



2011- 2012

Visions Unlimited Academy

1275 East Barney Lane, Benson AZ 85602 Phone (520) 586-8691 FAX (520) 586-3074

|                                   |                                      |                                    |
|-----------------------------------|--------------------------------------|------------------------------------|
| Enrollment Date _____             | Grade _____                          | SAIS Number _____                  |
| First date of attendance _____    |                                      |                                    |
| District of Residence:            |                                      |                                    |
| <input type="checkbox"/> Benson   | <input type="checkbox"/> Vail        | <input type="checkbox"/> St. David |
| <input type="checkbox"/> Pomerene | <input type="checkbox"/> Other _____ |                                    |

Student Enrollment Form:

STUDENT INFORMATION:

Student's Name: \_\_\_\_\_  Male  
Last First Middle

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  Female

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number & Street City Zip Code

Mailing Address: \_\_\_\_\_  
Number & Street City State Zip Code

What is the student's first acquired language? \_\_\_\_\_

What is the language most often spoken by the student \_\_\_\_\_

What is the language most often spoken tin the student's home, regardless of the language spoken by the student? \_\_\_\_\_

FAMILY INFORMATION:

**Mother/Guardian:** \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

|   |                       |                 |                              |                             |                                   |
|---|-----------------------|-----------------|------------------------------|-----------------------------|-----------------------------------|
| Please list all other children currently living in the household. | _____ Birthdate _____ | Attends Visions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Applying |
|   | _____ Birthdate _____ | Attends Visions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Applying |
|   | _____ Birthdate _____ | Attends Visions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Applying |
|   | _____ Birthdate _____ | Attends Visions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Applying |

EDUCATIONAL INFORMATION:

Name of Last School Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Does your child have any Special Needs?  No (If Yes, Please Explain) \_\_\_\_\_  
 Yes

Is your child currently in a Special Education Program?  No (If Yes, Please Explain) \_\_\_\_\_  
 Yes

Has your child been involved in any formal Discipline Proceeding?  No (If Yes, Please Explain) \_\_\_\_\_  
 Yes

I hereby certify the above information is true and correct. I understand this information is being given in connection with enrollment. That school officials may verify this information and the deliberate misrepresentation may subject me to denial/revocation of enrollment