



ACORN MONTESSORI SCHOOLS

2025-2026

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. **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) _____

Email, FAX, or mail 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
Email- oakin@acornmontessori.com

4th - 8th Grade
Attn: Cathy Blair

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

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 Email- schadwick@acornmontessori.com

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? No 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? No Yes
 If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? No 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.)? No 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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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 05-2023)



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*?

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 05-2023)

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 _____

Student Releases

Movie Release Form

I give permission for my child to view age appropriate movies in the classroom. Some of these movies/shows will be of historical events and correlate to classroom studies, while others will be for celebrations or earned class parties. I will be notified of any movies higher than a PG rating.

_____ Yes _____ No

Initials: _____

Physical Education Release Form

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

_____ Yes _____ No If yes, what are the limitations? _____

I give permission for my child to participate in PE.

_____ Yes _____ No

Initials: _____

Volunteer Program

Acorn Montessori School has events throughout the year that would not be possible without the help and support from our great volunteers. For field trips, volunteers must obtain a DPS Fingerprint Clearance Card.

I would like to be considered to volunteer. _____ Yes _____ No

Which Campus? _____ Acorn Main (4-8) _____ Acorn West (K-3)

Parent Name: _____ Signature: _____

Waiver of Liability

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

Parent Name: _____ Signature: _____

Date: _____

Student Releases

Student's Name: _____

Permission to give over the counter medications: Limited to Tylenol, Cough Drops, and Tums

In the event my child has a persistent headache/cough/stomach ache, over the counter medicine can be administered by Acorn staff. I understand the dosage will be based on the weight and age of my child. Medications outside of tylenol, cough drops, or tums will not be given and will require a separate form, which can be located in the front office.

_____ Yes _____ No

Initials: _____

Any child that has a fever of 100.4 or higher is required to be sent home. I understand that my sick child must be picked up within 30 minutes of notification and can not return until fever free for 24 hours without the aid of medication before returning to school. *Students/Teachers may carry asthma medication and epi pens as needed.

Initials: _____

Photo Release Form

Acorn Montessori Staff love being able to share what your child is doing during the school day with you, and, at times, the community. Please complete the appropriate permissions below.

- Staff to Parent: _____ Yes _____ No
- School Events (slide shows, bulletin boards, etc): _____ Yes _____ No
- Newspaper: _____ Yes _____ No
- Website: _____ Yes _____ No
- Social Media: _____ Yes _____ No
- Classroom Google Drive(private class folder): _____ Yes _____ No

Parent Signature: _____



**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.

___ 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.

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 Público



Homeless Education

Arizona Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes No

Do you have children of the preschool age? Yes No

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes No
(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes No

Please place an "X" in each box that best describes where the student sleeps at night.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

- In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered Doubled-up Unsheltered/FEMA/Substandard Hotel/Motel

Unaccompanied youth: Yes No Transportation to school of origin needed: Yes No

Date received by Homeless Liaison _____
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Homeless Education

The Educational Rights of Homeless Children and Youths

Acorn Montessori Charter School shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [42 U.S.C. § 11434a(2)].

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].


Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §11432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan. You may also contact:

<p>LEA Homeless Liaison Cathy Blair 8556 E. Loos Dr Prescott Valley, AZ 86314 928-772-5778 cblair@acommonfessori.com</p>	<p>State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov</p> 
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