



PREPARATORY ACADEMY

OF ARIZONA

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, Emergency Medical Authorization*)
2. Provide Proof of Age or Identity of your student which includes one of the following:
  - *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 one of the following:
  - *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 (not required to enroll, but required to attend)
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 unofficial transcript for 9<sup>th</sup>- 10<sup>th</sup> 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!





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PARENT/LEGAL GUARDIAN #2: If someone other than a birth-parent listed on the birth certificate is listed here, please provide proof of custody paperwork (date and time stamped by the court).

Full Name (First and Last) Relationship to Student

Email Address Primary Phone Number

Employer Name Employer Phone

Student lives with Parent/Guardian #2. Yes No

Parent/Guardian #2 Address is the same as the student. Yes No (If NO - Provide address below.)

Street Address

City State Zip Code County

Family Information

Parents are: Married Divorced Separated Never Married Widowed

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

Hotel/Motel Not applicable

Is there a court custody order pertaining to this child? Yes No

If "Yes", who has custody?

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.

Blank lines for listing authorized individuals.

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 Caucasian/White

Home Language Survey See Home Language Survey form 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.

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

#### 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

If you answered yes to the question above, your student may 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 <http://www.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!



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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? 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.)*

### Parent Acknowledgments and Authorizations

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"



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- 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
- 4. I/We understand that VPA will be requesting records from my student’s prior school on my behalf.
- 5. I/We understand that VPA will send text messages to my student or myself for educational purposes.

**Signature of Parent/Guardian:**

**Date:**

**Previous School Information**

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

*SCHOOL #1:*

School Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

*SCHOOL #2:*

School Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_



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*SCHOOL #3:*

School Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County*

\_\_\_\_\_  
*Phone Number* \_\_\_\_\_ *Fax Number*



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

Student's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 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.

**Alternate Persons to Notify:**

1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
#2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Part I or Part II MUST 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):** \_\_\_\_\_





EMERGENCY MEDICAL  
AUTHORIZATION FORM  
2020-2021 School Year

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: \_\_\_\_\_





## 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?**

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

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

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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)

