

# ACCLAIM Academy

7624 W. Indian School Rd.

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## Enrollment Requirements for New Students 2019-2020 School Year

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### 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.

\_\_\_ 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

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

**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: \_\_\_\_\_

## 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

1. 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:* \_\_\_\_\_

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

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

4. 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> _____