



**Carden of Tucson, Inc.  
5260 N. Royal Palm Drive  
Tucson, AZ 85705**

**This form must be filled out in its entirety  
(Please Print)**

Full Student Name	Home Phone
Legal Last Name if different	Sex: F M
Physical Address	Date of Birth
City Zip Code	E-mail Address
Mailing Address	Birth Place
City Zip Code	Is student considered homeless?
Last School Attended	Date Withdrawn
School Address	Grade Entering
Was student expelled or suspended?	Was student promoted last year?

Full name	Last	First	Student lives with	Has legal custody	Place of employment	Business phone
Father						
Mother						
Stepfather						
Stepmother						
Legal guardian						
Foster						

**If parents are divorced, custody papers are needed.**

Emergency contact person Address	Phone
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**Home Language Survey (Circle one)**

What is the first language learned? English Spanish Other \_\_\_\_\_  
 What language does student speak most often? English Spanish Other \_\_\_\_\_  
 What language is spoken most often at home? English Spanish Other \_\_\_\_\_

**Race/Ethnic Background (Check one)**

American Indian/Alaska Native  Black  Caucasian (white)  Hispanic  Pacific Islander  Other \_\_\_\_\_

**DOES YOUR CHILD HAVE AN IEP, OR 504 PLANS? \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_**

Mark if applicable:		Special placement in	Needs help in
Gifted Program		Chronic Illness	Physically Handicapped
Learning Disabled		Hearing Handicapped	Trainable, Mentally Handicapped
Multiple Handicapped		Speech Handicapped	Educable, Mentally Handicapped
Visually Handicapped		Emotionally Handicapped	Other
Medical History	Give dates/information	Glasses	Operations
Measles	Mumps	Convulsive Disorder	P.E. Restrictions
Allergy	Hearing Loss	Recent ear Infection	Physical Handicap
Asthma	Diabetes	Heart Condition	Daily Medication
Chicken Pox	Scoliosis	T.B. or Contact	Immunizations waver?

**Where did you hear about the school? \_\_\_\_\_**

School year for which you are registering your child (circle one)      2017/2018      2018/2019      2019/2020

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

First Day Attended \_\_\_\_\_ Date Enrolled \_\_\_\_\_