



ACORN MONTESSORI SCHOOLS

2024-2025

Preschool-PreK North Campus: 8085 E. Manley Dr., Prescott Valley, AZ. 86314; Phone: 928.772.5225
Grades K-3: West Campus: 7555 E Long Look Dr. Prescott Valley AZ, 86314; Phone: 928.775.0238 Fax: 928.775.2638
Grades 4-8: Main Campus: 8556 E. Loos Dr. Prescott Valley AZ, 86314; Phone: 928.772.5778 Fax: 928.775.8654

Acorn is a complimentary blend of traditional national standards with Montessori tactile hands-on learning materials.

Print all information. Preschool _____ Pre-K _____ **Charter** start date _____ Grade _____

Child's Full Legal Name _____
 Last _____ First _____ Middle _____

Age _____ Date of Birth _____ Male ___ Female ___ Birthplace _____
 Address _____ City _____ State ___ Zip _____

Home Phone _____ Cell _____ Parent email: _____

Race (Required) White ___ Black ___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander ___
 Two or more races ___ Hispanic ___ Yes ___ No ___

Mother/Guardian Name _____
 Home Address _____ City _____ State ___ Zip _____
 Mailing Address (if different) _____

Father/Guardian Name _____
 Home Address _____ City _____ State ___ Zip _____
 Mailing Address (if different) _____

Child lives with (mark all that apply) ___ Mother ___ Father ___ Foster Parents ___ Grandparents ___ Other ___
 Is Parent/Guardian currently in the Military? ___ Yes ___ No
 Do parents (if apart) have legal joint custody? ___ Yes ___ No Custody Documents ___ Yes ___ No ___ Provided
 Visitation arrangements (if applicable) _____

Sibling's names and ages _____
 Family circumstances that school should be aware of? _____
 Does your child now or in the past have an IEP? ___ Yes ___ No Does your child have a 504 Plan? ___ Yes ___ No
 If so please describe services _____

Please indicate last school your child attended. Please list address and phone number.
 Name of school _____
 Address: _____ Phone _____
 Dates attended _____ Reason for leaving _____
 Areas of concern regarding your child's education? _____
 Why did you choose Acorn Schools? _____
 Please indicate date you wish your child to start _____

Acorn Montessori Charter School Discrimination Policy

Acorn Montessori Charter School is an equal opportunity provider and employer.

In the operation of the Child Nutrition Programs, no individual in the United States shall solely by reason of his or her race, color, national origin, sex, age, or disability, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The immediate remedy for any act of discrimination shall be to end it, treat the individual equally, and, as much as practically possible, to eradicate any effects of discrimination. Discipline should be imposed where appropriate.

Date of application: _____ Start date: _____ Admin: _____ Residency form: _____
 Birth Cert: ___ Imm. ___ Rec. Req: ___ Language Svy: ___ ELL: _____

REQUEST FOR STUDENT EDUCATION RECORDS

1ST Request _____ 2nd Request _____ 3rd Request _____

Student's Name: _____

Date of Birth _____ Age _____ Grade Level _____

Name of Previous School _____

School Address _____

School Phone Number _____ Fax Number _____

Please send the following information: (Please DO NOT send the cumulative folder.)

- Birth certificate, legal custody documentation
- Health/medical records
- General administrative data, attendance data
- Official transcript, report cards, test scores
- Withdrawal grades, formal withdrawal slip
- Discipline Records
- Arizona SAIS Number (if Applicable) _____

Mail or Fax the above records to:

Kindergarten - 3rd Grade
Attn: Olivia Akin

_____ 7555 E. Long Look Dr.
Prescott Valley, AZ 86314
Phone: 928-775-0238
Fax: 928-775-2638

4th - 8th Grade
Attn: Cathy Blair

_____ 8556 E. Loos Dr.
Prescott Valley, AZ 86314
Phone: 928-772-5778
Fax: 928-775-8654

Acorn Montessori Schools uses IEP PRO, records may be transferred using this system. MOST CURRENT SPECIAL EDUCATION programs and records, or any other confidential information should be mailed to:

Acorn Montessori Schools
Attn: Sara Chadwick
8556 E Loos Drive
Prescott Valley, AZ 86314
(928) 772-5778 (928) 775-8654 Fax

A.R.S. 15-828.F Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten days after receipt of the request.

NOTE: According to the Final Regulations (Family Educational Rights and Privacy Act, Buckley Amendment, June 17 1976), it is no longer necessary to obtain written consent to release records between schools. School officials may receive student records without written consent from the parent, guardian, or student.



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ACORN MONTESSORI CHARTER SCHOOL
CHILDREN FIRST, ALWAYS

Local/Frequent Field Trip Permission Slip
Return Completed form to the office.
School Year- 2024/2025

This permission slip is for all scheduled field trips that are on the school calendar. These trips may include West Campus Gymnasium, Mountain Valley Park, Prescott Valley Library, Bob Edwards Park and/or any event off your child's campus. Tonto Park for the North campus students only. Please ensure that we can contact you in case of emergency. Events added to the calendar and using transportation will be approved with a more detailed permission slip sent to parents/guardians.

I give/do not give (circle choice) permission for my child _____ to accompany his/her class for all scheduled fieldtrip events.

We ask that students wear their Acorn T-shirts while on all Acorn field trips to help with quick recognition of our students.

If you are interested in volunteering to Chaperone, please contact your child's teacher directly.
AS A VOLUNTEER, I UNDERSTAND THAT:

- I must pay my own cost.
- I must provide my own transportation to our destination.
- I must apply and receive a Fingerprint card prior to participation.
- This usually takes at least 4-6 weeks.

During the scheduled field trip, I may be reached at:

Other emergency contact: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies / Medical conditions: _____

Parent's signature: _____ Date: _____

8556 E. Loos Dr. Prescott Valley, AZ 86314, Phone 928-772-5778; Fax 928-775-8654
7555 E. Long Look Dr. Prescott Valley, AZ 86314, Phone 928-775-0238; Fax 928-775-2638



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)



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 aprendiz 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?

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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)

Child's Name _____

MOVIE RELEASE FORM

I give permission for my child to view age appropriate movies in the classroom. Some of these movies will be of historical events and correlate classroom studies.

Yes___ No___

Initials_____

PHOTO RELEASE FORM

I give Acorn Montessori permission to take photos or videos of my child.

Yes___ No___

Initials_____

I give permission for my child's photo to be taken and possibly submitted to the area **newspapers, school website, social media and/or Google Classroom drive.**

Yes___ No___

Initials_____

FIELD TRIP FORM

I give permission for my child to participate in, on or off campus field trips. For each trip a detailed permission slip will be sent home for approval.

Yes___ No___

Initials_____

Physical Education Release Form

Due to the physical activity of this class, are there any medical conditions that may keep your child from participating.

Yes___ No___

I give permission for my child to participate in this class.

Yes___ No___

Initials_____

Permission to give Tylenol-Advil, Cough Drops, or Tums.

In the event my child has a headache/cough/stomach ache, medicine can be administered by Acorn Staff. I understand that the dosage will be based on the weight and age of the child.

Any child that has been diagnosed with a fever of 100.4 degrees F or more you will be notified, and child must be picked up within **30 minutes**. Child must be fever free for 24 hours before returning to school. **Students may carry their asthma medication/ and EPI pens.**

Yes___ No___

Initials_____

Volunteer Program

Every year Acorn Montessori Schools have special events that would not be possible without the help from our great volunteers.

Trips away from our schools, volunteers need to obtain a **Department of Public Safety Fingerprint Clearance Card**. Please visit <https://psp.azdps.gov> to obtain fingerprint card.

Thank you in advance for your support of this awesome program.

Select Campus: Acorn Main ___ (4-8) Acorn West___ (K-3)

I would like to be a volunteer. Yes___ No___

Parent's Name Printed

Parent/Guardian's Signature

Date

Waiver of Liability

I as the parent of _____ do hereby acknowledge that I will not hold Acorn Montessori Schools or any agent of Acorn Montessori liable for any accident or injury by my child.

Parent's Name Printed

Parent/Guardian's Signature

Date



ACORN MONTESSORI CHARTER SCHOOL

Student Computer Contract

Below are policies that will regulate our use of the Chromebooks, the internet, e-mail, documents, and printing. These rules have been designed to keep our Chromebooks and classroom functioning at the highest of standards. In order to have access to e-mail, the Internet, & laptops/Chromebooks during class, please read the following and sign below.

1. **NO FOOD OR DRINK** around Chromebooks, **EVER**.
2. Chromebooks and the internet should **ONLY** be used for educational purposes with permission & only use the programs the teacher allows, permits, and/or designates.
3. Games on the computer, Facebook, Instagram, Internet Games, YouTube, chat rooms, Instant Messengers, Blog Websites, etc. are **NOT** permitted (unless part of a lesson)!!! **If you aren't sure, ask.**
4. Bypassing the school's firewall & "hacks" of any sort are prohibited & have consequences. Including any time while using an Acorn Montessori account.
5. Students may not, under any circumstances, install software or apps onto the computers.
6. Students "hacking", altering unauthorized files, or using the network/devices in any way other than that is intended, will **lose** their computer privileges. depending on severity, other consequences may ensue.
7. Any behavior which threatens the physical or emotional safety of other students or the equipment, will lead to the loss of privileges and/or consequences.
8. **NEVER give a password to anyone!!!**
9. Shutdown, log off, & put laptop away appropriately every day.

Consequences:

1st offense: 1 Week long loss of privileges and Referral/Email or Call with family about offense.

2nd offense: Loss of ALL electronic privileges for remainder of quarter.

IF ANY EQUIPMENT IS DAMAGED OR LOST, FAMILY MAY BE HELD RESPONSIBLE FOR REPLACEMENT OF EQUIPMENT.

Device replacement will either be for full retail value of item, or if repairable the cost of the part plus \$50 per hour of labor to fix.

These policies and procedures must be obeyed, and any violations of them will be met with zero tolerance.

- Students must abide by their signed contracts.
- The use of Chromebooks is a privilege, not a right.
- If this contract is broken, student's privileges will be revoked.

Sign and return to ensure students can use equipment:

Student name (print): _____

Signature (sign): _____

Parent/Guardian (print): _____

Parent/Guardian signature (sign): _____

Date: _____

8556 E. Loos Dr. Prescott Valley, AZ. Phone 928-772-5778; Fax 928-775-8654

7555 E. Long Look Dr. Prescott Valley, AZ Phone 928-775-0238; Fax 928-775-2638



Acorn Montessori Charter School Internet Usage Policy

Student Name: _____
School Year: 2024/2025

Teacher Name: _____
Grade: _____

Access to Electronic Mail and the Internet will enable students to explore thousands of libraries, databases and bulletin boards while exchanging messages with Internet users throughout the world. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access objectionable materials as well. Acorn Montessori Charter School and the system administrators do not condone the use of such materials and do not permit usage of such materials in the school environment. There are security systems and filters in place to prevent students from getting to unauthorized sites. We believe that the benefits to students from access to the Internet, in the form of information, resources and opportunities for collaboration, exceed any disadvantages.

To that end, Acorn Montessori Charter School has set the following standards for using on-line information sources.

1. Your child will learn Internet communication skills including the following; email safety, downloading, files, WWW, keyword searches, etc. Before use, all students will receive an overview of the aspects of security and ethics involved in using the Acorn Montessori Charter School network.
2. Students are responsible for demonstrating ethical behavior when using the computer and internet. The internet access is provided for students to conduct research and use other educational resources. Access to internet and computer services are given to students who agree to act in a responsible manner. Parent permission is required, and access is a privilege - not a right.
3. Teachers and the System Administrators may review and monitor all accounts and communications to maintain system integrity and ensure that users are employing the system responsibility. Every effort will be made to maintain privacy and security in this process.
4. Unacceptable behaviors include, but are not limited to:
 - Sending, displaying or downloading offensive messages or pictures
 - Using obscene language
 - Harassing, insulting or threatening others
 - Damaging of computer systems or computer networks
 - Violating copyright laws
 - Submitting documents from the Internet as own work
 - Allowing others to use your account name or password, or trespassing in someone else's folder, work or files
 - Intentionally wasting limited resources
 - Revealing personal phone number or address of yourself or other individuals
 - Knowingly accessing inappropriate sites
5. Violations may result in restricted network access, loss of network access, and disciplinary or legal action including, but not limited to, criminal prosecution under appropriate state and federal laws.

Acorn Montessori Charter School Network and Internet Permission Slip

Please sign either the Approval or Denial below.

APPROVAL OF ACCESS TO THE INTERNET

Student: I agree to abide by the rules and regulations set forth in the "Acorn Montessori Charter School Rules and Responsibilities for Using the Network and Internet Agreement". I understand that when I am using the Internet or any other telecommunications environment, I must adhere to all rules of courtesy, etiquette and laws regarding access and copying of information as prescribed by either Federal, State or Local law, and Acorn Montessori Charter School. My signature below, and that of my parents, means that I agree to follow the guidelines of "Acorn Montessori Charter School Rules and Responsibilities for Using the Network and Internet Agreement"

Signature of student(s)

Teacher's Name

Date

Parent: As the student's parent and/or guardian, I have read and agree to the terms described in the "Acorn Montessori Charter School Rules and Responsibilities for Using the Network and Internet Agreement". With respect to my student's computer, network, and Internet privileges – and with regard to the information that is contained on or could be obtained by way of the school's network – I hereby give my permission for my child to use the Internet through classroom curriculum projects and release Acorn Montessori Charter School, as well as the network administrators and operators, from any and all claims that may arise as a result of my student's use of or inability to use school computer resources within the guidelines set forth in the Acorn Montessori Charter School Rules and Responsibilities for Using the Network and Internet Agreement." If you would like more information about the Acorn Montessori Charter School Internet accounts, please phone Kendal Healey or Jennifer Rice at 928-772-5778.

Signature of Parent / Guardian

Print Name

Date

DENIAL OF ACCESS TO THE INTERNET

As the student's parent and/or guardian, I DO NOT give permission for my student to use the Network or Internet at Acorn Montessori Charter School. Use of the computer is permissible only during activities that do not involve Network or Internet access.

Signature of Parent/Guardian

Date

Parents/Guardians,

Acorn Montessori Charter School offers Wellness services and Behavior Intervention to our students each year. Wellness and behavior intervention services assist students in their adjustment to school and help them with emotional and personal goals. The development and maintenance of behavior and wellness skills in childhood encourages improvement in academic performance as well as home interactions. Wellness skills include self esteem, adjustment, character building, social skills, behavior improvement and management, coping skills, and academic planning and success. Services can be given in both individual and group settings. Wellness and behavior intervention encourages students to explore their emotions and learn effective life skills in order to thrive both in and out of the classroom.

Parents/guardians, Principals, and teachers can refer students for wellness services. Students may also request counseling services. **In order to receive wellness and behavior intervention services, the attached permission slip must be signed and returned.** In some situations, including mental health emergencies, a signed permission form would not be required in order for us to render help. However, it is strongly recommended that you sign the attached form and return it so that professional help in non-emergency situations may be provided to your child.

The laws regarding confidentiality are as follows:

- By law, all mental health professionals are required to notify authorities about cases of **suspected abuse and neglect of a child dependent adult or developmentally disabled person, as well as cases involving imminent danger towards the client's self or others.** These issues are exempt from the requirements of confidentiality.

The Wellness Educator may share information with, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. If you would like the educator to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

We hope your child will enjoy and benefit from the services we offer, and **we encourage you to contact us whenever you have a question, input or concern, or would like an update on your child's progress.**

Please sign the reverse side of this form to allow your child to receive Wellness and Behavior Intervention services at Acorn Montessori Charter School. If you would ever like revoke these services, please fill out another form, otherwise this form will remain in effect throughout your child's enrollment at Acorn Montessori Charter School.

If you have any questions or concerns, please feel free to contact the counselor directly Tiffini Schwanderlik phone number 928-772-5778

Child's Name _____ Grade _____
Teacher _____

I, _____, am the legal parent/guardian
of _____. I have read, understand, and agree to the terms of the attached
Mental health and Wellness Informed Consent.

Please check one:

___ I give permission for my child to receive wellness and behavior services at Acorn Montessori Charter
School

___ I choose to decline school wellness and behavior services for my child at this time.

Parent/Guardian (Signature)

_____ Date _____

Phone: Daytime phone _____ E-mail _____

Cell phone _____

RIGHTS OF CHILDREN AND YOUTH IN TRANSITION (McKinney-Vento)

The school district shall provide an educational environment that treats all students with dignity and respect. Every child and youth in transition shall have access to the same free and appropriate educational opportunities as students who are not. This commitment to the educational rights of children and youth in transition, and unaccompanied youth, applies to all services, programs and activities provided or made available.

A student may be considered eligible for services as a "Child or Youth in Transition" under the McKinney-Vento Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car or abandoned building

According to the McKinney-Vento Act, eligible students have rights to:

Immediate enrollment: Lack of proof of residency, transcripts, immunization records, proof of guardianship, birth certificate, unpaid fees, any factor related to the living situation, or any other documents required, cannot serve as a barrier to the enrollment in school immediately.

School Section: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of the transition, or until the end of the academic year in which they become permanently housed.

Participate in programs for which they are eligible, including Title I, National School Lunch Program, Special Education, English Language, school nutritional programs, and before and after school programs.

Transportation services: A McKinney-Vento eligible student attending his/her School of Origin has the right to transportation to and from that School of Origin. Acorn Montessori Charter School's share of the cost-effective transportation plan will be provided by Title 1 funds that have been set aside, and our Maintenance and Operating funds.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a child or youth in transition, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute time, the student must be immediately enrolled in the school and provided appropriate educational services, transportation, free meals, and Title 1 services until the matter is resolved. The McKinney-Vento Liaison will assist the student in making decisions, providing notice of any appeal process, and filling out the dispute forms.

**For more information,
refer to homeless@azed.gov
or contact: Rita Rodriguez, State Homeless Education Program Coordinator
Arizona Department of Education
1535 W. Jefferson Street, Phoenix, AZ 85007
Telephone: (602) 542-4963**

STUDENT'S NAME _____

___ NO, I do not need assistance at this time.

Please circle the appropriate answer

- | | |
|---|--------|
| 1. Is the student (family) living in a motel or hotel? | YES NO |
| 2. Is the student (family) living in a shelter?
___ Domestic violence ___ Emergency Housing ___ Transitional Housing | YES NO |
| 3. Is the student (family) living in a car, park, campground or public place? | YES NO |
| 4. Is the student (family) living in the residence of another person or family? | YES NO |

If you answered YES to questions 3 or 4, please answer the following:

- A. Is the living arrangement due to: ___ Economic hardship ___ Loss of housing ___ Temporary
 B. Date living arrangements began _____
 C. Date living arrangements expected to end _____

- | | |
|--|--------|
| 5. Is the student seeking enrollment without parent or legal guardian? | YES NO |
| 6. Is the student in Foster Care? | YES NO |

Parent/Guardian Signature

Contact Phone

School of Attendance

Date



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

Student _____ School _____

School District or Charter Holder _____

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: _____

School District or Charter Holder: _____

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



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela _____

Distrito Escolar o Escuela Chárter _____

Padre/Tutor Legal _____

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ___ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ___ Pasaporte válido de los EE. UU.
- ___ Escritura inmobiliaria o documentos de hipoteca
- ___ Recibo de pago de impuestos sobre la propiedad
- ___ Contrato de renta de casa/residencia
- ___ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- ___ Factura de tarjeta de crédito o de banco
- ___ Copia de la forma W-2 sobre declaración de ingresos
- ___ Talón del cheque de paga
- ___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

- ___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,

Por _____.

Notario Publico

Mi comisión se vence: _____



Estado de Arizona Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de las siguiente manera:

Las personas que viven con migo:

Ubicación de me residencia:

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

- Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Pasaporte válido de los EE. UU.
 - Escritura inmobiliaria o documentos de hipoteca
 - Recibo de pago de impuestos sobre la propiedad
 - Contrato de renta de casa/residencia
 - Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
 - Factura de tarjeta de crédito o de banco
 - Copia de la forma W-2 sobre declaración de ingresos
 - Talón del cheque de paga
 - Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
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Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,
Por _____.

Mi comisión se vence: _____

Notario Publico