



# SOUTHGATE ACADEMY

850 West Valencia Road • Tucson, AZ 85706  
T 520.741.7900 • F 520.741.7901 • www.southgateaz.org

## 2021 Summer School Registration Form

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ 2021-2022 SY School: \_\_\_\_\_  
Enrollment Preference:  Online Only  In School 7:30 am-11:30 am

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)				
Legal Last Name:		Legal First Name:		Full Middle Name:
Date of Birth (MM/DD/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		Student ID:
2. Contact / Residential Information				
Name as you would like to appear on correspondence:				Phone Number:
Residential Address:				Unit: _____ City: _____ Zip Code: _____
Mailing Address:  <input type="checkbox"/> Same as Residential Address				Unit: _____ City: _____ Zip Code: _____
3. Parents / Guardians – Must be Legal Guardians (all others should be listed as Emergency Contact below)				
1 <sup>st</sup> Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify): _____			
	Last Name:	First Name:	Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	Address (write SAME if same as Student Residential Address):		Email:	
2 <sup>nd</sup> Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify): _____			
	Last Name:	First Name:	Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	Address (write SAME if same as Student Residential Address):		Email:	
4. Emergency Contact (Persons who will care for / pick up student if Parent can not be reached) *Must Be Over 18*				
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify): _____				
Last Name:		First Name:		Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify): _____				
Last Name:		First Name:		Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify): _____				
Last Name:		First Name:		Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell



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## 5. Medical Information

Insurance:  None  AHCCS  Yes (Name of Insurance): \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies:

- Seasonal  Medication allergies  Bee  Insect  Food \_\_\_\_\_  Other \_\_\_\_\_  
 Requires EpiPen

Emergency Care: In the case of a serious illness or injury and a parent/guardian cannot be reached. I consent for my child to be taken to a hospital. By ambulance if necessary, for medical care. SGA will not be responsible for any costs of such not covered by insurance.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## 6. Special Classes and accommodations (For Students who are new to Southgate Academy)

Please check below any special classes or programs the student has participated in:

- English Language Development  
 Gifted / Accelerated Program  
 504 Plan – Please Provide a copy of the plan.  
 Special Education:  
     Resource       Speech Therapy       Other:  
     Student has a current IEP – Please provide a copy

## 7. Transportation

How will your child leave school? Daycare pick-up arrangements must be made by parents.

- Walk (circle one): alone or accompanied  
 Parent pick-up  
 Daycare pick-up (name of service: \_\_\_\_\_)  
 Other (explain): \_\_\_\_\_

## 8. Miscellaneous

May we use your child's photograph/video in promotional material?

- Yes  No

Do you know of anyone else interested in attending Southgate Academy's Summer School Program?

- Yes (please provide contact info): Name \_\_\_\_\_ Phone \_\_\_\_\_  No

Do you know of anyone else interested in attending Southgate Academy?

- Yes (please provide contact info): Name \_\_\_\_\_ Phone \_\_\_\_\_  No

By signing this form, you indicate the desire for your child to participate in Southgate Academy's Summer School. You also indicate that you understand that this is an academic program only. You should discuss with your child that violations of the program rules may result in their withdrawal from the program.

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

\_\_\_\_\_  
Date

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