Enrollment Checklist
Valley Preparatory Academy

_____ Completed Student Enrollment Form (two pages) and Required Enrollment Documentation

- _____ Residency Documentation Form/Affidavit (List) (Does not apply to homeless students)
- _____ Proof of Residence (Copy of an item from the List) (Does not apply to homeless students)
- _____ Home Language Survey (Responses not used to make enrollment decisions)
- _____ Certified copy of the pupil's birth certificate, or any document approved under A.R.S. 15-828 (Example: Baptismal Certificate, Passport, Arizona Driver License or State ID, application for a social security number, original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate, letter from the authorized representative of an agency having custody of the pupil)

_____ Documentation Requested **After** Enrollment (**Not Required or Used for Enrollment Purposes**)

- _____ Immunization Record (Copy) or Exemption Documentation (Required)
- _____ Withdrawal Form from Previous School (Copy)
- _____ Unofficial Transcript (Copy)
- _____ Free and Reduced Lunch Eligibility Form
- _____ Designation of Directory Information
- _____ AIMS, AZMERIT, or Stanford scores (Copy if available)
- _____ MET, IEP, 504 (Copy if available, used for service placement only)
- _____ Special Education/504 Information Form (If applicable, used for service placement only)

Starting Classes:

_____

_____

Valley Preparatory Academy

Student Enrollment Form

New □ Returning □ School Year:_____

Entry Code: _____
Entry Date: _____
Date entry posted in SMS
Date:_____ Initials ____
Withdrawal Code: _____
Withdrawal Date: _____
Date withdrawal posted in SMS:
Date:_____ Initials ____

PLEASE ***PRINT.***

***STUDENT INFORMATION*:** **GRADE_____** **GENDER: M □ F □**

_____ _____ _____
LEGAL LAST NAME **LEGAL FIRST NAME** **LEGAL MIDDLE NAME**

DATE OF BIRTH: MO._____DAY_____YR._____BIRTH STATE:_____

ADDRESS:_____
STREET (APT. #) CITY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____
P.O. BOX or STREET # CITY STATE ZIP CODE

HOME PHONE:_____ **MOTHER'S MAIDEN NAME:**_____

STUDENT CELL PHONE:_____**STUDENT E-MAIL ADDRESS:**_____

MOTHER OR GUARDIAN
STUDENT LIVES WITH: □ MOTHER □ GUARDIAN □ STEP-PARENT □ FOSTER PARENT □ OTHER_____

_____ _____ **□ FULL CUSTODY □ JOINT CUSTODY**
LAST NAME **FIRST NAME**

_____ _____ _____ _____
HOME PHONE **CELL PHONE** **WORK PHONE** **EMPLOYER**

ADDRESS (If different from student) _____
MAIL ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS _____

FATHER OR GUARDIAN
STUDENT LIVES WITH: □ FATHER □ GUARDIAN □ STEP-PARENT □ FOSTER PARENT □ OTHER_____

_____ _____ **□ FULL CUSTODY □ JOINT CUSTODY**
LAST NAME **FIRST NAME**

_____ _____ _____ _____
HOME PHONE **CELL PHONE** **WORK PHONE** **EMPLOYER**

ADDRESS (If different from student) _____
MAIL ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS _____

ETHNICITY / RACE **PART A – Is the Student Hispanic or Latino? – YES □ NO □ (Choose One Only)**
PART B – What is the Students Race (Select one or more)
□ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ American Indian / Alaska Native □ White

Has this student ever been expelled? □ YES □ NO School_____

If this student was enrolled in <u>any</u> schools during the current or past school years, list all the schools and enrollment dates below:

Last school attended: _____ Grade Level: _____ School Year: _____/_____

City: _____ State: _____

Last school attended: _____ Grade Level: _____ School Year: _____/_____

City: _____ State: _____

Last school attended: _____ Grade Level: _____ School Year: _____/_____

City: _____ State: _____

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)**_____

Does the student have at least one parent/guardian who is a member of the Armed Forces on Active Duty? ☐ **Yes** ☐ **No**

Does the student have at least one parent/guardian who is a member of the Armed Forces National Guard or Reserve? ☐ **Yes** ☐ **No**

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)		

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. _____

_____

Parent/guardian completing the enrollment application:

SIGN HERE ⇨ **NAME:** _____ **SIGNATURE:** _____ **DATE:** _____

FOR OFFICE USE ONLY:

Special Education and 504 Program Services Information Form

Learner Name: _____Grade: _____

Has your learner ever qualified to receive **Special Education Services**? ❒ YES ❒ NO
Has your learner ever qualified to receive accommodations under a **504 Plan**? ❒ YES ❒NO

If you answered "NO" to both questions please sign your name to complete this form.

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: _____

Do you have a copy of your learner's current IEP? ❒ YES ❒ NO

Do you have a copy of your learner's current evaluation? ❒ YES ❒ 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	Received Services?	Grade Level	SERVICE	Received Services?	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 would like to provide that may be of assistance to us in best meeting the needs of your learner?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Parent's/Legal Guardian's Signature:_____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

*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 on-base billeting facility as the address for proof of residency.

State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name:_____

School Name: Valley Preparatory Academy

School District or Charter Holder: Kestrel Schools, Inc.

Name of Arizona Resident: _____

I, (resident name)_____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

____ 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this __ day of_____ , 20 , By _____

My Commission Expires:_____ Notary Public: _____

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student first speak or understand?**

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter Kestrel Schools, Inc

School Valley Preparatory Academy

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA)**. Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

   _____

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

   _____

3. **¿Qué idioma habló o entendió el estudiante primero?**

   _____

Distrito

Nombre del estudiante_____ Núm. de identificación_____

Fecha de nacimiento _____ SSID_____

Firma del padre o tutor_____ Fecha_____

Distrito o Charter Kestrel Schools, Inc

Escuela Valley Preparatory Academy

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Free and Reduced Eligibility Form
Valley Preparatory Academy

USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES

2020-2021

Federal Income Chart For School Year 2020-2021						
Household Size	**Free Yearly**	**Free Monthly**	**Free Weekly**	**Reduced Yearly**	**Reduced Monthly**	**Reduced Weekly**
1	**$16,588**	**$1,383**	**$319**	**$23,606**	**$1,968**	**$454**
2	**$22,412**	**$1,868**	**$431**	**$31,894**	**$2,658**	**$614**
3	**$28,236**	**$2,353**	**$543**	**$40,182**	**$3,349**	**$773**
4	**$34,060**	**$2,839**	**$655**	**$48,470**	**$4,040**	**$933**
5	**$39,884**	**$3,324**	**$767**	**$56,758**	**$4,730**	**$1,092**
6	**$45,708**	**$3,809**	**$879**	**$65,046**	**$5,421**	**$1,251**
7	**$51,532**	**$4,295**	**$991**	**$73,334**	**$6,112**	**$1,411**
8	**$57,356**	**$4,780**	**$1,103**	**$81,622**	**$6,802**	**$1,570**
Each Additional Add	**$5,824**	**$486**	**$112**	**$8,288**	**$691**	**$160**

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: _____ Date: _____

Printed Name: _____

Address: _____

☐ 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 09/30/2020.

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 below-designated 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 Address

☐ Student's Dates of Attendance and Enrollment Status

☐ Student's Date and Place of Birth

☐ Most Recently Attended Educational Agency or Institution

☐ Student's Participation in recognized activities/sports

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

☐ Student's Telephone Number

☐ Student's Electronic Mail Address

☐ Student's Honors and Awards Received

☐ Student's Grade Level

☐ Student's Photograph

☐ Student's Major Field of Study

_____ _____

Parent/Guardian Signature Date

Rev 07/27/2020