

# Westwind Children Services

## Student Enrollment Application 2010 - 2011

FOR OFFICE USE ONLY

Graduation Year: \_\_\_\_\_ Grade \_\_\_\_\_

ID Number \_\_\_\_\_

SAIS ID \_\_\_\_\_

Entry Date: \_\_\_\_\_ Entry Code \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date: \_\_\_\_\_

### Student information: *(Please print neatly)*

Last Name \_\_\_\_\_ First \_\_\_\_\_

Middle Name \_\_\_\_\_ Nickname (Preferred Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_ Social Security Number \_\_\_\_\_

Ethnicity:  White  Black  Hispanic  Asian/Pacific Islander  Amer. Indian/Alaskan Native

Primary Language \_\_\_\_\_ Birth Information: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Guardian  Relative  Spouse  Friend  Other

Are parent(s) of the student:  Married  Divorced  Separated  Never Married

If living separate, does  Mother  Father have permission to, (check all that apply):

Pick up student  Receive mailings  Contact school for student information  Have contact with student

- If living separate and both wish to receive mailings please include 2<sup>nd</sup> mailing address.

2<sup>nd</sup> Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ AZ 85 \_\_\_\_\_

**Mother first name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Father first name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Student's Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  Custody Papers

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is student a ward of the court? Yes - No Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency, contact (Not listed above):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is this person authorized to release the student? Yes - No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is this person authorized to release the student? Yes - No

WESTWIND PREP ACADEMY  
WESTWIND MIDDLE SCHOOL  
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42302 N. VISION WAY, STE. 110  
ANTHEM, ARIZONA 85086  
PH: 623-551-5083  
FAX: 623-551-5679  
www.azmontessori.org

**Academic Information:**

Current Grade: \_\_\_\_\_

Current/Last School Attended \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_ Grade \_\_\_\_\_

Has the student ever been suspended or expelled from school in the past?  Yes  No

If yes, explain: \_\_\_\_\_

Has the student ever been out of school for:  1-4 weeks  One semester  One year  Two years  
 Yes  No

If yes, explain: \_\_\_\_\_

Does this student have any disabilities that have required a 504 accommodation plan?  Yes  No

Please give a brief explanation: \_\_\_\_\_

Does this student receive Special Education Services?  Yes  No

Date of last I.E.P. \_\_\_\_\_ Date of last accommodation plan \_\_\_\_\_

Resource \_\_\_\_\_ Self Contained \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Is there any information that you feel the staff at Westwind should be aware or regarding the student?  Yes  No

If yes, explain: \_\_\_\_\_

**Medical Information:**

*Please Note: There is not a school nurse on campus.*

Does this student have any medical conditions the school should be aware of?  Yes  No

If yes, explain: \_\_\_\_\_

Does this student need to take medications at school?  Yes  No (See Policies and Procedures)

Medications: \_\_\_\_\_

Is the student allergic to any medications?  Yes  No Medication(s): \_\_\_\_\_

**Referred by:**  Friend  Sibling  Radio  Brochure/ Flyer  Drive-By  Student  Internet  Yellow

School  Probation Officer  Previous Student  Other \_\_\_\_\_

I would be interested in doing volunteer work at the school  Yes  No

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

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Student's Name: \_\_\_\_\_

**ATHLETIC INFORMATION: (High School Only)**

Which of the following sports is your child interested in:

Football  Volleyball  Basketball  Soccer  Track  Baseball  Softball  Cheer

Has your student ever participated in any sports programs?  Yes  No If yes, please explain \_\_\_\_\_

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*Please Note:* Any student participating in a sport will be required to obtain a physical.

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