

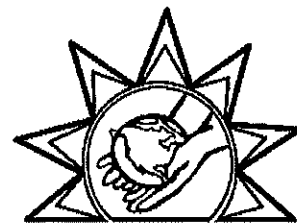
ACCLAIM Academy

7624 W. Indian School Rd.

Phoenix, AZ 85033

Phone: 623-691-0919

Fax: 623-691-6091



Enrollment Requirements for New Students 2018-2019 School Year

Welcome to ACCLAIM Academy!

You are in the final phase of enrollment. You have:

- spoken with one of our Enrollment Support Coordinators and
- you believe that ACCLAIM is a good academic and behavioral fit for your child,

Now, you need to provide the following documentation and complete the indicated forms. Registration is complete once the Records Secretary has reviewed all documentation with the student's parent or legal guardian.

Please bring the following documents with you

___ Parent's/Guardian's valid, government issued photo identification

___ Proof of Address (water, electric, gas, cable or phone bill, bank statement or lease/rental agreement)

___ Custody documentation (if relevant)

___ Student's state Certified Birth Certificate

OR

A certified copy of the pupil's birth certificate.

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.

___ Current Immunization Record

___ Withdrawal Form from previous school

___ IEP (If student received Special Education Services at previous school/s)

ACCLAIM forms you will need to complete and return

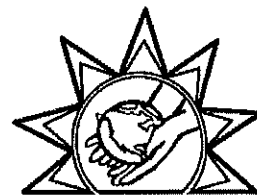
___ Enrollment Form

___ Previous School Information

___ Arizona Residency Documentation or Affidavit of Shared Residence form

ACCLAIM Academy

Enrollment Form



Student Information – Please print

Student's Legal Name:

Last _____ First _____ Middle _____ Sex: Male / Female

Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

Ethnicity: *Is the student Hispanic or Latino?* Yes / No

Race-please choose all that apply: _____ American Indian _____ Asian _____ Black _____ Pacific Islander _____ White

Home Residence: Address _____ City _____ Zip Code _____

Is this the Mailing Address? Yes / No

Is this a temporary living situation due to loss of housing or economic hardship? Yes / No

Student's Language Survey	Please circle ONE on each line
“What is the primary language used in the home regardless of the language spoken by the student?;	English Spanish Other:
What is the language most often spoken by the student?; and	English Spanish Other:
What is the language that the student first acquired?”	English Spanish Other:

Transportation Request - Monthly fees apply	
Would you like your child to ride the school bus: Yes / No	Cross Streets: _____

Parent/Guardian Information – Must be listed on the Birth Certificate or legal custody documentation

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

_____ Mother _____ Step Mother _____ Foster Mother _____ Other (Relation: _____)	
Legal Name: Last _____ First _____	Student Lives with: Yes / No
May sign child out of school: Yes / No	
Cell Phone: _____	Home Phone: _____ Email: _____
Employer: _____	Work Phone: _____
_____ Father _____ Step Father _____ Foster Father _____ Other (Relation: _____)	
Legal Name: Last _____ First _____	Student Lives with: Yes / No
May sign child out of school: Yes / No	
Cell Phone: _____	Home Phone: _____ Email: _____
Employer: _____	Work Phone: _____

Emergency Contacts – In your absence, name two adults who will be responsible for your child and may pick up if he/she is hurt or becomes ill. Photo identification needs to be provided when they arrive in the office.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

I, _____, agree to notify the office immediately if any information on this form changes during the school year.

Office use only

Grade: _____ Teacher: _____ SSID: _____
 Enrollment Date: _____ Initials: _____ Enter to SM Date: _____ Initials: _____

Previous School Information



1. Last School Attended	
School Name:	City & State:
Grade(s) Attended:	Date Entered: <i>Month</i> _____ <i>Year</i> _____
	Date Withdrawn: <i>Month</i> _____ <i>Year</i> _____

Exceptional Student Services

2. Was your child receiving Special Education services at this school? *Yes* *No*

If yes, indicate the services your child received:

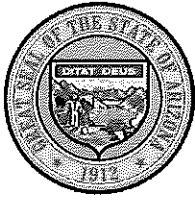
Reading *Math* *Speech/Communication* *Other:* _____

3. Are there any psychological or confidential reports (IEP, 504, etc.) available from this school? *Yes* *No*

4. Was your child receiving ELL classes? *Yes* *No*

5. Was your child receiving remedial, intervention or tutoring classes? *Yes* *No*

6. If your child attended a school prior to the one noted above please indicate here:	
School Name:	City & State:
Grade(s) Attended:	Date Entered: <i>Month</i> _____ <i>Year</i> _____
	Date Withdrawn: <i>Month</i> _____ <i>Year</i> _____



State of Arizona
Department of Education



Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ 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 indicate the student's home or primary language.



**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 U.S. passport
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ 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



**State of Arizona
Affidavit of Shared Residence**

I 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 U.S. passport
- ___ 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 or other identification issued by a recognized Indian tribe.
- ___ 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 _____.

Notary Public

My Commission Expires:
