



# Tolleson Union High School District 2019-2020 Student Information

(Highlighted areas reflect what information is required)

Sort:

Copper Canyon  
  La Joya Community  
  Sierra Linda  
  Tolleson Union  
  University High  
  West Point  
  Westview

Student Information						EDFI #		
Student Legal Last Name		Student Legal First Name		Middle Name	Gender <small>(Check one)</small> <input type="checkbox"/> M <input type="checkbox"/> F		Cohort/Grade	
Residence Address			City	Zip	Primary Phone Number			
Mailing Address		Open Enrollment <input type="checkbox"/> Y <input type="checkbox"/> N		City	Zip	Date of Birth		
Country, State of Birth		Language to home Preferred		School Messenger Preference <input type="checkbox"/> Primary Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Email				
<b>NOTE:</b> This information is required by the US Department of Education Race (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White				<b>Note:</b> This information is required by the US Department of Education Ethnicity <small>(Check one)</small> <input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Non-Hispanic/Latino of any race				
<b>Optional:</b> Is this a temporary living situation due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, you may be eligible for services under the McKinney-Vento Homeless Student Act 42 U.S.C. 11435.								
<b>Optional:</b> Is child/parent/grandparent member of Indian Tribe <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Optional:</b> Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Optional:</b> Is student in the custody of Department of Child Safety? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Optional:</b> Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Optional:</b> Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Optional:</b> Have you been working OR moved to work in agriculture related jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Information - Please Print								
Parent/Guardian First & Last Name		Relationship to Student		Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address: Work/Cell Phone #		
Parent/Guardian First & Last Name		Relationship to Student		Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address: Work/Cell Phone #		
Other Guardian First & Last Name		Relationship to Student		Lives with <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address: Work/Cell Phone #		
Emergency Contact Name(s) <u>other than Parent/Guardian</u>				Emergency Contact Phone Number(s)				
1. _____		Relationship: _____		1. _____				
2. _____		Relationship: _____		2. _____				
Signature of Parent/Guardian/Other			Date		Email Address			
<i>I, the undersigned parent/guardian/other, give my consent for the above named child to be released to my spouse or me or to the friend/relative I have so designated and/or be taken by ambulance to the nearest hospital in case of emergency.</i>								
Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency:								
1. What is the primary language used in the home regardless of the language spoken by the student? _____								
2. What is the language most often spoken by the student? _____								
3. What is the language that the student first acquired? _____								
Previous Education Information – New Student Only - Please Print								
Last School Attended		School Address		City/State/Zip		School Phone		
<i>Please provide us with the following required information to better serve your student:</i>			Long-term Suspended or Expelled: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			Behavioral Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attended school in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Ed/IEP <input type="checkbox"/> Yes <input type="checkbox"/> No		504 <input type="checkbox"/> Yes <input type="checkbox"/> No		Gifted <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Have you been enrolled in ELL/Bilingual Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Official Use Only</b>	Residency Verification	Address Verification	Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No	WD Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Unofficial Grades <input type="checkbox"/> Yes <input type="checkbox"/> No	Unofficial Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Entered SIS/Initials	Enter Date	ID #	Counselor	Request Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No	ELL Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	McKinney Vento <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Special Services <input type="checkbox"/> Yes <input type="checkbox"/> No	