

Arizona Migrant PASS Program
Yuma Union High School District #70
3150 S. Avenue A Yuma, AZ 85364 (928) 502-4667

Form

E - 1
07/01/18

Course Enrollment

Please mail enrollment form to above address with the **student's transcript** and one of the following:

- ☐ 1. A cashier's check or money order payable to the "Arizona Migrant PASS Program", **OR**
☐ 2. A school district or agency purchase order, **OR**
☐ 3. A MIS 2000 Student # and QAD for all qualified migrant students (indicate below).

A. Student Information

<p>Student Name: _____ <div style="display: flex; justify-content: space-between;">LastFirstMI</div></p> <p>Mailing Address: _____ <div style="display: flex; justify-content: space-between;">Street/PO BoxCityStateZip Code</div></p> <p>Parent/Guardian Name: _____ <div style="display: flex; justify-content: space-between;">LastFirst</div></p> <p>Parent Signature: _____ <small>Parent Signature REQUIRED only if student is Migrant</small></p> <div style="display: flex; justify-content: space-between;"><div>☐ Migrant Student ☐ Priority for Service Student ☐ LEP Student ☐ Special Education Student</div><div>Student ID # _____ SAIS # _____</div><div>MIS 2000 Student # _____ QAD _____ ☐ EOE _____</div></div>	<p>Grade ☐ 9 ☐ 10 ☐ 11 ☐ 12</p> <p>Gender ☐ Male ☐ Female</p> <p>Ethnicity ☐ AI ☐ A ☐ B ☐ H ☐ W</p> <p>DOB: _____ Age: _____</p> <p>Prior PASS Enrollment? ☐ Y ☐ N</p> <p>7th Grade Reading Level? ☐ Y ☐ N</p> <p>Passed Algebra I before 11th grade? ☐ Y ☐ N</p>
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B. Material/Grade Report Routing

Contact Person Information

Name _____

LastFirst

Address _____

Number and Street (**NO** PO Boxes Allowed)

CityStateZip

Telephone (____) ____ - ____ **ext:** ____

Fax (____) ____ - ____

E-mail _____

C. Official Transcript Routing

School to Receive Official Transcript

Campus _____

Address _____

Number and Street

CityStateZip

Attn: _____

D. Courses Requested

1. _____
2. _____
- Student has one (1) calendar year to complete course

E. Comments or Additional Information

F. Counselor Authorization

I certify the above student is eligible for the PASS Program for the course requested and that our district is unable to accommodate this student's academic need in our regular class schedule or other district program.

Counselor Signature

Date

White – PASS Office

Yellow – Routing

Pink – Contact Person

For Office Use Only

Date Shipped	Final Grade	Transcript Date	Non-Migrant Pmt Info	
			Amount	Reference
_____	_____	_____	\$ _____	# _____
_____	_____	_____	\$ _____	# _____

Receipt #: _____