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Tucson, AZ 85746  
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### Application for Admission

Date of Application | \_\_\_\_\_ | School Year | \_\_\_\_\_

Applicant's Legal Name | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

Grade Entering | \_\_\_\_\_ | \_\_\_\_\_ Male \_\_\_\_\_ Female | Age | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |  
(Gender) (Date of Birth - mm/dd/yy)

Place of birth | \_\_\_\_\_  
(City, State, Country)

Ethnic Background | \_\_\_\_\_ Primary Language spoken at Home | \_\_\_\_\_  
(Information gathered for statistical purposes)

Has the student been baptized? | \_\_\_\_\_ Yes \_\_\_\_\_ No | Date | \_\_\_\_/\_\_\_\_/\_\_\_\_ | Where? | \_\_\_\_\_  
(mm/dd/yyyy) (Name of Church, City, State)

Home Address | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(Street Address) (Street Name) (City Name) (State) (Zip Code)

Student's Home Phone | \_\_\_\_\_ | Student's Cell Phone | \_\_\_\_\_  
(If student does not have a cell number, put N/A)

Student's Email | \_\_\_\_\_  
(If student does not have an email, put N/A)

Student's Health Concerns (Takes medication regularly, wears glasses or contacts, hearing problems, allergies, diabetic, etc.) |

Describe | \_\_\_\_\_

Does your child have any physical conditions which would hinder him/her from carrying a full academic load? | \_\_\_\_\_ Yes \_\_\_\_\_ No |

If yes, please explain | \_\_\_\_\_

Student's Church Membership | \_\_\_\_\_ | \_\_\_\_\_  
(Local Church or Religious Affiliation) (Denomination)

Student's Last School Attended | \_\_\_\_\_ | Date Last Attended | \_\_\_\_\_

Does the student have an IEP? | \_\_\_\_\_ Yes \_\_\_\_\_ No | If yes, please submit a copy to the Registrar |

Is the student currently expelled or suspended from another school? | \_\_\_\_\_ Yes \_\_\_\_\_ No | If yes, please submit a written explanation. |

Physician | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Doctor's Name) (Phone) (Date of last visit - mm/dd/yy)

Dentist | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Doctor's Name) (Phone) (Date of last visit - mm/dd/yy)

If these physicians are not available, does the school have your permission to call another doctor? | \_\_\_\_\_ Yes \_\_\_\_\_ No |

Do you have student's proof of birth? | \_\_\_\_\_ Yes \_\_\_\_\_ No | Do you have proof of immunization for your child? | \_\_\_\_\_ Yes \_\_\_\_\_ No |

**AZ State requires the above documents be on file before a child can attend/ enroll in school.**

**Parent Information |**

\_\_\_\_\_  
(Parent/ Guardian Full Name)

Address (only if different from student) | \_\_\_\_\_

Relationship to Student | \_\_\_\_\_

Occupation | \_\_\_\_\_

Employer | \_\_\_\_\_

Business Phone | \_\_\_\_\_

Home Phone | \_\_\_\_\_

Cell Phone | \_\_\_\_\_

Email | \_\_\_\_\_

Church Affiliation | \_\_\_\_\_

Denomination | \_\_\_\_\_

Place of Birth | \_\_\_\_\_

Parents are | \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single |

**If parents are separated/divorced, who has legal custody?** | \_\_\_\_\_

Whom does the student live with? | \_\_\_\_\_

Is there a court order concerning custody? | \_\_\_Yes \_\_\_No \_\_\_N/A | Is there a "NO CONTACT" order? | \_\_\_Yes\_\_\_No\_\_\_N/A |

Copies of official custody and/or No Contact paperwork must be on file.

**Others in the Household |**

Name |

Relationship to Student |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If parents cannot be reached, whom may we call in case of an emergency? Parents will always be called first. |**

Name | \_\_\_\_\_ Phone | \_\_\_\_\_

Name | \_\_\_\_\_ Phone | \_\_\_\_\_

**The school must be notified if a designated person has been asked to collect your child/children. The designee must present a driver's license before the child/children will be released into his/her care.**

My child will come to and from school by. | \_\_\_\_\_ Family \_\_\_\_\_ Car Pool | Regular Car Pool Driver(s) | \_\_\_\_\_

\_\_\_\_\_

(Please only list Car Pool Drivers, not people allowed to pick up your child, see above)

\_\_\_\_\_(initial) **Consent to Testing** | I give permission for SHACS:, or its authorized representative, to test my child in order to determine academic progress and best serve his/her needs. (The range and scope of testing will be determined on an individual basis. (If your child has had previous diagnostic testing, it is important for the school to have a copy of the results on file.)

\_\_\_\_\_(initial) **School Directory** | I understand that my name, address, and phone number will be put into a school directory. My child's name and grade level will also be included. I understand that the school directory will be sent out via email, and is for current school families and staff only. I agree not to distribute this information to others.

\_\_\_\_\_(initial) **Photo/Video Release** | I hereby grant SHACS and its employees, agents and assigns, the right to photograph my dependent and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the internet. Furthermore, I assign the rights for any recording, be it audio and/or visual, to be used in the same manner as the aforementioned photographs. Example: Website, PR, wall posters, etc.

\_\_\_\_\_(initial) **Disclaimer** | Saguario Hills Adventist Christian School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only. This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.

**Parent Contract** | We are in agreement with the objectives, standards, and policies of Saguario Hills Adventist Christian School. We (I) will support the school and staff, and upon acceptance I accept full financial responsibility for the above student. We (I) affirm that the information provided in this application is true to the best of our (my) knowledge. You will be notified of your child's acceptance status.

Parent/Guardian Signature | \_\_\_\_\_ | Date | \_\_\_\_\_

Parent/Guardian Signature | \_\_\_\_\_ | Date | \_\_\_\_\_

**Student Contract** | I have read the objectives, and policies of this school. If I am accepted by the school, I will endeavor at all times to uphold the Christian standards of the school and to respect staff and rules.

Student Signature | \_\_\_\_\_ | Date | \_\_\_\_\_

1) What characteristics of SHACS interest your family, and why do you feel that our school is a good match for your child? | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) SHACS is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities.

What are your child's strengths in these areas? | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) Please describe any learning disabilities your child may have and any accommodations they may need. | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4) How has the experience of our school been for your child so far this year? | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Do you have any concerns or recommendations based on your experience of our school so far this school year? | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Do you have any words of encouragement for the administration or staff of the school? | \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this application with the non-refundable application fee to:

Admissions/Registrar  
Saguaro Hills Adventist Christian School  
4280 W. Irvington Road  
Tucson, AZ 85746  
Ph. 520-325-1454 Fax 520-578-4279  
[saguarohillsschool@gmail.com](mailto:saguarohillsschool@gmail.com)

Saguaro Hills Adventist Christian School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.

~ SHACS: Pre-Kindergarten through 8th Grade ~ Side 4 of 4

**OFFICE USE ONLY**

Application | \_\_\_\_\_  
Recommendations (3) | \_\_\_\_\_  
Physical Record | \_\_\_\_\_  
Immunization Record | \_\_\_\_\_  
Registration Fee | \_\_\_\_\_  
Transcripts | \_\_\_\_\_

**OFFICE USE ONLY**

New | \_\_\_\_\_ Return | \_\_\_\_\_  
Accept | \_\_\_\_\_ Deny | \_\_\_\_\_  
Birth Certificate | \_\_\_\_\_  
SS# | \_\_\_\_\_  
Immunizations (all new and going into  
K, 7th, and 9th ) | \_\_\_\_\_

Physical (all new and going into K,  
7th, and 9th ) | \_\_\_\_\_

**OFFICE USE ONLY**

Med. Consent | \_\_\_\_\_  
Financial agreement | \_\_\_\_\_  
Computer Agreement | \_\_\_\_\_

~ SHACS: Kindergarten through 8th Grade ~ Side 5 of 5