



ACORN MONTESSORI CHARTER SCHOOL

CHILDREN FIRST, ALWAYS

2025-2026

Ethnic Background*: **To comply with federal and state reporting requirements, charter schools are required to ask the following questions. All answers are optional and will not affect enrollment. Should the parent/legal guardian choose not to answer the following questions, the school is required to report the student's ethnicity and race based on the information and documentation in its possession.*

Part A:

Student's Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Part B:

Student's Race: _____ American Indian or Alaska Native _____ Asian
 _____ Black or African-American _____ Native Hawaiian or Other Pacific Islander
 _____ White _____ Other

Military Student Identification:

Parents and/or legal guardians may decline to answer, in which case, the student will be assumed not to be a dependent of a member of the U.S. military.

_____ Student is a dependent of a member of the United States military services, defined as one of the following:

1. Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard
2. Full-time member of the National Guard or Reserve Forces of either the U.S. Army, Navy, Marine, Corps, or Air Force
3. Member of the National Guard or Reserve Force of either the U.S. Army, Navy, Marine Corps, or Air Force

_____ Student is **not** a dependent of any of the above.

Enrollment Preference:

Enrollment Preference is given to students who meet any of the following criteria A.R.S. 15-184(B, C, D). Please indicate if any of the following apply to the student that is enrolling: (All other students will be admitted according to the school's enrollment process.)

- _____ Previously attended this charter school
- _____ Sibling of _____, who is already enrolled at Acorn Montessori Schools.
- _____ Child, grandchild, or legal ward of _____, who is one of the following:
- an employee of Acorn Montessori Schools or is a member of the school's governing board
- _____ In foster care or designated as an unaccompanied youth pursuant to the McKinney-Vento Homeless Assistance Act
- _____ Child of a member of the armed forces of the United States who is either active duty or was killed in the line of duty.
- _____ None of the above

Disciplinary History*: **This information is collected pursuant to A.R.S. 15-184(I) and may be a consideration for enrollment.*

Has the student ever been expelled from a previous school: _____

Is the student in the process of being expelled from another school: _____

If the answer to either of this questions is "yes," please explain:

IEP/504 Plans: **Parents can decline to answer the following questions; they are intended to provide continuity of services and are not a requirement for enrollment. Acorn Montessori Charter School is required to request records from the previous school. However, parents/guardians may submit a student's IEP or 504 plan that is in their possession. If you would like to submit such documentation in order to ensure the continuity of services for your student, please attach a copy to this enrollment packet.*

Does the student have a current IEP?* _____ Yes _____ No

Does the student have a 504 accommodation plan?* _____ Yes _____ No

Custodial or other legal documents:

Optional: Please answer the optional questions below and submit any custodial documentation, or other legal documents, of which the school should be aware. Such documents may include, but are not limited to, custody or visitation agreements, restraining orders, foster care agreements or similar documents that have bearing on student safety or the communication between the school and the student's family.

Note: The school will not honor custodial restrictions without copies of court orders.

Custody? _____ Joint _____ Mother _____ Father _____ State _____ Legal Guardian
 _____ Temporary _____ Other
 _____ Custody papers on file?



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Students who are Homeless or Unaccompanied Youth:

If the enrolling student is considered to be homeless or an unaccompanied youth, complete and submit the Student Residency Questionnaire (SRQ) and, if applicable, the Caregiver’s Authorization Affidavit included in this enrollment packet. These documents are necessary for determination of whether the student qualifies as a homeless or unaccompanied youth pursuant to the McKinney-Vento Homeless Assistance Act. In addition, please refer to the document titled “Rights of Homeless Students” also included in this enrollment packet.

Students who are homeless or unaccompanied youth shall be enrolled in the school regardless of the ability to provide verification of the student’s age and identity or residency documentation as outlined. McKinney-Vento Homeless Assistance Act, 42. U.S.C. 1141-11435. Individuals enrolling a student who is considered to be homeless or an unaccompanied youth are encouraged, however, to submit such information/documentation, if available, in order to assist with the enrollment process and provide appropriate services.

Information and documentation required for attendance:

The following information and documentation is required for attendance but is not required for enrollment³. Parents/Legal Guardians are encouraged, however, to submit the following, if available at the time of enrollment, in order to ensure the timely provision of services to the student.

- **Student Withdrawal Form:**
 - All students who previously attended an Arizona school must submit a properly completed and signed ADE Official Notice of Pupil Withdrawal form prior to attending the school. A.R.S. 15-827. This form is required to be submitted prior to the student attending but is not required for enrollment.
- **Immunizations:**
 - Before attending any district or charter school, students are required to demonstrate proof of immunization, an immunization exemption, or an immunization schedule consistent with the Arizona Department of Health Guidelines. A.R.S. 15-872 and -873. If available, attach a copy of the student’s current, up to date immunization records, immunization exemption form, or immunization schedule with this enrollment packet. If not currently available, such records must be submitted to the school **prior to the student attending.** For more information on immunizations, exemptions, or schedules, please contact the Acorn Montessori School’s front office.

Parent/Legal Guardian Acknowledgement:

I hereby acknowledge that I have thoroughly read and understand this enrollment packet in its entirety and that I am officially attempting to enroll the student in Acorn Montessori Schools. I am aware that submission of this enrollment packet does not guarantee a seat. If there is insufficient capacity to enroll all pupils that submit a timely application, the school will follow its equitable enrollment process and notify me of my student’s status.

Parent/Legal Guardian Signature: _____
Date Enrollment Packet was completed: _____

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.

For Office Use Only:

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

³ Students who are considered homeless or unaccompanied youth should work with the school and the local homeless liaison for compliance with the immunization and student withdrawal requirements.

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

<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?

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 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?

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 _____
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: _____

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: _____

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: _____



**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 con migo:

Ubicación de mi 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 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 representate 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 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.

Firma del padre/tutor legal

Fecha



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*Optional, does not impact enrollment

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>LEA Homeless Liaison Cathy Blair 8556 E. Loos Dr Prescott Valley, AZ 86314 928-772-5778 cblair@acornmontessori.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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