

Arizona Center for Youth Resources, Inc.

City View High School

**Re-Enrollment Form 2018-2019**

Date:

**Student Information**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth

Address

**\*\*\*NOTE: If there is a change in address please provide proof of address\*\*\***

Social Security Number

Home Phone Number \_\_\_\_\_ Cell Phone Number

***Parent/Guardian Information***

Parent Last Name (mother) \_\_\_\_\_ Parent First Name \_\_\_\_\_  
\_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
\_\_\_\_\_

Parent Email \_\_\_\_\_  
\_\_\_\_\_

Parent Last Name (father) \_\_\_\_\_ Parent First Name \_\_\_\_\_  
\_\_\_\_\_ MI \_\_\_\_\_

Address

Home Phone Number \_\_\_\_\_ Cell Phone  
Number \_\_\_\_\_

Parent Email \_\_\_\_\_  
\_\_\_\_\_

**I \_\_\_\_\_ the parent of \_\_\_\_\_ would like my child  
to \_\_\_\_\_**  
*(Parent Name) (Student Name)*  
**be enrolled for school year 2018/19 at City View High School.**

Select a session (circle one):      7:00am to 1:00pm                      9:20am to 2:20pm 9:40                      am to  
3:40pm

Signature Parent/Guardian \_\_\_\_\_ Date:

**Additional changes please call the office at 602-252-6721 ext. 222**