



Educational
Options
Foundation



Re-Enrollment Checklist Educational Options Foundation

EdOptions Preparatory Academy EdOptions HS Learning Center Both

- _____ Student Enrollment Form (All pages)
- _____ Residency Documentation Form/Affidavit (List)
- _____ Free and Reduced Lunch Eligibility Form
- _____ Designation of Directory Information

- _____ Proof of Residence (Copy of item from the List)



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:

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

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:

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. _____

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: _____



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 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: _____

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: _____

Free and Reduced Eligibility Form
EdOptions Preparatory Academy/EdOptions HS Learning Center
USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES
2019-2020

Federal Income Chart						
For School Year 2018-2019						
Household Size	Free Yearly	Free Monthly	Free Weekly	Reduced Yearly	Reduced Monthly	Reduced Weekly
1	\$16,237	\$1,354	\$313	\$23,107	\$1,926	\$445
2	\$21,983	\$1,832	\$423	\$31,284	\$2,607	\$602
3	\$27,729	\$2,311	\$534	\$39,461	\$3,289	\$759
4	\$33,475	\$2,790	\$644	\$47,638	\$3,970	\$917
5	\$39,221	\$3,269	\$755	\$55,815	\$4,652	\$1,074
6	\$44,967	\$3,748	\$865	\$63,992	\$5,333	\$1,231
7	\$50,713	\$4,227	\$976	\$72,169	\$6,015	\$1,388
8	\$56,459	\$4,705	\$1,086	\$80,346	\$6,696	\$1,546
Each Additional Add	\$5,746	\$479	\$111	\$8,177	\$682	\$158

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 Preparatory Academy/EdOptions HS Learning Center does not provide lunch. However, we 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 09/30/2019.

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