



# 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

1<sup>ST</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> 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 - 8<sup>th</sup> Grade**

**Attn: Cathy Blair**

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

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**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

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**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**

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

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

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

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

<b>Name(s):</b>
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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](http://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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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?**

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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)



## 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 aprendizajes 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?**

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**2. ¿Qué idioma habla el estudiante la mayoría del tiempo?**

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**3. ¿Qué idioma habló o entendió el estudiante primero?**

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

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

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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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# 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: \_\_\_\_\_

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## 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? \_\_\_\_\_

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I give permission for my child to participate in PE.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Initials: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_



**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



## 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 la siguiente manera:

Las personas que viven conmigo:

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Ubicación de mi residencia:

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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 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.

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: \_\_\_\_\_



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



# ACORN MONTESSORI CHARTER SCHOOL CHILDREN FIRST, ALWAYS

The 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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# ACORN MONTESSORI CHARTER SCHOOL

*CHILDREN FIRST, ALWAYS*

## **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. §1432(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><b>LEA Homeless Liaison</b>                  Cathy Blair                  8556 E. Loos Dr Prescott Valley, AZ                  86314                  928-772-5778                  cblair@acornmontessori.com</p>	<p><b>State Homeless Education Program Coordinator</b>                  Arizona Department of                  Education 1535 W. Jefferson                  Street Phoenix, AZ 85007                  (602) 542-4963  <a href="mailto:Homeless@azed.gov">Homeless@azed.gov</a></p> 
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