



Enrollment Checklist Educational Options Foundation

EdOptions Preparatory Academy ☐ EdOptions HS Learning Center ☐ Both ☐

_____ Completed Student Enrollment Form (two pages) and Required Enrollment Documentation

_____ If available, a certified copy of the pupil's birth certificate or any document approved under A.R.S. 15-828 (Example Baptismal Certificate, Passport, Arizona Driver License or State ID, application for a social security number, original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate, letter from the authorized representative of an agency having custody of the pupil). Must be submitted within 30 days of enrollment.

_____ Residency Documentation Form/Affidavit (List) (Does not apply to homeless students)

_____ Proof of Residence (Copy of an item from the List) (Does not apply to homeless students)

_____ Home Language Survey (Responses not used to make enrollment decisions)

_____ Documentation Requested **After** Enrollment (**Not Required or Used for Enrollment Purposes**)

_____ Free and Reduced Lunch Eligibility Form

_____ Immunization Record (Copy) or Exemption Document (Required)

_____ Withdrawal Form from Previous School (Copy)

_____ Designation of Directory Information

_____ Unofficial Transcript (Copy)

_____ AIMS, AZMERIT, AzM2, or Stanford scores (copy if available, not used for enrollment)

_____ Special Education/504 Information Form (If applicable, used for service placement only)

_____ MET, IEP, 504 (copy if applicable, used for service placement only.)

Starting Classes:



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: _____

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 (optional, not used for enrollment decisions): _____
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 _____

PLEASE NOTE – Providing the below Ethnicity and Race information is optional and not used to make enrollment decisions.

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 _____

If this student was enrolled in any school during the current or past school years, list all the schools 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: _____

Enrollment preference is given to students who meet any of the following criteria. A.R.S. § 15-184(B). Please indicate if any of the following apply to the student that is enrolling:

Previously attended this charter school ☐ Yes ☐ No Date(s) of prior attendance _____

Has a sibling who is already enrolled at the school ☐ Yes ☐ No Name of Sibling _____

Military Student Identification (Not used to make enrollment decisions)

Does the student have at least one parent/guardian who is a member of the Armed Forces on Active Duty? ☐ Yes ☐ No

Does the student have at least one parent/guardian who is a member of the Armed Forces National Guard or Reserve? ☐ Yes ☐ No

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 and is not used to make enrollment decisions. All information will be kept confidential. 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.

_____ Frequent colds	_____ Tires Easily	_____ Frequent sore throats
_____ Frequent headaches	_____ Nosebleeds	_____ Frequent stomach aches
_____ Persistent cough	_____ Frequent toothache	_____ Persistent hoarseness
_____ Asthma	_____ Frequent pains in limbs	_____ Runny nose
_____ Heart condition	_____ Seizures/Epilepsy	_____ Bleeding Disorders
_____ Diabetes (Type I or Type II)	_____ Orthopedic Problem	_____ Frequent Ear Infections
_____ 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. _____

Parent/guardian completing the enrollment application:

SIGN HERE  NAME: _____ SIGNATURE: _____ DATE: _____

Special Education and 504 Program Services Information Form

Not for enrollment, used for service placement.

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.

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?

Parent's/Legal Guardian's 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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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: _____

EdOptions Preparatory Academy/

School Name: EdOptions HS Learning Center

School District or Charter Holder: Educational Options Foundation

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: _____



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 Educational Options Foundation
EdOptions Preparatory Academy

School EdOptions HS Learning Center

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 aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

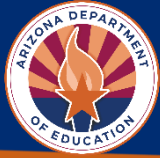
2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

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

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter <u>Educational Options Foundation</u>	
EdOptions Preparatory Academy	
Escuela <u>EdOptions HS Learning Center</u>	

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)



Alternative Form for Income-Based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2026 Income Guidelines for determining income eligibility for a various state and federal programs. This form should be utilized by households with students that attend schools that do not offer the National School Lunch Program (NSLP) or by households with students that attend schools operating a special provision option in a non-base year for the NSLP. Organizations should retain completed forms for a period of five years.

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits, unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines Schedule?

Yes, Income Eligibility 2 (Indicator 2 in AzEDS):

☐

Yes, Income Eligibility 1 (Indicator 1 in AzEDS):

☐

No:

☐

If your household qualifies, please complete the following information for each student:

Student's Name

Name of School

EdOptions HS Learning Center/
EdOptions Preparatory Academy

Eligibility status is only recognized from the date of the signature until the end of the respective school year.

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature: _____

Date: _____

Income Eligibility Guidelines: July 1, 2025 to June 30, 2026

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354
Each Additional Member Add:	+\$7,150	+\$596	+\$298	+\$275	+\$138

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Each Additional Member Add:	+\$10,175	+\$848	+\$424	+\$392	+\$196

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300/month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly income = Monthly x 12

Yearly income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion.

Educational Options Foundation
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.

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