







# Precision High School

3906 E. Broadway Road, Suite 105, Phoenix, AZ 85040

Phone: 602-453-3661 Fax: 602-453-3671

[www.precisionhigh.com](http://www.precisionhigh.com)

### *School Safety*

**Is the student on probation, parole or under arrest?**    Yes                       No

If you answered yes: complete the following and attach copy of plan from the court or P.O.)

Charges: \_\_\_\_\_

Probation / parole officer \_\_\_\_\_ Phone \_\_\_\_\_

Your probation / parole plan consists of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was the student expelled from any previous school?**    Yes                       No

If yes, give school name and reason?

\_\_\_\_\_  
\_\_\_\_\_

### **AIMS Information: If you have taken the AIMS tests in the past, indicate which ones you have passed.**

**Verification must be provided.**

**Math**    Yes

**Reading**    Yes

**Writing**    Yes

No

No

No

**We provide AIMS tutoring classes that will improve your chances of passing the tests. You receive .5 credit as an elective and individualized attention is guaranteed.**

### ***Signatures:***

I hereby affirm that all of the above information is correct. I understand that any legal update of the information on this enrollment packet is my responsibility. False information will result in rejection of enrollment or dismissal from PHS.

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

(If student is under 18 years of age)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Talent Consent Form

The undersigned does hereby c o n s e n t , authorize and release Precision High School, and its assignees, their producers, agencies, clients, affiliates, sponsors, successors, or other acting on behalf of any of the aforementioned parties, to use and reproduce the video i m a g e s and audio for specifically lawful purposes such as television c o m m e r c i a l s , videos, brochures, CD, DVD and websites, for promotional communications.

The undersigned furt her consents to permit the broadcast of the same audio/video in promotion and publicity associated w ith the aforementioned vi deo, television, film, radio, programs or public advertisements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Signature (Parent or Guardian)



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## Request for Educational Records

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Please release all of the following Information:

- |  |   |
|--|---|
| <input type="checkbox"/> Withdrawal Slip and Grades      | <input type="checkbox"/> Explanation of your grading system   |
| <input type="checkbox"/> Complete Official Transcript    | <input type="checkbox"/> Proof of custody   |
| <input type="checkbox"/> Immunization and Health records | <input type="checkbox"/> Special Education records (Current IEP, Psychological Reports Eligibility, Speech, MET Report, OT/PT Evaluation) |
| <input type="checkbox"/> Birth Certificate               |   |
| <input type="checkbox"/> Reading Proficiency             | Please send Attn: Special Education Services.   |
| <input type="checkbox"/> A.I.M.S., SAT, ACT, etc.        |   |
| <input type="checkbox"/> Discipline Record               |   |

**\*IT IS NOT NECESSARY TO SEND THE CUMULATIVE FOLDER**

### Last School Attended:

Name of School: _____
Address: _____
City/State/Zip: _____
Last day of Attendance: _____
Phone: _____ Fax: _____

**Federal Law 99.31 states: No parent signature is required for transfer of educational records to another educational agency.**

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Counselor/Registrar Signature

*A.R.S. §15-828 states: Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to a new school shall comply and forward the record within 10 school days after receipt of the request.*

Precision H.S. Admissions  
2010-2011