520-466-2450

FOR OFFICE USE ONLY			
Student ID Number _____	School Name _____		
SAIS ID Number _____	Teacher _____		
Grade _____	Entry Code _____	Enter Date _____	Initials _____
Date Entered in Campus _____		Initials _____	
<input type="checkbox"/> Birth Certificate on Record	Date Received _____	<input type="checkbox"/> Proof of Residency	
<input type="checkbox"/> Immunizations	Date Received _____		

Student Enrollment Form v. 10  
2013-14

## STUDENT INFORMATION

Legal Last Name _____		Legal First Name _____		Middle Name _____	Suffix _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade _____	Birth Date _____	Birthplace State _____	Birthplace Country _____	My student is currently on long-term suspension or expulsion from another school district. If yes, indicate school name: <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Last School Attended (including Toltec Schools) _____			City and State (if other than Toltec Schools) _____		

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.

Individual is Hispanic or Latino  
 Individual is not Hispanic or Latino

Is the individual from one or more of these races? (Check all that apply)

American Indian or Alaskan Native  
 Asian  
 Black, not Hispanic  
 Native Hawaiian or other Pacific Islander  
 White

### Open Enrollment

Yes **Are you applying for Open Enrollment?**  
 No

**AUTOMATED MESSAGING CONTACTS** - Please indicate which guardian(s) should be contacted by automated messaging, and circle which phone numbers should be contacted for Emergency messaging. (Add add'l e-mail on back of page.)

Parent/Guardian #1	Name	Household/Other Phone	Cell	Work	Email	Emergency	Attendance	General	Text Msg.
	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian #2	Name _____	Household/Other Phone _____	Cell _____	Work _____	Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SPECIAL SERVICES SURVEY

- What is the primary language used in the home regardless of the language spoken by the student?  English  Spanish  Other \_\_\_\_\_
- What is the language most often spoken by the student?  English  Spanish  Other \_\_\_\_\_
- What is the language that the student first acquired?  English  Spanish  Other \_\_\_\_\_
- Has the student been identified for special services?  Yes  No

## CUSTODY/RESIDENCY INFORMATION

Who has legal custody?  Parents  Mother  Father  Other \_\_\_\_\_

Custody Documents  Yes  
Non-custodial restrictions  Yes

**NOTE: The school will not honor request of restrictions unless copies of custody documents and/or copies of court orders that support the request of the parent are on file with the school (ARS 25-408; ARS 25-403.06). A power of attorney document can not replace court ordered custody documents (ARS 14-5104).**

Affidavit of Residency Date \_\_\_\_\_  Power of Attorney Date \_\_\_\_\_

**REQUIRED DOCUMENTATION:** A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency. By my signature below, I attest the facts stated herein are true. Any falsification of statements may subject the above-named student to immediate withdrawal.

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