



2010-2011

Visions Unlimited Academy

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

Enrollment Date _____	Grade _____	S AIS 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 in 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

Parent/Guardian Signature _____ Date _____