

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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Tires Easily | <input type="checkbox"/> Frequent sore throats |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Frequent toothache | <input type="checkbox"/> Persistent hoarseness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent pains in limbs | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Diabetes (Type I or Type II) | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> 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: _____



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.

**Title I/Free and Reduced Eligibility Form
Valley Preparatory Academy
USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES
2024-2025**

Federal Income Chart For School Year 2024-2025						
Household Size	Free Yearly	Free Monthly	Free Weekly	Reduced Yearly	Reduced Monthly	Reduced Weekly
1	\$19,578	\$1,632	\$377	\$27,861	\$2,322	\$536
2	\$26,572	\$2,215	\$511	\$37,814	\$3,152	\$728
3	\$33,566	\$2,798	\$646	\$47,767	\$3,981	\$919
4	\$40,560	\$3,380	\$780	\$57,720	\$4,810	\$1,110
5	\$47,554	\$3,963	\$915	\$67,673	\$5,640	\$1,302
6	\$54,548	\$4,546	\$1,049	\$77,626	\$6,469	\$1,493
7	\$61,542	\$5,129	\$1,184	\$87,579	\$7,299	\$1,685
8	\$68,536	\$5,712	\$1,318	\$97,532	\$8,128	\$1,876
Each Additional Add	\$6,994	\$583	\$135	\$9,953	\$830	\$192

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 09/30/2024