

Student Name \_\_\_\_\_

Dear Parents/Guardians:

The following information is needed to assure that your student receives an academic and counseling program that will best serve his/her needs.

OFFICE USE ONLY			
Birth Certificate		Shot Records	Transcript

Please check YES or NO

YES	NO	
		The student is living with his/her parent or court appointed legal guardian. If not the parent, proof of legal guardianship will need to be provided prior to registering the student. According to A.R.S. §15-802.
		The student is a resident of Snowflake School District.
		The student attended school during the past semester.
		The majority of the student's withdrawal grades are passing.
		The student is under suspension or is in the process of being suspended from another district.
		The student has been expelled or is in the process of being expelled from another school district.
		The students, in the past, has withdrawn from school because of attendance and/or behavior problems.

Reason for leaving prior district \_\_\_\_\_

Answers to the above statements may result in a behavior and/or attendance contract as a requirement for admittance.

I understand that if any of the preceding information is found to be false, the student may automatically be dropped from school or be asked to follow due process with the Superintendent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date