



5744 Hwy 95 • Fort Mohave, AZ 86426
P 928-770-4523 • F 928-770-4556

Office Use Only:

- ☐ Proof of birth
- ☐ Shot Records
- ☐ Proof of Residency

Enrollment Code: _____

Enrollment Date: _____

Date: _____

Verified: _____

Enrollment Form

School Year 20 - 20

Last Name _____ First Name _____ MI _____ Gender _____ Grade _____

Date of Birth _____ City of Birth _____ State _____

Street Address _____ City _____ State _____ Zip _____

Mailing (if different) _____ City _____ State _____ Zip _____

Primary Language Spoken at home, regardless of the language spoken by the scholar? _____

Language spoke most often by the scholar? _____ Language scholar first acquired? _____

Race: Hispanic _____ Non-Hispanic _____

Ethnicity: White _____ Native American _____ Asian _____ African American _____

Parent/Guardian Information:

Name _____ (Father/Stepfather/Legal Guardian) Living with Scholar? Yes or No

Email _____ Cell # _____ Home # _____

Place of Employment _____ Work # _____

Name _____ (Mother/Stepmother/Legal Guardian) Living with Scholar? Yes or No

Email _____ Cell # _____ Home # _____

Place of Employment _____ Work # _____

Other Siblings Enrolled _____

Previous School _____

Has your scholar been in a Special Education Program before? Yes _____ No _____ Records _____
Type of Program _____ Gifted _____ Title _____

Has your scholar ever been expelled from a school district? Yes _____ No _____ If yes, when and from which school district? _____

Does your Scholar have any discipline issues pending from another school? Yes _____ No _____ If yes, please explain: _____

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 Texas 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.

Parental Scholar Release Documentation

In most cases, scholars will only be released to individuals listed on a scholar's registration and/or emergency form. By law, scholars must be released to either parent UNLESS the school office has court documentation on file denying custody to a specific parent(s), OR, declaring one parent the lone custodian/guardian.

Is there anyone in the family the school cannot release to? YES or NO *Please attach court documentation, if this is a parent.

Name (Print) _____ Relation _____

Signature _____ Date _____

**The following individual(s) may NOT remove my scholar from school.
Without paperwork we cannot prevent a parent from picking up their scholar.**

Name:	Relationship to scholar:
Name:	Relationship to scholar:

***Custody papers have been provided and are on file in the front office** ☐ **Yes**



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
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)

_____ 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.

Confidential McKinney-Vento Homeless Education Assistance Program Eligibility Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. **All information is confidential.**

1. Is the student's home address a temporary living arrangement? Yes ____ No ____

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ____ No ____

If you answered YES to BOTH of the above questions, please complete the remainder of the form.

If you answered NO to BOTH of the above questions, you may STOP here. Thank you.

Where is the student currently living?

____ In a motel

____ In a shelter (e.g., Catholic Charities Shelter, Transitional Housing, etc.)

____ Temporarily staying with one or more families in a residence

____ Moving from place to place

____ In a place not designed for ordinary sleeping accommodations such as a car, park, campsite or the desert

____ In a place without electricity, heat, or water

Name of Student: _____

School: _____ Grade: _____

Other children in the family:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

The undersigned Parent/Guardian certifies that the information provided is correct. False claims about living situations may affect enrollment.

Name of Parent(s)/Guardian(s) _____

Physical Address: _____

Telephone Numbers (cell, home, work or contact): _____

____ Signature of Parent/Guardian _____ Date _____

For School Use Only

____ Does not qualify under McKinney-Vento Homeless Act

____ Qualifies under McKinney-Vento Homeless Act

School Official Signature

Date

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2020 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

☐

Indicator 2

☐

No

☐

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, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature _____

Date: _____

NOTE: These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA Eligibility Guidelines

Effective from July 1, 2019 to June 30, 2020

Indicator 1						Indicator 2					
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	
1	\$15,444	\$1,287	\$644	\$594	\$297	\$21,978	\$1,832	\$916	\$846	\$423	
2	\$20,826	\$1,736	\$868	\$801	\$401	\$29,637	\$2,470	\$1,235	\$1,140	\$570	
3	\$26,208	\$2,184	\$1,092	\$1,008	\$504	\$37,296	\$3,108	\$1,554	\$1,435	\$718	
4	\$31,590	\$2,633	\$1,317	\$1,215	\$908	\$44,955	\$3,747	\$1,874	\$1,730	\$865	
5	\$36,972	\$3,081	\$1,541	\$1,422	\$711	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012	
6	\$42,354	\$3,530	\$1,765	\$1,629	\$815	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160	
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307	
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455	
For Each Add'l Household Member Add	\$5,408	\$451	\$226	\$208	\$104	\$7,696	\$642	\$321	\$296	\$148	

Desert Star Academy
5744 Hwy 95
Fort Mohave, AZ 86426
Phone (928)770-4523
Fax (928)770-4556



Quality in Education

REQUEST FOR STUDENT RECORDS

Name of Previous School: _____

Street Address: _____

City, State and Zip Code: _____

School Phone # _____ **Fax #** _____

I hereby give my permission for the above named school to release my child's

- ☐ **Cumulative Records Including: School Test Grades and Attendance.**
- ☐ **Health Records Including: Birth Certificate & Shot Records.**
- ☐ **Special Education IEP/MET and Records.**
- ☐ **Any other information needed for making the appropriate educational placement to Desert Star Academy.**

SEND COPIES ONLY – DO NOT SEND ORIGINALS

Name of Student

Date of Birth

Present Grade

School Year

Name of Parent or Guardian

Signature of Parent or School Representative

Date

1st Request _____ **2nd Request** _____ **3rd Request** _____ **4th Request** _____

Desert Star Academy Emergency Form

Name:	Teacher:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		Home Phone:
Parent/Guardian Name:		Email Address:
Parent/Guardian Name:		Email Address:

I authorize the following individuals to pick-up my scholar from school in case of emergency or if I cannot be contacted:

Name/Relation:	Phone:
Name/Relation:	Phone:
Name/Relation:	Phone:

May your scholar be given Acetaminophen? ☐ No ☐ Yes ☐

If your Scholar needs daily medication during school hours, please complete the Medical Consent Form available at the school office.

Medical Information:

Is your scholar allergic to food or other substances?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, list allergies:		
Can we give Benadryl?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your scholar subject to convulsions / Seizures?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is there any physical condition that we should be aware of? If yes, please provide Medical Documentation.		

The following individual(s) may NOT remove my scholar from school.

Without paperwork we cannot prevent a parent from picking up their scholar.

Name:	Relationship to scholar:
Name:	Relationship to scholar:

***Custody papers have been provided and are on file in the front office** Yes ☐

Parent/Guardian PRINTED Name:	Signature:	Date: