

The Abbie Loveland Tuller School
5870 East 14th Street
Tucson, AZ 85711
520-747-1142



ADMISSIONS APPLICATION

Application Date: _____

School Year: _____

STUDENT INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME	GENDER	GRADE
PUBLIC Neighborhood School:			ETHNICITY	LANGUAGE SPOKEN AT HOME:	
BIRTH DATE	PLACE OF BIRTH	STUDENT SSN			
NAMES OF PRIMARY CAREGIVERS IN THE STUDENT'S HOME					
First Name	Middle Initial	Last Name	Relationship		
Home Phone #	Work Phone #	Cell Phone #	Email Address		
First Name	Middle Initial	Last Name	Relationship		
Home Phone #	Work Phone #	Cell Phone #	Email Address		
Local Street Address		City	State	Zip Code	
ADDITIONAL CAREGIVERS (BIOLOGICAL PARENTS & OTHERS WHO LIVE OUTSIDE THE STUDENT'S HOME)					
First Name	Middle Initial	Last Name	Relationship		
Home Phone Number	Work Phone Number	Cell/Pager Number			
First Name	Middle Initial	Last Name	Relationship		
Home Phone Number	Work Phone Number	Cell/Pager Number			
PREFERRED PERSON TO CONTACT FOR ACADEMIC PROGRESS AND ROUTINE PROBLEMS					
Name	Best time and place for contact			Is contact during evening hours OK?	Yes
Home Phone Number	Work Phone Number	Cell/Pager Number			
PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS					
<i>BY SIGNING BELOW AND CHECKING APPLICABLE BOXES, I HEREBY GIVE TULLER SCHOOL PERMISSION TO ADMINISTER THESE MEDICATIONS AT THE AGE APPROPRIATE DOSAGES TO MY CHILD TO RELIEVE SYMPTOMS REPORTED BY MY CHILD</i>					
Tylenol	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
					Parent/Guardian Signature
MEDICAL INFORMATION					
FAMILY DOCTOR OR PEDIATRICIAN	OFFICE PHONE				
<i>PLEASE INDICATE IN THE AREA BELOW ANY MEDICAL OR PHYSICAL CONDITIONS ABOUT WHICH THE SCHOOL SHOULD BE AWARE. ALSO INDICATE IF THERE ARE ANY MEDICATIONS WHICH THE STUDENT TAKES. FOR EXAMPLE, ASTHMA, ADD, MIGRAINE HEADACHES, ETC.</i>					
Medical Conditions				PLEASE, COMPLETE BOTH SIDES OF FORM	

EDUCATIONAL HISTORY						
Last School Attended			Last Academic Grade Level Completed			
Inclusive Dates of last school attended			Reason for leaving last school			
Previous school attended			Academic Grade level completed in previous school			
Inclusive date of previous school attended			Reason for leaving previous school			
Indicate below any academic or disciplinary problems encountered at previous schools						
SPECIAL NEEDS/LD CLASSES ATTENDED, IF ANY:						
RELIGIOUS HISTORY						
BAPTISM DATE			CHURCH			PLACE
DATE OF CONFIRMATION			PARISH			DIOCESE
FATHER BAPTIZED	YES	NO	FATHER CONFIRMED	YES	NO	FATHER'S PARISH
MOTHER BAPTIZED	YES	NO	MOTHER CONFIRMED	YES	NO	MOTHER'S PARISH
PERSONAL INFORMATION						
MARITAL STATUS OF PARENTS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE PARENT						
ARE EITHER OR BOTH OF THE PARENTS DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE WHICH PARENT(S)						
LANGUAGE SPOKEN AT HOME:						
MEDICAL INSURANCE PROVIDER			POLICY NUMBER			
Other data about which you feel the school should be aware:						

For Office Use Only

Date Student Enrolled			
Date Student Withdrew			