



### Enrollment Checklist Valley Preparatory Academy

- \_ Student Enrollment Form (All pages)
  - \_\_\_\_ Special Education/504 Information Form (If applicable)
- \_\_\_\_\_ Residency Documentation Form/Affidavit (List)
- \_\_\_\_\_ Home Language Survey
- Free and Reduced Lunch Eligibility Form
- \_\_\_\_\_ Designation of Directory Information
- Birth Certificate (copy)
- \_\_\_\_\_ Immunization Record (copy)
- \_\_\_\_\_ Proof of Residence (Copy of item from the List)
- \_\_\_\_\_ Withdrawal Form from Previous School (copy)
- Unofficial Transcript (copy)
- \_\_\_\_\_ AIMS, AZMERTs, or Stanford scores (copy)
- \_\_\_\_\_ MET, IEP, 504 (copy if applicable)

	Valley I	Preparator	y Academ	Ŋ	Entry Date:	
	Stu	dent Enrollme	ent Form		Date: Withdrawal C	sted in SMS Initials ode:
NCA AdvancED	New 🗆 Retur	ming 🗆 School	Year:		Date withdraw	ate: val posted in SMS:
If your of	child currently has a	n IEP, you must sub	mit a copy with thi	is application.	Date:	Initials
PLEASE PRINT. STUDENT INFORMATION:			GRADI	E	GENDER	:M0 F0
LEGAL LAST NAME	·	LEGAL FIRST		·		
					LEGAL MIDDI	
DATE OF BIRTH: MODA	AYYR	BIRTH STATE:		_ BIRTH COUN	FRY:	
ADDRESS: STREET	(APT.#)	CIT	Y	S	ТАТЕ	ZIP CODE
MAILING ADDRESS IF DIFFERE	NT FROM ABOVE:					
	_	P.O. BOX or STREE	ET #	CITY	STATE	ZIP CODE
HOME PHONE:	MO	OTHER'S MAIDEN NA	ME:			
STUDENT CELL PHONE:		STUDENT E-M	IAIL ADDRESS:			
MOTHER OR GUARDIAN						
STUDENT LIVES WITH: MOT	HER LI GUARDIAN	N □ STEP-PARENT				
LAST NAME		FIRS	T NAME	$\_$ $\Box$ FULL CU	USTODY 🗆 J	OINT CUSTODY
HOME PHONE	CELL PH	ONE	WORK PHONE		EMPLOY	'ER
ADDRESS (If different from student	t) MAIL ADDRESS		СІТҮ		STATE	ZIP CODE
			CIT		STATE	ZIF CODE
EMAIL ADDRESS			_			
FATHER OR GUARDIAN STUDENT LIVES WITH: □ FATH	HER 🗖 GUARDIAN	□ STEP-PARENT	□ FOSTER PAREN'	T 🗆 OTHER		
				□ FULL CU		
LAST NAME		FIF	RST NAME			UNI CUSIODI
HOME PHONE	CELL PH	ONE	WORK PHONE		EMPLOY	ER
ADDRESS (If different from student	t) MAIL ADDRESS		СІТҮ		STATE	ZIP CODE
EMAIL ADDRESS						
ETHNICITY / RACE PART A -				o Ono Only)		
PART B -	– What is the Studen	ts Race (Select one or	more) 🗌 Ame	erican Indian / A	laska Native	
□ Asian □ Black/African		Native Hawaiian/Ot				
Has this student ever been ex						
If this student was enrolled in below:	1 <u>any</u> schools durin	g the current or pa	st school years, lis	st all the school	ls and enrolln	nent dates
Last school attended:			Grade Lev	vel: 9	School Year:	/
City:	_ State:					
Last school attended:			Grade Lev	vel: \$	School Year:	/
City:						
Last school attended:			Grade Lev	vel: \$	School Year:	/
City:						

What is the primary language used in the home regardless of the language spoken by the student?				
What is the language most often spoken by the student? (Choose one) 🗆 English 🖾 Spanish 🖾 Other (identify)				
What is the language the student first acquired? 🗆 English 🛛 Spanish 🖾 Other (identify)				

#### **EMERGENCY INFORMATION**

We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential and in your child's folder.

Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)

1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:
Preferred:		
Hospital:		
Doctor:	Phone:	

In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)

#### COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.

Please check the following, if any apply to the student.

Frequent colds	Tires Easily	Frequent sore throats
Frequent headaches	Nosebleeds	Frequent stomach aches
Persistent cough	Frequent toothache	Persistent hoarseness
Asthma	Frequent pains in limbs	Runny nose
Heart condition	Seizures/Epilepsy	Bleeding Disorders
Diabetes (Type I or Type II)	Orthopedic Problem	Frequent Ear Infections
Allergies (Please list below)		
Allergies (Please list below)		

List all Current Medications Below

Does the student have any health problems or chronic illnesses at this time? If yes, please explain:

Does the student wear glasses or contacts? Does the student have a hearing problem?

Please note any immunizations the student has received within the past 12 months.

#### ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

#### Parent/guardian completing the enrollment application:

SIGN HERE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Special Education and 504 Program Services Information Form

Learner Name:		_Grade:
Has your learner ever qualified to receive <b>Special Education Services</b> ? Has your learner ever qualified to receive accommodations under a <b>504 Plan</b> ?	<ul><li>YES</li><li>YES</li></ul>	□ NO □NO
If you answered "NO" to both questions please sign your name to co	omplete this fo	<u>rm.</u>

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### If you answered "Yes" to either question please complete this form.

ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

Parent or Guardian of Newly Registered Learner,

In order to assist us in meeting the educational needs of your learner, please read below and supply the requested information to the extent you are able. Due to the many regulations that govern Special Education, and learners receiving 504 accommodations, we must be provided with proper documentation in order to continue implementing the services your learner needs. Please submit any current documents, evaluations, Individualized Education Plans (IEP's), and any other information you may have regarding your learner as soon as possible. Thank you for your support in providing this valuable information.

#### SPECIAL EDUCATION SERVICES:

What is your learner's area of special education eligibility:	What is your learner's area of special education eligibility:			
Do you have a copy of your learner's current IEP?	□ YES			
Do you have a copy of your learner's current evaluation?	□ YES	D NO		

Please provide the following information or attach a copy of your learner's IEP.

Please complete the following information to indicate the services that your learner has received.

SERVICE	<b>Received Services?</b>	Grade Level	SERVICE	<b>Received Services?</b>	Grade Level
Reading			Social Emotional/Behavior		
Writing			Occupational Therapy		
Math			Other		
Speech/Language					

#### 504 SERVICES:

Please provide the following information or attach a copy of your learner's 504 plan

Please indicate the condition for which your learner has a 504 plan:

Please list the name of the physician who diagnosed the condition: \_\_\_\_\_

### Which school(s) can we contact to obtain official data and records regarding the services your learner received?

Name of School:			
City/State:	Phone: (	)	Contact Person:
Name of School:			
City/State:	Phone: (	)	Contact Person:
Name of School:			
City/State:	Phone: (	)	Contact Person:
Is there any additional information you vyour learner?	would like to provide	that may	be of assistance to us in best meeting the needs o
-			
ENROLLMENT FOR YOUR STUDENT IS NOT	COMPLETE until all spec	ial education	n documents have been received and reviewed by our school.
Parent's/Legal Guardian's Signature	e:		Date:



### **Arizona Department of Education Arizona Residency Documentation Form**

Student

School Valley Preparatory Academy

School District or Charter Holder Kestrel Schools, Inc.

Parent/Legal Guardian \_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement \_\_\_\_
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

<sup>\*</sup>For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary onbase billeting facility as the address for proof of residency.



### State of Arizona Affidavit of Shared Residence

My Commission Expires:



#### State of Arizona Department of Education Office of English Language Acquisition Services

## Primary Home Language Other Than English (PHLOTE) Home Language Survey

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_\_

2. What is the language most often spoken by the student? \_\_\_\_\_

3. What is the language that the student first acquired? \_\_\_\_\_\_

Student Name	Student ID		
Date of Birth	SAIS ID		
Parent/Guardian Signature	Date		
District or Charter Kestrel Schools, Inc.			
School Valley Preparatory Academy			
Please provide a copy of the Home Language Survey to			
In SAIS, please indicate the student's home or primary la	anguage.		

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



Estado de Arizona Departamento de Educación Servicios de Aprendizaje del Inglés

### Idioma Principal en el Hogar excluyendo el inglés (PHLOTE) Encuesta sobre el Idioma en el Hogar

(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1.	¿Cuál idioma se habla principalmente estudiante?	en su hogar sin considerar el idioma que	
2.	¿Cuál idioma habla el estudiante con n	nayor frecuencia?	
3.	¿Cuál fue el primer idioma que aprend	lió el estudiante?	
No	ombre del estudiante	Núm. de identificación	
Fee	cha de nacimiento	Núm. de SAIS	
Fir	rma del padre o tutor	Fecha	
Dis	strito o Charter Kestrel Schools, Inc.		
Esc	cuela Valley Preparatory Academy		
Plea	ease provide a copy of the Home Language Survey t	o the ELL Coordinator/Main Contact on site.	

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

### Free and Reduced Eligibility Form Valley Preparatory Academy USDA CHILD NUTRITION PROGRAM

### **INCOME GUIDELINES**

#### 2018-2019

		Fede	ral Income Cha	art			
		For Sch	ool Year 2018	2019			
Household Size Free Free Free Reduced Reduced							
	Yearly	Monthly	Weekly	Yearly	Monthly	Weekly	
1	\$15,782	\$1,316	\$304	\$22,459	\$1,872	\$432	
2	\$21,398	\$1,784	\$412	\$30,451	\$2,538	\$586	
3	\$27,014	\$2,252	\$520	\$38,443	\$3,204	\$740	
4	\$32,630	\$2,720	\$628	\$46,435	\$3,870	\$893	
5	\$38,246	\$3,188	\$736	\$54,427	\$4,536	\$1,047	
6	\$43,862	\$3,656	\$844	\$62,419	\$5,202	\$1,201	
7	\$49,478	\$4,124	\$952	\$70,411	\$5,868	\$1,355	
8	\$55,094	\$4,592	\$1,060	\$78,403	\$6,534	\$1,508	
Each Additional							
Add	\$5,616	\$468	\$108	\$7,992	\$666	\$154	

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Child's Name:	 School:
Child's Name:	School:
Child's Name:	School:
Child's Name:	School:
Signature of Parent/Guardian:	
Printed Name:	 
Addressa	

### □ Free Eligibility □ Reduced Eligibility

### Do Not Qualify

Valley Preparatory Academy does not provide lunch. However, we must report to the state our students that qualify for free or reduced lunch. Please fill out the information above and check the appropriate box.

Return this form to: Valley Preparatory Academy by 09/30/2018.

### Kestrel Schools, Inc. Valley Preparatory Academy

#### **DESIGNATION OF DIRECTORY INFORMATION**

During the school year, school staff members may compile the non-confidential student directory information specified at the bottom of this document.

According to state and federal law, with the permission of the school governing board the belowdesignated directory information may be publicly released to **educational**, **occupational**, **or military recruiting representatives** *without your permission*. If the charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter holder is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.

If you **do not** want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the District/Charter Holder in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, on October 31, whichever occurs first. If the charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

# To Principal:

I **do not** want any or all the information I have indicated below concerning (student's name) \_\_\_\_\_\_\_\_ designated as directory information and released to any

person or organization without my prior written consent.

□ Student's Name	Student's Telephone Number
□ Student's Address	Student's Electronic Mail Address
$\Box$ Student's Dates of Attendance and Enrollment Status	$\Box$ Student's Honors and Awards Received
$\Box$ Student's Date and Place of Birth	Student's Grade Level
$\Box$ Most Recently Attended Educational Agency or Institution	Student's Photograph
$\Box$ Student's Participation in recognized activities/sports	□ Student's Major Field of Study
Student's Weight and height (members of athletic teams)	

□ Student's Weight and height (members of athletic teams)