

Dear Family,

We are excited you have chosen Valor Preparatory Academy of Arizona (VPA) as your school of choice. VPA prohibits discrimination on the basis of disability, race, creed, color, gender, national origin, or religion and is eager to start serving your student. In order to enroll in VPA, we need for you to:

1. Fill out the enrollment form packet. (Includes Enrollment Form, Home Language Survey, Arizona Residency Form, McKinney Vento Form, and Emergency Medical Authorization)

2. Provide Proof of Age or Identity of your student *which includes:

- Birth certificate
- Baptismal certificate
- Application for a social security number
- Original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate
- 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

3. Provide proof of Arizona residency per A.R.S 15-802 that matches the address provided in the enrollment form to accompany the Arizona Residency Document form included in the enrollment packet. Sufficient documentation includes:

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Address Confidentiality Program authorization card
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement of off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by Indian tribe located in Arizona
- Other documents from a state, tribal, or federal agency
- Temporary on-base billeting facility (for military families)
- Affidavit of Shared Residency (for parent(s) or legal guardian(s) that do not maintain his or her own residence)

4. Provide immunization records per A.R.S 15-872

5. Provide withdrawal form from previous school** per A.R.S 15-827

*This is required within 30 days of enrollment. **Required if transferring from another Arizona Public School.

Please note, additional information may be requested and/or required for you to fill out or provide based on your answers to the questions in the enrollment packet.

According to the final regulations of the Family Education Rights and Privacy Act it is no longer necessary to obtain written consent from parents/guardians to release school records. School officials including teachers within the educational institution, and officials in other schools in which the student expects to enroll, may receive a student's records without consent from parents/guardians for such release. We will request your student's records from their previous school as soon as you have provided the required information for enrollment; however, that does take time. To make sure your students starts off on the right foot, if you are able please also provide:

- Copy of last report card for 6th-8th grade students, copy of unofficial transcript for 9th-10th grade students (helps with student placement)
- Any special education or 504 documentation
- Expulsion/Suspension documents

We look forward to partnering with you in your student's educational journey!

STUDENT INFORMATION:

Student Name (as it appears on birth certificate): _____

Student Email Address: _____ Student Phone Number: _____

Student Preferred Name: _____

Student Date of Birth: _____ State of Birth: _____ City of Birth: _____

Student Gender (as it appears on birth certificate): _____ Student Preferred Gender: _____

Check one: Grade 6 Grade 7 Grade 8 Grade 9 Grade 10

Residential Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

PARENT/GUARDIAN #1

If someone other than a birth-parent listed on the birth certificate is listed here, please provide proof of custody (date and time stamped by the court).

First and Last Name: _____ Relationship to Student: _____

Email Address: _____ Primary Phone: _____

Employer Name: _____ Employer Phone: _____

Parent/Guardian #1 Address is the same as the student. Yes No (If No, please provide address below)

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

PARENT/GUARDIAN #2

If someone other than a birth-parent listed on the birth certificate is listed here, please provide proof of custody (date and time stamped by the court).

First and Last Name: _____ Relationship to Student: _____

Email Address: _____ Primary Phone: _____

Employer Name: _____ Employer Phone: _____

Parent/Guardian #2 Address is the same as the student. Yes No (If No, please provide address below)

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

FEDERAL AND STATE QUESTIONS

The section below includes questions the federal and state governments require schools to obtain answers to regarding students. The answers to the questions below serve as identifiers for the school to make sure students receive services they are entitled to and are also reported to the state as a part of the school's required federal and state reporting.

STUDENT RACE AND ETHNICITY INFORMATION

Is your child Hispanic or Latino? Yes No

What ethnicity is your child? (check all that apply) American Indian or Alaskan Native Asian
 Black or African America Native Hawaiian or Other Pacific Islander White

HOME LANGUAGE SURVEY: (see home language survey at the end of the packet)

MILITARY DEPENDENT

Under Every Student Succeeds Act (ESSA), the U.S. Department of Education requires all schools to confirm if parents/guardians of school-age children are actively in the military. Please answer each question below.

ACTIVE DUTY - Are any of the student's parents or legal guardians currently in Active Duty as a member of the Army, Navy Air Force, Marine Corps or Coast Guard? Yes No

ACTIVE DUTY - Are any of the student's parents or legal guardians currently in Active Duty as a member of the Texas National Guard (Army, Air Guard, or State Guard)? Yes No

RESERVE FORCE - Are any of the student's parents or legal guardians currently a member of the Reserve Force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard)? Yes No

FOSTER CARE

Is this student a foster child? Yes No

MIGRANT WORKER

Did your family make a move within the past 36 months so that a parent/guardian could work as a migratory agricultural worker, migratory fisher or to join a spouse who is a migratory agricultural worker, migratory fisher? Yes No

MCKINNEY-VENTO

The McKinney-Vento Homeless Assistance Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship" as well as unaccompanied or displaced youth.

Definitions:

Fixed = stationary, permanent, and not subject to change

Regular = used on a regular (i.e. nightly) basis

Adequate = sufficient for meeting both the physical and psychological needs typically met in home environments

Does the student lack a fixed, regular, or adequate nighttime residence based on the definitions outlined below? Yes No

If you answered yes to the question above, your student might be eligible for services. All students are asked to fill out the McKinney-Vento Form if "yes" was the provided answer above at the time of enrollment. See the form in the later pages of this packet. The eligibility information on this form is confidential and will be evaluated every school year. More information can be found at azed.gov/population-projects/home/homeless/

HOUSEHOLD INCOME LEVEL

Please know the questions listed below are initial questions and you will be asked to fill out an official form after July 1 of each school year. Answers to the questions below are utilized for additional funding allocations — the school's eligibility rates are sometimes used as an indicator when making funding decisions about other education programs and grants which in terms means more resources for your students!

STUDENT HOUSEHOLD INCOME LEVEL - The Arizona Department of Education provides the following Income Guidelines for determining eligibility information for federal funding associated with programs funded under the ESEA Elementary and Secondary Education Act (ESEA).

Number of household members: _____ The household annual income is: _____

Is your family at or below the current income guidelines based on the ESEA Income Eligibility Guidelines schedule? Yes No
Click the following link to view guide: <https://www.fns.usda.gov/cn/income-eligibility-guidelines>

Definition of Income: All items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

SPECIAL SERVICES AND PROGRAMS

The federal government requires schools to provide a "free appropriate public education" (FAPE) to each qualified student within the school's jurisdiction. FAPE consists of the provision of regular or special education related aids and services designed to meet the student's individual educational needs.

SPECIAL EDUCATION

In order to continue to provide appropriate services, is your child currently receiving Special Education Services or have an active IEP? Yes No

(If you answered yes to the question above, please provide copies of your child's IEP as well as most recent evaluation documents if you are able.)

SECTION 504

In order to continue to provide appropriate services, does your child have a 504 plan? Yes No

(If you answered yes to the question above, please provide copies of your child's 504 as well as evaluation documents if you are able.)

STUDENT MEDICAL INFORMATION

Emergency Contact #1: _____ Relationship to Student: _____

Phone Number : _____ Secondary Phone Number : _____

Emergency Contact #1: _____ Relationship to Student: _____

Phone Number : _____ Secondary Phone Number : _____

Physician Name: _____ Hospital Preference: _____

Medical Concerns: _____

Does your child take any medications frequently or daily: Yes No

If yes, what medications are taken daily? _____

Has your child been diagnosed with allergies by a doctor? Yes No

If yes, please list the allergies here: _____

AUTHORIZATION TO RELEASE

List below those who have authorization to pick up the student from school? Please provide full name of each individual.

Note: Any person picking up the student will be required to show state issued identification.

***NOTE: Any person picking up students will be required to show state issued picture identification.

ACKNOWLEDGEMENTS AND UNDERSTANDINGS

1. I/We acknowledge and agree that the student shall be automatically enrolled in the PSP (Parent Student Portal) Community unless we opt-out of this service in the area listed below. We understand we have the option to opt-out of or opt back into the PSP Community at any time, as long as notification is provided in writing administration.

- I/we give consent for the student named below to participate in the PSP "My Community."
 I/we do not give consent for the student named below to participate in the PSP "My Community."

2. We have been advised of our rights as outlined in the notifications of rights under the Family Educational Rights Act (FERPA) for Elementary and Secondary institutions and the Protection of Pupil Rights Amendment (PPRA) – see links below. "Directory information" includes, but is not limited to: the student's name, ethnicity, gender, mailing address, email address, phone numbers, photograph, grade level, class rank by percentage, GPA, and current class enrollment. "Directory information" does not include the student's social security number or the student's ID number.

- <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> (FERPA)
<https://www2.ed.gov/policy/gen/guid/fpco/ppra/parents.html> (PPRA)

- I/We authorize VPA to release the following "directory information"
 I/We do not for VPA to release "directory information" pertaining to me/us or my/our child.

3. I/We authorize VPA to share photographs of me/us or my/our student. Yes No

Please mark all that apply.

- Social Media/Website School Yearbook Media Releases Marketing Materials

PREVIOUS SCHOOL

Please provide information regarding the most recent school(s) the student attended.

SCHOOL #1

School Name: _____

Start Date: _____ End Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

SCHOOL #2

School Name: _____

Start Date: _____ End Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

SCHOOL #3

School Name: _____

Start Date: _____ End Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Student Legal Name: _____ Date of Birth: _____

School District or Charter Holder: VALOR PREPARATORY ACADEMY OF ARIZONA

Parent/Guardian/Student Signature: _____ Date Signed: _____

As the Parent/Legal Guardian of the Student or as the Adult Student, I attest that I continue to reside at:
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 For students/parents that have already submitted the appropriate documentation approved by the state of Arizona

As the Parent/Legal Guardian of the Student or as the Adult Student, I attest that I reside in the State of Arizona
 For students/parents that will provide evidence of Arizona residence by providing Valor Preparatory Academy with a copy of one of the approved documents listed below.

STATE DEPARTMENT OF EDUCATION APPROVED DOCUMENTS
THAT SUPPORT RESIDENCE VERIFICATION:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
 - A temporary copy may be submitted as long as it does not expire prior to the selected enrollment date
 - Permanent copy will be required, once received, in order to continue enrollment or remain in the program
- Real estate deed or mortgage documents
- Property tax bill
 - For last fiscal year of today's date
- Residential lease or rental agreement (including Section 8 or off-base military housing)
 - First and last page of lease agreements will be required
 - First page will need to show name of tenant, valid start and end date of lease (lease cannot end prior to enrollment date), and full property address
 - Last page must contain tenants and leasing manager's or landlord's signatures
- Utility bill (Water, electric, gas, cable, phone)
 - Must be within 90 days of enrollment date
 - When sending utility bills need to assure it's the full bill and not just the bottom portion stub that is mailed back with your payment
 - In most cases the top portion of the bill will contain a physical/services address, where the bottom stub is the mailing address whether it is a PO BOX or the same service address
- Bank or credit card statement
 - Statement dates must be within 90 days of enrollment date
- W-2 wage statement
 - All W-2 info must all be on the same page, one side documents only (multiple pages verifying different information on W-2 will not be accepted)
 - For last fiscal year of today's date
- Payroll stub
 - Employee's full name and address will need to be on the same page alongside employer's name or logo, and will need to include a pay date within 90 days of enrollment date
 - A paycheck will not suffice
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address
 - Cannot be a P.O. Box, exceptions can be made for rural addresses but administrative approval is needed.
- Documentation from a state, tribal or Federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
 - Agency name should be visible
 - Documentation cannot be insurance based
 - Must be within 90 days of enrollment date
- I am currently unable to provide any of the approved documents. Therefore, I have provided an original affidavit signed and officially notarized stating that an Arizona resident attests that I have established residence in Arizona with the person signing the affidavit
 - The affidavit will be provided to you by the Enrollment Advisor assisting you in the process
 - The notarized affidavit will need to include the full name and full address (including city, state, and zip code) of the person who maintains the residence here the student live, along with a valid document form the list provided
- Temporary on-base billeting facility (for military families)



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 _____	
School _____	

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)

OPTIONAL FORM
For use if you answered "yes" on the ENROLLMENT APPLICATION

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of the Elementary and Secondary Act (ESEA). The McKinney-Vento Act specifically states that enrollment barriers be removed to provide educational stability. Please complete and return this questionnaire to the school. Responses to the following questions are voluntary and kept confidential. The information provided will help the school district determine if the student(s) qualifies under the McKinney-Vento Act.

Student: _____	Student: _____	Student: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____	Address: _____
School: _____	School: _____	School: _____

Are any students listed above in the custody of the Department of Child Safety? Yes No
(If "YES" you may stop here, and sign and date below)

Students protected under the McKinney-Vento Act are entitled to immediate enrollment in school, even if they do not have the required documents for registration (e.g. proof of residency, school records, immunization records or birth certificate). Students eligible under the McKinney-Vento Act are automatically eligible for free lunch and may be entitled to transportation or other services.

SECTION A (check all that apply)

- Yes No Is your current living situation due to loss of housing?
 Foreclosure Eviction Natural disaster, flood, fire Other: _____
- Yes No Is your current living situation due to economic hardship?
 Loss of job Change in job Cannot afford housing Other: _____
- Yes No Is your current living arrangement temporary? Waiting to own home or rent Other: _____
- Yes No Are you a student NOT living with your parent(s) or legal guardian?
 If you answered "YES" to any of these questions, please continue to Section B and C.
 If you answered "NO" to all of the questions, you may stop here and sign and date below.

SECTION B IDENTIFY WHO THE CHILD LIVES WITH (check one)

- Parent(s)/Legal Guardian(s) ALONE without an adult in the household With an adult that is NOT the parent/legal guardian

SECTION C - IDENTIFY THE STUDENT'S CURRENT LIVING ARRANGEMENTS

- In shelter, domestic violence shelter, or transitional housing (not Section 8 housing)
- In the home of a relative or friend (temporary and due to lack of housing for financial conditions). Length of time? _____
- In a motel/hotel
- In a place NOT considered traditional housing (car, campground, park, abandoned building)
- In your own home without adequate utilities (running water, heat, electricity)
- In your own home (includes Section 8 housing)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF ARIZONA THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM ARE TRUE AND ACCURATE.

Print Name: _____

Signature: _____

Date: _____

Has Home/Phone information changed in the past year? Yes No

Student Name: _____ Date of Birth: _____

Student Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Mother's Cell: _____ Father's Cell: _____

PURPOSE - To enable parents, guardians, alternate persons listed below, to authorize the provision of emergency treatment, including the administration of medication, for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name: _____ Lives with Student: Yes No

Mother's Place of Employment: _____ Work Phone #: _____

Okay to contact at work: Yes No

Father's Name: _____ Lives with Student: Yes No

Father's Place of Employment: _____ Work Phone #: _____

Okay to contact at work: Yes No

Guardian's Name: _____ Lives with Student: Yes No

Guardian's Place of Employment: _____ Work Phone #: _____

Okay to contact at work: Yes No

ALTERNATE PERSONS TO NOTIFY

#1 Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

#2 Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FAMILY INFORMATION

Student is living with: Both Parents Father Mother Guardian Step-Parent Other Foster Parent

Parents are: Married Divorced Separated Never Married Widowed

Student/Family with temporary living arrangements: Shelter Unsheltered Shared Housing Hotel/Motel

Is there a court custody order pertaining to this child, who has custody? _____

(NOTE: A copy of the custody papers are REQUIRED to be on file with the school.)

PART I OR PART II MUST BE COMPLETED

NOTE: NO ONE will be permitted to pick up your child unless his/her name appears on this form, or we have written confirmation from Parent or Guardian. This includes an evacuation or terrorist alert.

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Medical Specialist: _____ Telephone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Please give facts concerning the student's medical history, including allergies and medications being taken:

Medical condition(s) we should be made aware of: _____

Medicine student is currently taking (amount/when taken): _____

Allergies: _____

Any other needed information regarding student: _____

Signature of Parent/Guardian: _____ Date: _____

(NOTE: This information will be shared with staff who have a legitimate educational need to know.)

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In cases in which the nature of an illness or an injury appears serious, the parent(s) are contacted and the instructions on this form are followed. In extreme emergencies, arrangements may be made for a student's immediate hospitalization whether or not the parent(s) can be reached. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____