



Educational Opportunity Center CHARTER HIGH SCHOOL

A Public High School Chartered by the State of Arizona

ENROLLMENT FORM

Student Name : _____

Male Female Age: _____ Birth Date: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____ Home Phone: _____

Mother's Name: _____ Mother's Cell _____

Father's Name: _____ Father's Cell _____

If Applicable Guardian's Name: _____

Guardian's Phone #: _____ Relationship to student: _____

Address If Different from Above Actual Address of Residence:

Previous School _____ Last grade completed _____

Please check appropriate boxes (optional):

Hispanic Native American White Asian/ Pacific Islander Black

Military Connected Student:

Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty.

Student is a dependent of a member of the Arizona National Guard (Army, Air Guard, or State Guard).

Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard)

None of the above

I live with: (Check appropriate box.)

<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Father & Stepmother	<input type="checkbox"/> Self
<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Mother & Stepfather	<input type="checkbox"/> Spouse
<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Juvenile Facility (Optional)	<input type="checkbox"/> Other: _____

Do you need transportation? Yes No

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parents and legal guardians are not required to provide documentation, other than residency documentation and basic information (such as name and date of birth) in order to complete their enrollment. A.R.S. §15-184(A).

3810 W. 16th Street • Yuma, AZ 85364 • Telephone 928-329-0990 • Fax 928-329-9377



Contact & Emergency Information

Student Cell Phone Number: _____ **Student Email:** _____

Mother's Place of Work: _____ **Work Phone:** _____

Father's Place of Work: _____ **Work Phone:** _____

Spouse's Name : _____ **Best Phone #:** _____

Spouse's Place of Work : _____ **Work Phone:** _____

Guardian's Place of Work: _____ **Work Phone:** _____

Alternate Emergency Contact: _____ **Relation:** _____

Phone: _____ **Cell:** _____

Optional Health Information:

1. List any medications: _____

2. List any medical conditions: _____

Describe treatment: _____

(Medical documentation of condition must be provided to validate treatment)

3. Allergies: _____

I authorize school staff, if available on campus, to administer first aid measures and the following checked over the-counter medications (OTC) or generic brands as permitted by the Medical Director's standing orders during school hours, when needed for relief of pain, stomachache, allergies, nausea, vomiting, cough, sore throat, or nasal congestion:

- Tylenol
- Ibuprofen
- Tums
- Benadryl
- Robitussin
- Sudafed PE

Staff are NOT permitted to administer over-the-counter (OTC) medications without written permission from the parent/guardian for each school year. Additional forms required for administration of prescribed medications or medical procedures performed by authorized trained school personnel. The parent/guardian is also responsible for notifying the school anytime there is a change in orders, medications, and/or in the student's medical condition.

I authorize the school to notify the Emergency Contact Names listed, in the event that I cannot be available by telephone and allow the Emergency Contact to pick-up my child from school. I understand that for emergent situations, school personnel will call 9-1-1 when needed. I authorize school personnel to contact my child's physician to obtain, exchange, or release any medical information needed for my child's care.

Signature of Parent/Guardian/Age of Majority Student (Firma de Padre/Madre/Tutor)

Date (Fecha)



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 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 _____		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)



EOC Charter High School

Public Notice of Educational Rights of the Homeless

Homeless students are defined as lacking a fixed, regular and/or adequate nighttime residence, including:

- sharing the housing of others due to loss of housing or economic hardship
- living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations
- living in emergency or transitional shelters
- abandoned in hospitals
- awaiting foster care placement
- living in public or private places not designed for or ordinarily used as regular sleeping accommodations for human beings
- living in cars, parks, public spaces, abandoned buildings, substandard housing, transportation stations or similar settings
- migratory children living in conditions described above

Homeless children have a right to be enrolled in their school of origin or to attend school in the area where they are living. A child cannot be denied enrollment due to lack of immunization records. A homeless student is entitled to transportation to his school of origin if that is what his parent or guardian requests. A homeless student is entitled to all the educational services and extracurricular opportunities that would be available to any other student living in the district.

For help coordinating services for homeless youth in Yuma County please contact:

Amber Cygan
928-329-0990 extension 4001
Educational Opportunity Center
3810 West 16th Street
Yuma, Arizona 85364



EOC Charter High School

MCKINNEY-VENTO ENROLLMENT QUESTIONNAIRE (Optional)

Name of LEA: Yuma Private Industry Council

Name of School: Educational Opportunity Center

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

NOTE TO LIAISON/REGISTRAR: If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the student is to be **immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



EOC Charter High School

FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA (Opcional)

Nombre del Distrito Escolar: _____ Yuma Private Industry Council _____

Nombre de la Escuela: _____ Educational Opportunity Center _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: Hombre
 Mujer
(opcional)

Fecha de Nacimiento: ____ / ____ / ____
Mes Día Año

Grado: _____ ID#: _____
Año *(jardín de infantes – 12)*

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? *(Por favor marque una caja.)*

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa): _____
- En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha

ATENCIÓN AL ENLACE Y SECRETARIO: Si el estudiante **NO** vive en un hogar permanente, no se requieren prueba de domicilio u otros documentos normalmente requeridos para inscripción y el estudiante debe ser matriculado inmediatamente. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.



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: _____

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)
- _____ 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

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



Expectations Page

Please initial each area to verify that you have read, understand and comply with the expectations and guidelines outlined in each section:

Parent Student

- _____ _____ I have read, understand and comply with the enrollment guidelines and Academic Progress Policy. (5)
- _____ _____ I have read, understand and comply with Requirements for Graduation. (6)
- _____ _____ I have read, understand and comply with the Attendance Policy, Tardy Policy and Perfect Attendance Policy. (9-13)
- _____ _____ I have read, understand and comply with the Instructional Procedures; Intervention classes; Mandatory Tutoring ; Lunch Intervention; Policy on Student Parking; and Telephone Messages (15)
- _____ _____ I have read, understand and comply with the Transportation guidelines. (16)
- _____ _____ I have read, understand and comply with the Behavior Skills and School Rules. (17-18)
- _____ _____ I have read, understand and comply with the Suspension; Alternative to Suspension; and Detention Policy (19)
- _____ _____ I have read, understand and comply with the discipline procedures . (21)
- _____ _____ I have read, understand and comply with the guidelines set forth for Personal Appearance; Restroom Procedures and Cell Phone policy. (23-24)
- _____ _____ I have read, understand and comply with all Policies outlined in the following headings: (25)
 Closed Campus; Visitors; Aggression; Intimidation; Damaging Property; Food/Drinks; Cheating;
 Sleeping in Class; Lending/Borrowing Items; Personal Items; Providing False Statements;
 Creating False Alarms; Disruptive Behavior; Interpersonal Relationships
- _____ _____ I have read, understand and comply with the policy regarding Use of Police and Serious Offenses (26)
- _____ _____ I have read, understand and comply with the policy regarding bullying and harassment (27)
- _____ _____ I have read, understand and comply with the language outlined in the document "Computer/Internet Usage Agreement and Release of from Liability." (29)
- _____ _____ I have read, understand and comply with the policy on search students and student property. (32)
- _____ _____ I have read, understand and comply with the Typical Consequences for Inappropriate Behavior. (32)
- _____ _____ I have read, understand and comply with the Hearing and Appeal Process (33)
- _____ _____ I have read, understand and comply with the regulations established by State of Arizona in Revised Statutes 15-841 regarding student behavior and discipline (34)
- _____ _____ I have read, understand and comply with all sections and policies established in the handbook and understand that the student listed on this page will be held accountable based on the policies established in this handbook.

Student and parent must sign below after discussing contents of the Student/Parent Handbook. By signing, you agree to abide by all of the regulations and Policies set forth in the handbook.

Parent: _____ **Date:** _____

Student: _____ **Date:** _____

Please Print Student Name Here: _____



EOC Charter High School

Consent to Record and Release to Media Form

This is consent to copyright and/or publish all photographs and/or motion pictures and/or voice recordings taken during the school year at all school-related events and services.

Photographs and/or motion pictures and/or voice recordings will be used for the following purposes:

1. To improve the instructional delivery and overall education at our school.
2. Establish validity of student behaviors. If used in this manner, only those with a direct interest in the event will view the recordings. This may include EOC Charter School Staff, EOC Charter Students, Yuma Private Industry Council Administration, and law enforcement.
3. Use all items for any (and all) exhibitions, public displays, publications, including publishing recorded classrooms on the internet and social media websites, commercial art and advertising purposes.

I agree to release Yuma Private Industry Council, The Educational Opportunity Center Charter High School and staff/agents thereof from any and all claims, damages, liabilities and costs I now or might have regarding my appearance in association with news stories, and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in newspapers and other forms of print and digital media (including social media sharing), broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by the Charter High School or its assigns.

I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products relate to the program.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I waive any right to royalties or other compensation arising from or related to the use of the image or recordings.

By signing below, you are consenting to the publication and use of Photographs and/or motion pictures and/or voice recordings.

Parent: _____ **Date:** _____

Student: _____ **Date:** _____

Please Print Student Name Here: _____

Notice of Community Eligibility Program for School Meals:

We are pleased to inform you that all children attending **the Educational Opportunity Center** will receive meals at no charge due to implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for school year **2024/2025**. Great news for you and your student(s)! All enrolled students of **the Educational Opportunity Center/Yuma Private Industry Council** are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the **2024/2025** school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?
To find out how to apply for **Supplemental Nutrition Assistance Programs** or other assistance benefits, contact your local assistance office or call 1-855-432-7587.

If you have other questions or need help, call **928-329-0990**

Si necesita ayuda, por favor llame al teléfono: 928-329-0990

Si vous voudriez d'aide, contactez nous au numero: 928-329-0990

Sincerely,

Nos complace informarle que todos los niños que asisten a la escuela **Educational Opportunity Center** recibirán alimentos gratuitos debido a una nueva opción disponible a escuelas que toman parte en el Programa Nacional de Almuerzo Escolar y Programa de Desayuno Escolar llamado Suministro de Elegibilidad Común, durante el año escolar **2024/2025**. Todos los matriculados de **Educational Opportunity Center/Yuma Private Industry Council** son elegible de recibir un desayuno y almuerzo nutritivo a ningún costo para usted durante el año escolar **2024/2025**. No se requiere ninguna otra acción de su parte. Su hijo(s) podrán participar en este programa de alimentos sin pagar of llenar una solicitud.

¿MI FAMILIA REQUIERE DE MAS ASISTENCIA. EXISTEN OTROS PROGRAMS DE LOS CUALES PODRAMOS QALIFICAR? Para detalles de cómo aplicar al Programa de Cupones para Alimentos o Food Stamps en inglés (SNAP), o otros beneficios llame a su oficina local o llame al 1-855-432-7587.

Si necesita ayuda, por favor llame al teléfono: 928-329-0990.

Atentamente,



Declaración de no discriminación: Explica qué hacer si cree que lo han tratado de manera injusta. "De conformidad con el derecho federal y con la política del Departamento de Agricultura de EE.UU., se prohíbe a esta institución discriminar por motivos de raza, color, nacionalidad de origen, sexo, edad, o discapacidad. Para presentar una queja por discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratuitamente al (866) 632-9992 (voz). Las personas con impedimentos de audición o discapacidades del habla se pueden comunicar con el USDA por medio del servicio de retransmisión federal (Federal Relay Service) al (800) 877-8339 o al (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos".

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/complaint_filing_cust.html), found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.



EOC Charter High School

Release of School Information Form

TO ADMINISTRATOR OR REGISTRAR

STUDENT'S NAME: _____ DOB _____

CURRENT GRADE: _____ GRADE APPLYING FOR: _____

The student named has applied for admission to the Educational Opportunity Center Charter High School.

In order for the admissions application to be complete, the following materials are requested:

Student transcripts, Withdraw form, Standardized testing results, State Assessment Results (i.e. ACT, AZELLA), Medical records and reports, disciplinary reports, Psychological Evaluations, Special Education records and documents, and cumulative records of school and academic progress to include partial credits.

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions. It is understood that the confidential nature of these records will be maintained as prescribed by the Family Rights and Privacy Act.

(Parents and Student complete this portion)

I authorize the release of school records and information of the above-named student to the Educational Opportunity Center Charter High School. This release is valid for a period of one year from the date of my signature.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Signature is only necessary if student is under 18 years of age.)

Please return this completed form and requested information to:

Educational Opportunity Center Charter High School
% Amber Cygan
3810 W 16th Street
Yuma, Az 85364

By Email or Fax to:
acygan@ypic.com
928-329-9377

(For Submitting School Use Only)

Please identify documents included.

- | | |
|---|---|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Withdraw Form | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Standardized Scores | <input type="checkbox"/> SPED Records |
| <input type="checkbox"/> State Assessments (ACT, Azella, etc) | |



EOC Charter High School Enrollment Documents

We request the following documents to process enrollment:

Parents and legal guardians are provided 30 days from the date of enrollment to provide proof of identity and age and are given written notice of such of such requirement and all documents that may be submitted and accepted including, but not limited to, a certified birth certificate. A.R.S. §15-828(A).

Birth Certificate or Other Proof of Identity and Age in Compliance with ARS15-828

On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 1 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Verification of Address (Utility Bill with current street address or notarized letter for verification of address)

Optional items that assist but are not required for enrollment:

- Transcripts
- Withdraw Slip from Last School of Attendance
- Immunization Record: Parents or legal guardian are required to submit documentary proof of immunization, or evidence of a statutory exemption, prior to attendance but shall not be required to submit such documentation or exemption prior to, or as a condition of, enrollment. A.R.S. §§ 15-872 and 15- 873.

The parents or guardians have been notified of the requirements and options for providing documentary proof of immunization including, but not limited to, an immunization record. A.R.S. §15-872(C).

- AZELLA scores if Applicable
- ACT or Other State Test Results if not on Transcripts

We shall enroll all eligible pupils that submit a timely application and shall not deny a student admission unless the number of applications exceeds the capacity or the student has a prior or pending expulsion from another school. A.R.S. §§15-184(A), 15-184(E) and 15-184(I). A charter school shall not limit admission based on ethnicity, national origin, gender, income level, disabling condition, proficiency in the English language or athletic ability. A.R.S. § 15-184.

The charter school is the entity responsible for requesting all student records from the enrolling student's previous school and must do so within five school days after enrollment. The parents or legal guardians are not required to submit the student's prior record as a condition of enrollment, registration, or attendance. A.R.S. §15-828(G).

You will need to provide us with the above checked item(s) as soon as possible. If you need to receive immunizations or if you need to provide proof of immunizations, please take care of this immediately to avoid being denied attendance.

Student's Name

Parent Signature

Date