

**Paulo Freire Freedom School  
Enrollment Request**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Entering \_\_\_\_ Gender M \_\_ F \_\_ Ethnicity \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_ Students primary language \_\_\_\_\_

Previous School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has student ever been in Special Education? Y \_\_ N \_\_

What were the reasons cited: \_\_\_\_\_

Was an Individual Education Plan (IEP) ever developed? Y\_\_ N\_\_ Date \_\_\_\_\_

Has student ever qualified for a gifted program? When \_\_\_\_\_

Does student have a medical condition? (if yes, please explain) \_\_\_\_\_

Does student take prescription medicine? (If yes, please explain) \_\_\_\_\_

Has student ever been suspended or expelled from school? Y \_\_ N \_\_

If so, why? \_\_\_\_\_

Where was student's most recent school enrollment? \_\_\_\_\_

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

How did you find out about Paulo Freire Freedom School?

What makes you interested in Paulo Freire Freedom School?

**Please send Enrollment Form to:**

Paulo Freire Freedom School  
300 East University Blvd. #10  
Tucson, AZ 85705