



YAVAPAI ACCOMMODATION SCHOOL DISTRICT #99

Success...Nothing Less

Kellie Burns
District Executive Officer
2972 Centerpointe East Dr.
Prescott, AZ 86301

928-759-8126 Phone
928-759-8136 Fax
kburns@yavapaicountyhs.org

2017/18

Dear Enrolling Guardian,

Enclosed you will find our Yavapai County High School, Aspire High School and Transition Program enrollment packet. Please fill out, with all the current information. Please have your student sign the sections requested before you turn in the packet. If you are re-enrolling, make sure to ask for the re-enrollment packet it, as it will save you time.

New students will need to provide the following:

- Birth Certificate
- Immunization Records
- Proof of Residency (*parent driver's license, bill with address*)
- Transcripts and Withdrawal Slip
- \$5 Field Trip Fee

Forms need to be returned to the District Office at the address above. Be sure and check that all forms are completed and signed by all parties. Student will be enrolled after all forms are complete and the school has set recommended class schedule.

Karen McClellan
Registrar



YAVAPAI ACCOMMODATION SCHOOL DISTRICT

Student Registration 2017/18

School/Session Preferred: Aspire High AM
 Transition Program Yavapai County HS AM PM

Student Information

Name: _____ Male Female Grade: _____
Legal Last First Middle

Date of Birth ____/____/____ State of Birth: _____ Student Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____

Student Email Address: _____

Ethnicity: is Hispanic or Latino (check if applicable)

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander
 White

Student Lives with: Mother Step- Mother Guardian Foster Parent
 Self
 Father Step-Father Guardian Foster Parent
 Other

Parent or Legal Guardian Information

Parent /Guardian 1

Name: _____ Relationship: _____

Mailing Address: _____ City: _____ Zip: _____

Parent Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Parent /Guardian 2

Name: _____ Relationship: _____

Mailing Address: _____ City: _____ Zip: _____

Parent Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Education:

Last School Attended: _____ Phone number: _____

Has your student had Special Education Services: yes no Primary Language: _____

Has student been Suspended or Expelled yes no, If Yes, Dates: _____

Reason for enrollment: Prior Drop Out Behind Adjudicated Award of the state Behavior issues Attendance

Signature of Parent/Guardian: X _____ Date: _____

Office Use Only

Gr: _____ Entry Code: _____ SAIS # _____ ID# _____ Entered: _____

Start Date: _____ Location: Aspire / YCHS AM PM / Transition Entered By: _____

Residency: _____ Birth Cert: _____ Immunization: _____ Transcripts: _____

Re-Enrollment Start Dates: _____