



## Enrollment Checklist Educational Options Foundation

EdOptions Preparatory Academy  EdOptions HS Learning Center  Both

- \_\_\_\_\_ Student Enrollment Form (All pages)
- \_\_\_\_\_ Special Education/504 Information Form (If applicable)
- \_\_\_\_\_ Residency Documentation Form/Affidavit (List)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Free and Reduced Lunch Eligibility Form
- \_\_\_\_\_ Designation of Directory Information
  
- \_\_\_\_\_ Birth Certificate (copy)
- \_\_\_\_\_ Immunization Record (copy)
- \_\_\_\_\_ Proof of Residence (Copy of item from the List)
- \_\_\_\_\_ Withdrawal Form from Previous School (copy)
- \_\_\_\_\_ Unofficial Transcript (copy)
- \_\_\_\_\_ AIMS, AZMERTs, or Stanford scores (copy)
- \_\_\_\_\_ MET, IEP, 504 (copy if applicable)

Starting Classes:

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Entry Code:
Entry Date:
Date entry posted in SMS:
Date: Initials
Withdrawal Code:
Withdrawal Date:
Date withdrawal posted in SMS:
Date: Initials

Student Enrollment Form

New [ ] Returning [ ] School Year: \_\_\_\_\_

If your child currently has an IEP, you must submit a copy with this application.

PLEASE PRINT.

STUDENT INFORMATION:

GRADE \_\_\_\_\_ GENDER: M [ ] F [ ]

LEGAL LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_ LEGAL MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_ BIRTH COUNTRY: \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_ (APT. #) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE: P.O. BOX or STREET # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

STUDENT CELL PHONE: \_\_\_\_\_ STUDENT E-MAIL ADDRESS: \_\_\_\_\_

MOTHER OR GUARDIAN

STUDENT LIVES WITH: [ ] MOTHER [ ] GUARDIAN [ ] STEP-PARENT [ ] FOSTER PARENT [ ] OTHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ [ ] FULL CUSTODY [ ] JOINT CUSTODY

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS (If different from student) MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER OR GUARDIAN

STUDENT LIVES WITH: [ ] FATHER [ ] GUARDIAN [ ] STEP-PARENT [ ] FOSTER PARENT [ ] OTHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ [ ] FULL CUSTODY [ ] JOINT CUSTODY

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS (If different from student) MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ETHNICITY / RACE PART A - Is the Student Hispanic or Latino? - YES [ ] NO [ ] (Choose One Only)

PART B - What is the Students Race (Select one or more) [ ] American Indian / Alaska Native

[ ] Asian [ ] Black/African American [ ] Native Hawaiian/Other Pacific Islander [ ] White

Has this student ever been expelled? [ ] YES [ ] NO School \_\_\_\_\_

Has this student ever been suspended? [ ] YES [ ] NO School \_\_\_\_\_

If this student was enrolled in any school during the current or past school year, list the school and enrollment dates below:

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? (Choose one)  English  Spanish  Other (identify)\_\_\_\_\_

What is the language the student first acquired?  English  Spanish  Other (identify)\_\_\_\_\_

**EMERGENCY INFORMATION**

We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential and in your child's folder.

Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred: \_\_\_\_\_

Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)

**COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.**

Please check the following, if any apply to the student.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Frequent colds                | <input type="checkbox"/> Tires Easily            | <input type="checkbox"/> Frequent sore throats   |
| <input type="checkbox"/> Frequent headaches            | <input type="checkbox"/> Nosebleeds              | <input type="checkbox"/> Frequent stomach aches  |
| <input type="checkbox"/> Persistent cough              | <input type="checkbox"/> Frequent toothache      | <input type="checkbox"/> Persistent hoarseness   |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Frequent pains in limbs | <input type="checkbox"/> Runny nose              |
| <input type="checkbox"/> Heart condition               | <input type="checkbox"/> Seizures/Epilepsy       | <input type="checkbox"/> Bleeding Disorders      |
| <input type="checkbox"/> Diabetes (Type I or Type II)  | <input type="checkbox"/> Orthopedic Problem      | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Allergies (Please list below) |  |  |

List all Current Medications Below

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any health problems or chronic illnesses at this time? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the student wear glasses or contacts? \_\_\_\_\_ Does the student have a hearing problem? \_\_\_\_\_

Please note any immunizations the student has received within the past 12 months. \_\_\_\_\_

**ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.**

The signature on the enrollment form acknowledges the student's intent to maintain full time enrollment with EdOptions Preparatory Academy/EdOptions High School Learning Center.

Parent/guardian completing the enrollment application:

**SIGN HERE**  NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

# Special Education and 504 Program Services Information Form

Learner Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your learner ever qualified to receive **Special Education Services**?  YES  NO

Has your learner ever qualified to receive accommodations under a **504 Plan**?  YES  NO

**If you answered "NO" to both questions please sign your name to complete this form.**

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you answered "Yes" to either question please complete this form.**

ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.

Parent or Guardian of Newly Registered Learner,

In order to assist us in meeting the educational needs of your learner, please read below and supply the requested information to the extent you are able. Due to the many regulations that govern Special Education, and learners receiving 504 accommodations, we must be provided with proper documentation in order to continue implementing the services your learner needs. Please submit any current documents, evaluations, Individualized Education Plans (IEP's), and any other information you may have regarding your learner as soon as possible. Thank you for your support in providing this valuable information.

### **SPECIAL EDUCATION SERVICES:**

What is your learner's area of special education eligibility: \_\_\_\_\_

Do you have a copy of your learner's current IEP?  YES  NO

Do you have a copy of your learner's current evaluation?  YES  NO

*Please provide the following information or attach a copy of your learner's IEP.*

Please complete the following information to indicate the services that your learner has received.

SERVICE	Received Services?	Grade Level	SERVICE	Received Services?	Grade Level
Reading			Social Emotional/Behavior		
Writing			Occupational Therapy		
Math			Other		
Speech/Language					

### **504 SERVICES:**

*Please provide the following information or attach a copy of your learner's 504 plan*

Please indicate the condition for which your learner has a 504 plan: \_\_\_\_\_

Please list the name of the physician who diagnosed the condition: \_\_\_\_\_

**Which school(s) can we contact to obtain official data and records regarding the services your learner received?**

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Is there any additional information you would like to provide that may be of assistance to us in best meeting the needs of your learner?

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**ENROLLMENT FOR YOUR STUDENT IS NOT COMPLETE until all special education documents have been received and reviewed by our school.**

**Parent's/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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

EdOptions Preparatory Academy

Student \_\_\_\_\_

School EdOptions HS Learning Center

School District or Charter Holder Educational Options Foundation

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 U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_ 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



**State of Arizona  
Affidavit of Shared Residence**

I 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 U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe.
- \_\_\_ 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter Educational Options Foundation

School EdOptions Preparatory Academy / EdOptions HS Learning Center

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.





Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** \_\_\_\_\_
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** \_\_\_\_\_
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter Educational Options Foundation

Escuela EdOptions Preparatory Academy / EdOptions HS Learning Center

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

**Free and Reduced Eligibility Form**  
**EdOptions Preparatory Academy/EdOptions HS Learning Center**  
**USDA CHILD NUTRITION PROGRAM**  
**INCOME GUIDELINES**  
**2016-2017**

<b>Federal Income Chart</b>						
<b>For School Year 2016-2017</b>						
<b>Household Size</b>	<b>Free Yearly</b>	<b>Free Monthly</b>	<b>Free Weekly</b>	<b>Reduced Yearly</b>	<b>Reduced Monthly</b>	<b>Reduced Weekly</b>
<b>1</b>	<b>\$15,444</b>	<b>\$1,287</b>	<b>\$297</b>	<b>\$21,978</b>	<b>\$1,832</b>	<b>\$423</b>
<b>2</b>	<b>\$20,826</b>	<b>\$1,736</b>	<b>\$401</b>	<b>\$29,637</b>	<b>\$2,470</b>	<b>\$570</b>
<b>3</b>	<b>\$26,208</b>	<b>\$2,184</b>	<b>\$504</b>	<b>\$37,296</b>	<b>\$3,108</b>	<b>\$718</b>
<b>4</b>	<b>\$31,590</b>	<b>\$2,633</b>	<b>\$608</b>	<b>\$44,955</b>	<b>\$3,747</b>	<b>\$865</b>
<b>5</b>	<b>\$36,972</b>	<b>\$3,081</b>	<b>\$711</b>	<b>\$52,614</b>	<b>\$4,385</b>	<b>\$1012</b>
<b>6</b>	<b>\$42,354</b>	<b>\$3,530</b>	<b>\$815</b>	<b>\$60,273</b>	<b>\$5,023</b>	<b>\$1,160</b>
<b>7</b>	<b>\$47,749</b>	<b>\$3,980</b>	<b>\$919</b>	<b>\$67,951</b>	<b>\$5,663</b>	<b>\$1,307</b>
<b>8</b>	<b>\$53,157</b>	<b>\$4,430</b>	<b>\$1,023</b>	<b>\$75,647</b>	<b>\$6,304</b>	<b>\$1,456</b>
<b>Each Additional Add</b>	<b>\$5,408</b>	<b>\$451</b>	<b>\$104</b>	<b>\$7,696</b>	<b>\$642</b>	<b>\$148</b>

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Free Eligibility**    **Reduced Eligibility**

**Do Not Qualify**

**EdOptions High School does not provide lunch. We however must report to the state our students that qualify for free or reduced lunch. Please fill out the information above and check the appropriate box .**

**Return this form to: Educational Options Foundation by 09/30/2016**

Educational Options Foundation  
EdOptions Preparatory Academy - EdOptions HS Learning Center

**DESIGNATION OF DIRECTORY INFORMATION**

During the school year, school staff members may compile the non-confidential student directory information specified at the bottom of this document.

According to state and federal law, with the permission of the school governing board the below-designated directory information may be publicly released to **educational, occupational, or military recruiting representatives without your permission**. If the charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter holder is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you **do not** want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the District/Charter Holder in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, on October 31, whichever occurs first. If the charter school does not receive this notification from you within the prescribed time, **it will be assumed that your permission is given** to release your son's/daughter's designated directory information.

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To Principal:

I **do not** want any or all the information I have indicated below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior written consent.

- |   |   |
|---|---|
| <input type="checkbox"/> Student's Name   | <input type="checkbox"/> Student's Telephone Number           |
| <input type="checkbox"/> Student's Address  | <input type="checkbox"/> Student's Electronic Mail Address    |
| <input type="checkbox"/> Student's Dates of Attendance and Enrollment Status      | <input type="checkbox"/> Student's Honors and Awards Received |
| <input type="checkbox"/> Student's Date and Place of Birth                        | <input type="checkbox"/> Student's Grade Level                |
| <input type="checkbox"/> Most Recently Attended Educational Agency or Institution | <input type="checkbox"/> Student's Photograph                 |
| <input type="checkbox"/> Student's Participation in recognized activities/sports  | <input type="checkbox"/> Student's Major Field of Study       |
| <input type="checkbox"/> Student's Weight and height (members of athletic teams)  |   |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date