



4301 W FILLMORE STREET
PHOENIX, AZ 85043
OFFICE: 602-265-2000
FAX: 602-278-0953

PRINCIPAL – CHRISTAE SPIVEY
WWW.SOUTHWESTLEADERSHIPACADEMY.COM

Date: ____/____/____

On-Line: _____

In-person: _____

ENROLLMENT 2026-2027

New Student

Continuing

Returning

Student Name : _____

Age: _____ Birth Date: ____/____/____ Grade: _____ 2026-2027

Student Email : _____

Student Phone : _____

Parent/Legal Guardian: _____

Parent Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

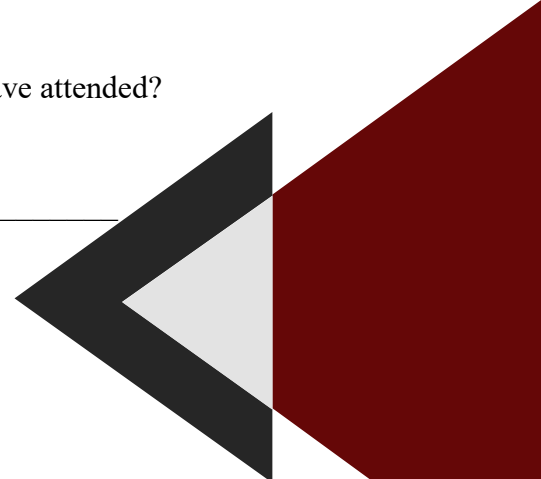
Home Phone: _____ Work Phone: _____

Cell Phone: _____

Has the student been expelled from any educational institution they have attended?

Yes No

If yes, please explain: _____





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Additional information requested to complete the enrollment process:

- Birth Certificate – Proof of Birth, Age/Identity**
- Proof of Arizona Residency**

Note: From the date of enrollment, parents/guardians have **30 days** to submit a certified copy of the pupil’s birth certificate, or other reliable proof of the pupil’s identify and age, including the pupil’s baptismal certificate, an application for a social security number or original school registration records with an affidavit explaining the inability to provide a copy of the birth certificate, or a letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Military Student Identifier

- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty
- Student is a dependent of a member of the Arizona Army National Guard (Army, Air Force or State Guard)
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard)
- None of the above

Parent Signature: _____

Date: ____ / ____ / ____

How Did You Hear About Us? (Please Circle One)

Mailer/Flyer Walk-In Student Internet Radio Ad
 School Sibling Friend
 Other _____

