

Desert Sky Community School

1350 N Arcadia Ave, Tucson, AZ 85712 ~ phone: (520) 745-3888 ~ fax: (520) 745-5110

Student Demographics & Support

Welcome to Desert Sky! Tell us about your student's demographics, services and accommodations so we can work together to best serve your student.

Student name:	Grade enrolling:
Name of last school attended:	City, State:

Which grades, if any, was student homeschooled or unschooled?

With whom does this student live -- e.g. Mother, Father, Stepfather, Grandparent, or Guardian?		
	Name:	Relation to student:
	Address:	Employer:
	Name:	Relation to student:
	Address:	Employer:
If student does not live with parents/guardians, who has legal custody?		
Name:	relation to student:	phone number:

These questions are intended to address the McKinney-Vento Act. The answers to this residence information helps determine the services your child may be eligible to receive.		
1.	Is your current address a temporary living arrangement? ___ yes ___ no	
2.	Is this temporary living arrangement due to a loss of housing or economic hardship? ___ yes ___ no	
3.	Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (agriculture, dairy, chicken, vegetable, citrus, fishing or other)? ___ yes ___ no	

Does this student have any difficulty with hearing or have any chronic ear problems? ___ yes ___ no
Does this student have any difficulty with vision or have any chronic eye problems? ___ yes ___ no
First Aid is administered by the front desk and/or teachers. We do not have a Nurse on staff. Does your child use an Epi-Pen or other medical condition we need to know about? ___ yes ___ no If yes, describe:

Student name:

Has the student attended a Waldorf program or school before?

___ yes ___ no

Has your student been enrolled in:

___ Special Education (IEP)

___ Gifted Program

___ ELL

___ JOM

___ Speech Therapy

___ Migrant

___ Title I

___ 504 accommodations

If your student has a current IEP or 504, or is in the process of developing an IEP or 504 plan, please submit a copy to Desert Sky so we can get started on continuation of services as soon as possible. The Support Services Coordinator will want to speak with you.

Who is the best person (mom or dad?) for us to contact?

name

List the phone or email you would prefer us to use to contact you about this.

Contact info

Is this student Hispanic or Latino?

___ yes ___ no

Is this student American Indian or Alaska Native?

___ yes ___ no

Is this student Asian?

___ yes ___ no

Is this student Black or African American?

___ yes ___ no

Is this student Native Hawaiian or other Pacific Islander?

___ yes ___ no

Is this student White?

___ yes ___ no

I certify that the information provided on this form is true and correct.

Signature of parent/ guardian:

Today's date:

Desert Sky Community School does not discriminate on the basis of race, color, creed, genetic information, religion, national origin, sex, sexual orientation, gender identity and expression, age, disability, or veteran status in any of its activities or operations.

Thank you for completing this form!