Educational Options Foundation

# Re-Enrollment Checklist
## Educational Options Foundation

EdOptions Preparatory Academy ☐ EdOptions HS Learning Center ☐ Both ☐

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

_____ 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)

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

_____ Alternative Form for Income-Based Eligibility

Revised: 07.01.2025

Educational Options Foundation
EdOptions Preparatory Academy - EdOptions HS Learning Center

# Student Re-Enrollment Form

New □ Returning □ School Year:_____

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

***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**_____

_____ _____ **□ FULL CUSTODY □ JOINT CUSTODY**
**LAST NAME FIRST NAME**

_____ _____ _____ _____
**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**_____

_____ _____ **□ FULL CUSTODY □ JOINT CUSTODY**
**LAST NAME FIRST NAME**

_____ _____ _____ _____
**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 <u>any</u> school during the current or past school years, list <u>all</u> 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: _____**

# 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.

# 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.