Pioneer Technology & Arts Academy
LOVE WHAT YOU LEARN
Phoenix – Arizona, USA

Student #_____
Parent #_____
SAIS#_____
Academic Year_____

STUDENT INFORMATION:

Name: First_____ Middle_____ Last_____ ☐Female ☐ Male
Was the child previously enrolled at a PTAA School? ☐ Yes ☐ No if yes when _____
Date of Birth: ___/___/___ Place of Birth _____ Country of Birth _____
Applicant's Home Address: _____ Phone Number_____
City_____ State_____ Zip Code_____ Social Security___-___-___
Enrollment: ☐Immediate ☐Fall ☐Spring Grade Applying for: _____ Child's Age: _____
Present Grade: _____ Present School: _____ School District: _____
Has student ever been on Special Education? ☐ No ☐ Yes if yes what type of program: _____
Has the student ever been suspended? ☐ No ☐ Yes if yes please explain: _____
Has the student ever been expelled? ☐No ☐ Yes if yes please explain: _____
Is there a custody issue we should know about? ☐ No ☐ Yes if yes please explain: _____

Student Language Assessment

What is the Primary language used in the home regardless of the language spoken by the student? _____
What is the language most spoken by the student? _____
What is the language that the student first acquired? _____
Has the student been in the ELL program? ☐No ☐Yes if yes when _____
If yes, please provide a copy of the most recent ELL test results to our school.

STUDENT ETHNIC INFORMATION: Please answer **BOTH PART A & B** as required by the Federal Government.

Part A: Is this student Hispanic/Latino? (Choose Only One)
☐ Yes, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
☐ No, not Hispanic/Latino

Part B: What is the student's race?
☐ American Indian or Alaskan Indian ☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American ☐ White

Do you have any other Children presently attending a PTAA School?

Name: _____ Grade ___ Name: _____ Grade ___ Name: _____ Grade ___

Is the student a dependent of a member of the United States military service (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard) on active Duty?
☐ Yes ☐ No ☐ Wish to not disclose Information.

Is the student a dependent of a full time member of the National Guard?
☐ Yes ☐ No ☐ Wish to not disclose Information.

PARENT/GUARDIAN INFORMATION:

Parent(s) Marital Status ☐Single ☐ Married ☐ Separated ☐ Divorced Child lives with _____
If divorced or separated, does the father/mother have permission to sign the child out of school? ☐ Yes ☐ No
If "No" is marked, please provide court documentation and give name _____
Mr. Mrs. Ms. _____ Relationship to student: _____
Parent/ Guardian full name
Home Address _____ City _____ State _____ Zip Code _____
Phone Numbers: Home (___)_____ Cell (___)_____ Work (___) _____

_____ _____
Parent/Guardian Signature Date

Mr. Mrs. Ms. _____ Relationship to student: _____
Parent/ Guardian full name
Home Address _____ City _____ State _____ Zip Code _____
Phone Numbers: Home (___)_____ Cell (___)_____ Work (___) _____

_____ _____
Parent/Guardian Signature Date

For Office Use Only: Date Received_____ By:_____ Date entered _____ By: _____

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Student #_____
Parent #_____
SAIS#_____
Academic Year_____

INFORMACION DEL ESTUDIANTE:

Nombre: Primer_____ Segundo_____ Apellido_____ ☐Mujer ☐ Hombre
El niño/a estuvo matriculado en una escuela PTAA ☐ Si ☐ No ¿Cuando? _____
Fecha de Nacimiento: ___/___/___ Lugar de Nacimiento _____ Paid de Nacimiento _____
Direccion del estudiante: _____ Numero de Telefono (____)_____
Ciudad_____ Estado_____ Zona Postal_____ Numero de Seguro Social___-___-___
Registracion: ☐Inmediata ☐Otoño ☐Primavera Grado: _____ Edad: _____
Grado Presente: _____ Escuela Presente: _____ Districto: _____
¿El estudiante ha estado en educacion especial? ☐ No ☐ Si Si, participo, cuando fue:_____
¿El estudiante ha sido suspendido de la escuela? ☐ No ☐ Si Expliquelo si asi fue: _____
¿El estudiante ha sido expulsado de la escuela? ☐No ☐ Si Expliquelo si así fue: _____
¿Hay Problemas de custodia familiar? ☐ No ☐ Si Expliquelo si así fue: _____

Evaluacion de language del estudiante

¿Cual Idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
¿Cual idioma habla el estudiante con mayor frequencia? _____
¿Cual fu el primer idioma que aprendio el estudiante? _____
¿Ha estado el estudiante en el programa de ELL? ☐No ☐Si ¿SI asi fue, cuando? _____

If yes, please provide a copy of the most recent ELL test results to our school.

ORIGEN RACIAL DEL ESTUDIANTE: Favore de contester **PARTE A & B** requeridas por el Gobierno Federal.

Parte A: ¿El estudiante es Hispano/Latino? (Escoja uno solamente)

☐ Si, Hispano/Latino (Persona que es Cubano, Mexicano, Puertorriqueño, Sudamericano o Centro Americano o otra cultura Española o origen sin tener en cuenta la raza)

☐ No, Hispano/Latino

Parte B: ¿Cual es la raza del estdiante?

☐ Indio Americano o nativo de Alaska ☐ Nativo Hawaiano o iIsleño Pacifico
☐ Asiatico
☐ Africano Americano ☐ Blanco

¿Tiene otros estudiantes que atienden una escuela de PTAA?

Nombre: _____ Grado ___ Nombre: _____ Grado ___ Nombre: _____ Grado ___

¿El estudiante es dependiente de un miembro del servicio militar de los Estados Unidos (Army, Navy, Air Force. Marine Corps, Space Force, o Coast Guard) en servicio activo?

☐ Si ☐ No ☐ Prefiero no decir

¿El estudiante es dependiente de un miembro de tiempo completo del Coast Guard?

☐ Si ☐ No ☐ Prefiero no decir

INFORMACION DE PADRES/GUARDIAN:

Estado Civil de los Padres ☐Soltero ☐ Casado ☐ Separado ☐ Divorciado El estudiante vive con _____
¿Si los padres estan divociados, el papa/ mama tiene permiso para sacar al niño/a de la escuela ☐ Si ☐ No
If "No" is marked, please provide court documentation and give name _____
Sr. Señora. _____ Relacion con el estudiante : _____
Nombre completo de Padre/Madre/Guardian
Direccion _____ Ciudad _____ Estado _____ Zona Postal _____
Telefonos: Casa (___)_____ Celular (___)_____ Trabajo (___) _____

_____ _____
Firma de Padre/Guardian Fecha

Sr. Señora. _____ Relacion con el estudiante : _____
Nombre completo de Padre/Madre/Guardian
Direccion _____ Ciudad _____ Estado _____ Zona Postal _____
Telefonos: Casa (___)_____ Celular (___)_____ Trabajo (___) _____

_____ _____
Firma de Padre/Guardian

For office use only: Date received_____ By:_____ Date Entered_____ By: _____

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STUDENT/PARENT INFORMATION

Student Name: _____ Grade: _____

Mother/Guardian: _____

Address: _____

City State Zip Code

Home Phone # (___) _____ Work # (___) _____ Cell (___) _____

.(A.R.S. § l 5-802(B) **requires school districts and charter schools to obtain and maintain verifiabie documentation of Arizona residency upon enrollment in an Arizona public school. The documentation required by A.R.S. § 15-802(B) must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.**)

Father/Guardian: _____

Address: _____

City State Zip Code

Home Phone # (___) _____ Work # (___) _____ Cell (___) _____

Please indicate how your child will arrive to and be picked up from school:

- ☐ Personal Transportation (☐) parent/guardian
- ☐ Public Transportation (☐ supervised (☐) unsupervised
- ☐ Walking (☐ supervised (☐) unsupervised
- ☐ Other _____
- ☐ Carpool-with whom? _____ please provide phone number (___) _____

Please list the people who are authorized to pick up your child: All people picking up students MUST bring picture I.D. (people authorize to pick up child must be 18 years old) we do not release students after 2:45 without a doctor's note

Name _____ Phone #: Home (___) _____
Relationship to the student _____ Work (___) _____
Cell (___) _____

Name _____ Phone #: Home (___) _____
Relationship to the student _____ Work (___) _____
Cell (___) _____

Name _____ Phone #: Home (___) _____
Relationship to the student _____ Work (___) _____
Cell (___) _____

_____ _____
Parent/Guardian Signature Date

The Above Information will be updated/change only if the Parent/Guardian Signature matches what we have on file.

☐ If the Custodial information has changed, mark and initial the box and provide Court Documents.

FOR OFFICE USE ONLY: This form is: ☐ New ☐Update/replaces last form ☐Adds new information only

Date Received_____ Initials _____ Date entered _____ Initials _____

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STUDENT/PARENT INFORMATION

Nombre del estudiante: _____ Grado: _____

Nombre de la Madre/Guardian: _____

Direccion: _____

Ciudad Estado Zona Postal

Telefono: Casa # (___) _____ Trabajo # (___) _____ Celular (___) _____

ARS § 15-802 (B) requiere que los distritos escolares y las escuelas para obtener y mantener la documentaci6n verificable de residencia Arizona al inscribirse en una escuela piiblica de Arizona. La documentaci6n requerida por ARS § 15-802 (B) debe ser proporcionado cada vez que un estudiante se inscribe en un distrito escolar o la escuela sub:vencionada en este estado, y reafirm6 durante el distrito o proceso de registro anual de charter a traves del distrito o formulario de

:inscripci6n anual de charter. La documentaci6n justificativa de residencia Arizona deben mantenerse de acuerdo a programa de retenci6n de registros de la escuela.)

Nombre del Padre/Guardian: _____

Direccion: _____

Ciudad Estado Zona Postal

Telefono: Casa # (___) _____ Trabajo # (___) _____ Celular (___) _____

Please indicate how your child will arrive to and be picked up from school:

- ☐ Transportacion Personal (☐) padre/guardian
- ☐ Transporcation publica (☐) supervisado (☐) sin supervision
- ☐ Caminando (☐) supervisado (☐) sin supervision
- ☐ Otro _____
- ☐ Algina otra persona? _____favor de proveer el numero de telefono(___) _____

Por favor indique quien esta autoriazado recoger a su hijo/a: Todos los adultos que recogen estudiantes se les REQUIERE presentar identificación. (Todas las personas autorizadas deben de tener 18 años de edad.) **No puede recoger al estudiante después de las 2:45 p.m. sin nota de doctor.**

Nombre _____ Telefono: Casa (___) _____

Relacion al el estudiante _____ Trabajo (___) _____

Celular (___) _____

Nombre _____ Telefono: Casa (___) _____

Relacion al el estudiante _____ Trabajo (___) _____

Celular (___) _____

Nombre _____ Telefono: Casa (___) _____

Relacion al el estudiante _____ Trabajo (___) _____

Celular (___) _____

_____ _____

Firma de Padre/Guardian Fecha

La información se cambiara si la firma de padres/guardianes concuerda a la información que tenemos en el archivo.

_____ Si la informacion de custodia del estudiante ha cambiado marque con los initiales, también traiga copias de la orden de la corte.

FOR OFFICE USE ONLY: This form is: ☐ New ☐Update/replaces last form ☐Adds new information only

Date Received_____ Initials _____ Date entered _____ Initials _____

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Family/Health/Emergency Information

Student Name _____ Entering Grade _____

Parent/Legal Guardian's Name _____

Who should be contacted in case of emergency in which parent/ legal guardian are unavailable?

Name: _____

Relationship to child _____ Phone: _____

Name:_____

Relationship to child _____ Phone _____

Is there any additional information we should know about your family? _____

_____

Does your child have any allergies or medical conditions (circle) Yes/No

If Yes please list symptoms: _____

_____

Does your child have any food allergies (circle) Yes/No

If Yes please list: _____

_____

Does your child take any medications? (circle) Yes/No

If Yes please list: _____

_____

All medications must be kept with and administered by the school nurse with a parental note or written doctor's orders. NO child will be allowed to carry or administer his/hers own medication. A copy of a physical exam taken in the past year must be kept on record at the school health office.

Doctor: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Is this child covered by medical insurance (circle) Yes/No?

If Yes, please list. Insurance carrier_____ Policy # _____

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Phoenix – Arizona, USA

Family/Health/Emergency Information

Nombre de estudiante _____ Grado _____

Nombre de Padre/Madre/Guardian _____

Quien puede ser contactado en el evento de una emergencia, si los padres guardianes no están disponibles:

Nombre: _____

Relacion con el estudiante _____ Telefono _____

Celular _____

Nombre: _____

Relacion con el estudiante _____ Telefono _____

Celular_____

Hay alguna informacion adicional que debemos saber sobre su familia? _____

_____

Tiene su hijo/a alergias a medicina o sufre de alguna enfermedad: ☐Si ☐No

Si es asi, favor de explicarlo: _____

_____

Tiene su hijo/a alergias a cualquier comida: ☐Si ☐No

Si es asi, favor de explicarlo: _____

_____

Toma su hijo/a algún medicamento ☐Si ☐No

Si es asi, favor de explicarlo: _____

_____

Todos los medicamentos deben de permanecer con la enfermedad de la escuela con un anota de los padres o con una receta escrita por el doctor. Ningún niño esta autorizado de tener medicamentos en su poder y/o tomarlos por ellos mismos. Si tiene una copia del ultimo examen físico favor de traerlo para el archivo medico del estudiante.

Doctor: _____ Telefono: _____

Direccion: _____

Hospital de preferencia: _____

Tiene su hijo seguro medico?

Si, tiene escriba el nombre del Seguro medico_____ Policy # _____

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Pioneer Technology & Arts Academy Registration Form School Year _____

1903 E. Roeser Rd, Phoenix, AZ 85040

Student Name:

First: _____ Middle: _____ Last: _____

Date of Birth (mm/dd/yyyy):

Entering Grade Level:

Last School of Attendance:

School Name: _____ City: _____ State: _____

Special Education Category & Service Type (if applicable):

_____

_____

English Language Learner (if applicable):

Parent Guardian Information:

First: _____ Middle: _____ Last: _____

Street: _____ Apartment/Suite _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) _____ Other Number: (____) _____

Parent/Guardian(s) Signature:

_____ Date: _____

Arizona Department of Education
Arizona Residency Guidelines
REVISED 5/21/2019

INTRODUCTION

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).[1]

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space,[2] inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate.[3]**

The Arizona Department of Education may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the**

[1] *See also Martinez v. Bynum*, 461 U.S. 321 (1983).
[2] Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.
[3] For more information, please read https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf.

district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).

Every school district or charter school is required,[4] within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age,[5] or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school MAY seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does NOT unlawfully bar a student from enrolling in school.[6]

In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.**[7] 42 U.S.C.§ 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
   - ☐ Valid Arizona driver's license, Arizona identification card
   - ☐ Valid Arizona motor vehicle registration
   - ☐ Valid Arizona Address Confidentiality Program authorization card
   - ☐ Property deed/Mortgage documents
   - ☐ Property tax bill
   - ☐ Rental agreement or lease (including Section 8 agreement or off-base military housing)
   - ☐ Utility bill (water, electric, gas, cable, phone)
   - ☐ Bank or credit card statement
   - ☐ W-2 wage statement
   - ☐ Payroll stub

[4] A.R.S. §15-828.

[5] Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).

[6] For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf.

[7] Per A.R.S. §15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalize or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department.

Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.**

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.

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)

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

_____

Pioneer Technology & Arts Academy

Phoenix – Arizona, USA

Food Allergies

Student Name: _____ Grade/ Section _____

Parent/ Guardian Name: _____

Please write all food allergies: _____

_____

If any, please list reaction to food allergy: _____

_____

Please list any foods your child is not allowed to eat: _____

_____

If you have any concerns please call at 602-305-8865 ext. 132

Nombre del estudiante: _____ Grado/sección _____

Nombre de padre/madre/guardián: _____

Favor de escribir todas las comidas que le dan alergias: _____

_____

Si tiene alergia, que reacción le da: _____

_____

Favor de escribir que comidas su hijo/a no puede comer: _____

_____

Si Tiene una pregunta favor de llamar al 602-305-8865 ext. 132

Pioneer Technology & Arts Academy
Phoenix – Arizona, USA

Student Name: _____ Grade: _____

PERMISSION TO USE STUDENT PHOTOGRAPHS

PTAA School has my permission to use photographs of the above-named student for marketing purpose. Such photographs may appear in newspapers, magazines, brochures, slide shows, or other publicity materials without any compensation.

☐ YES, my child can be photographed.
☐ NO, my child may not be photographed.

_____ _____

Parent signature Date

FIELD TRIP AUTHORIZATION FORM

The above-named student has my permission to go on field trips and other out of school activities that are planned by PTAA School. PTAA will provide adequate adult supervision for field trips and out of activities. A permission form will be sent home if your child will participate on a field trip or out of school activities.

_____ _____

Parent signature Date

1903 E. Roeser Road, Phoenix AZ, 85040, U.S.A.
Tel: (+1) 602 305 8865 Fax: (+1) 602 323 5526
Email: azinfo@ptaaschool.org website: www.ptaaschool.org

Pioneer Technology & Arts Academy
Phoenix – Arizona, USA

Nombre de Estudiante: _____ Grado: _____

PERMISO PARA USAR FOTOGRAFIAS DEL ESTUDIANTE

La escuela PTAA tiene mi permiso de usar fotografías del estudiante mencionado arriba para el uso de publicidad. Estas fotografías pueden salir en el periódico, magazines, volantes, slide shows, o material para uso de publicidad sin compensación alguna.

☐ SI, a mi hijo/a se le puede tomar forgrafias.
☐ NO, a mi hijo/a no se le puede tomar fotografias.

_____ _____

Firma de Padre/Tutor Fecha

PERMISO PARA ESCURSION FUERA DE LA ESCUELA

El estudiante mencionado arriba tiene mi permiso para asistir a excursiones o cualquier actividad fuera de la escuela que sea planeada por la escuela PTAA. PTAA tendrá supervisión de adultos adecuada para todos los eventos programados fuera de la escuela. Un permiso se mandara a casa para que lo firme si su hijo/a va participar en un evento o excursión

_____ _____

Firma de Padre/Tutor Fecha

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Contract of Responsibilities

Parent/Guardian

As a parent/ guardian of _____, a student attending a PTAA School, I acknowledge and agree to the following statements:

I affirm that the school's staff/administrators have thoroughly explained the PTAA philosophy of education, including the school's college preparatory mission, rigorous academic program, and high behavioral expectations, and that they have answered all of my questions regarding the educational program. The school's program and methodologies have been explained to me, including the PTAA Point System, The PTAA Student Life Organization, The PTAA Academic Monitoring System of frequent testing, pacing charts, Intensives, and use of the PTAA curriculum.

I understand the grade-level placement is a function of a series of tests that determines student academic attainment and identifies pre-existing academic gaps and that students, while admitted, are not necessarily placed in a grade level of their choice.

I do understand that once there are more applicants than available places, an open lottery will be conducted in compliance with state and federal law and regulation.

I exercised my free choice to enroll my child in this charter school. I, therefore, believe in the school's mission, its strong emphasis on academic mastery, its rejection of the practice of "social promotion" its insistence on high academic and behavioral expectations for all students, its emphasis on maintaining a clean, safe, and orderly environment, and its firm, low tolerance for disruptive behavior or bullying. I will cooperate with the school to maintain these high standards.

A safe, serious, and orderly school environment is essential in order for my child and hi/her classmates to achieve academic success. The right of all students to pursue their education in a classroom environment that is free from disruptive behavior is a very basic student right. I will insist that my child adhere fully to the school's code of conduct, including treating fellow students and staff with respect, and therefore, I will support the school's commitment to a high standard of behavior. I acknowledge that my child may be suspended or expelled (in compliance with state and federal law and regulation) from this school of choice if s/he violates the school's rules and policies. I will read, sign, and abide by the school's policies as outlined in the school's handbook and as adopted from time to time by the Board of Trustees and/or the school's administration.

I will make sure my child arrives at school on time because I recognize that consistent school attendance is directly related to the academic success of my child. Furthermore, I will make sure my child is in compliance with the school's dress code and attends all of his/her classes prepared to work and learn. I also recognize that there are consequences for failure to adhere to the school's strict rules and policies.

I will promote responsible homework habits for my child by providing a specific time, materials, and a quiet place for homework and study.

I will make myself available, whenever requested, in order to meet with the school administration about my child's progress, and if for some reason I am unable to attend, I will be available by telephone or by email. In addition, I will be an active partner with the school in my child's education by committing to participate in parent-teacher conferences.

I will be responsible promptly to school communications, e.g. permission slips, surveys, phone calls, etc. and will immediately provide updated emergency contact information.

I accept accountability as a parent/guardian of a child attending this charter school by accepting responsibility for my actions.

I fully understand and accept the philosophy of PTTA School. Given that I place a high value on an excellent educational experience for my child and that I realize the importance of a safe, effective and rigorous school for my child and community, and I recognize my own responsibility to help make the school a success, I hereby accept the statements of parental responsibilities listed above.

Parent Name:_____ Signature: _____ Date: _____

This charter school is a school of choice. This means that no child is 'assigned' to attend this school. As such, a parent's affirmative act of "choice" to send a child to this school is seen as an acknowledgement that s/he not only understands this school's unique mission, its rigorous academic standards, and its high behavioral expectations, but also embraces its philosophy. Charter Schools cannot and should not be all things to please all People, schools that try to, usually fail. Instead, this charter school will remain true to its college-preparatory mission. To achieve its mission, it will compromise and will place a heavy focus on high discipline and academic standards; it will set high expectations for students, staff, and parent; staff will fully implement the proven PTAA system of instruction.

Contrato de Responsabilidades

Padre/Tutor

Como padre/encargado (tutor) _____, alumno/a que asiste al PTAA reconozco y acepto las siguientes declaraciones:

Confirmo que le consejo administrativo o los funcionarios de colegio me han explicado, a cabalidad, la filosofía de educación de PTAA, la que incluye la misión del colegio de preparar a los estudiantes para la universidad, el riguroso programa académico y las altas expectativas de conducta para sus estudiantes. Asimismo, afirmo que han contestado todos mis preguntas con relación al programa educativo. Me han sido explicados tanto el programa del colegio como las metodologías a seguir. Estos incluyen el Sistema de Evaluación PTAA, la Organización Vida Intensivos y el uso del currículo PTAA.

Entiendo que la ubicación de alumnos en los diferentes niveles o grados corresponde al resultado de una serie de evaluaciones que identifican los logros y los vacíos académicos que posee el estudiante. En consecuencia, comprendo que, aunque los alumnos son admitidos, no son necesariamente ubicados en un grado o nivel de mi elección.

Entiendo que, si hay un número mayor de postulantes que el de vacantes disponibles para admitirlos a todos, se realizara un sorteo de conformidad con las leyes y normas estatales y federales.

Al matricular a mi hijo/a en este Colegio Chárter/ lo hago en ejercicio de mi libertad de elección. Por lo tanto, creo en la misión del colegio; en su fuerte énfasis en el dominio académico; en su rechazo a la practica “promoción social”; en su insistencia en las altas expectativas tanto de comportamiento como de desempeño académico de todos sus alumnos; en su énfasis en mantener un ambiente escolar limpio, seguro y ordenado; y en su firmeza y su poca tolerancia hacia la conducta perjudicial o el comportamiento de intimidación a los demás. Cooperare con el colegio para mantener los altos estándares propuestos.

Un ambiente collegial Seguro, serio y ordenado es esencial para que mi hijo/a y sus compañeros de aula puedan obtener éxito académico. El derecho de todos los estudiantes a educarse en un ambiente libre de comportamientos perjudiciales en un derecho estudiantil básico. Insistiré en que mi hijo/a se adhiera, completamente, al código de conducta del colegio. Este incluye el trato respetuoso hacia sus compañeros y hacias todo el personal de la instucion; en consecuencia, respaldare el compromiso del colegio en su intento por mantener un alto estándar de conducta. Admito que mi hijo/a pueda ser suspendido/a o expulsado/a (en cumplimiento de las leyes y normas estatales y federales) de este colegio de elección si el o ella viola las normas y políticas del colegio, y las que se vayan adoptando, con el transcurso del tiempo, por la Junta de Fideicomisarios o por la administración del colegio.

Me asegurare de que mi hijo/a llegue puntualmente al colegio, vestido/a según el código de uniforme y de que asista a todas sus clases preparado/a para trabajar y aprender, porque reconozco que la asistencia contante al colegio esta directamente relacionada con el éxito académico de mi hijo/a. También, estoy de acuerdo con que se apliquen medidas disciplinarias si mi hijo/a no cumple las estrictas normas y políticas del colegio.

Fomentare, en mi hijo/a, el desarrollo de hábitos de responsabilidad para el cumplimiento de sus tareas; por consiguiente, le proporcionare el tiempo y los materiales necesarios y un lugar tranquilo para que pueda realizar sus deberes y estudiar.

estaré disponible, siempre que sea requerido, para reunirme con la administración del colegio para dialogar sobre el progreso de mi hijo/a. Si, por alguna razón no pudiera asistir, estaré disponible para que la administración del colegio se comunique conmigo por teléfono o por correo electrónico. Adicionalmente, seré un socio active del colegio en la educación de mi hijo/a, porque me comprometo a participar en las reuniones de padres y maestros.

Responderé, rápidamente, a las comunicaciones del colegio (por ejemplo, solicitudes de permiso, encuestas, llamadas telefónicas, etc.) y proporcionare, inmediatamente, mis datos actualizados para que puedan comunicarse conmigo en caso de emergencia.

Como padre/encargado (tutor) de un alumno, acepto el compromiso que implica que mi hijo/a asista a este Colegio Charter al reconocer la responsabilidad que poseo sobre mis acciones.

Comprendo y acepto, completamente, la filosofía de Colegio Charter, PTAA. Acepto, por medio del present contrato, las declaraciones de las responsabilidades de los padres enumeradas anteriormente, dado que otorgo un alto valor a una excelente experiencia educativa para mi hijo/a; que me percato de la importancia de contar con un colegio seguro, efectivo y riguroso para mi hijo/a y mi comunidad; y que reconozco mi propia responsabilidad en ayudar a que el colegio sea un exito

Nombre:_____ Firma: _____ Fecha: _____

Nota: El Colegio Charter es un colegio de elección. Esto significa que ningún niño o niña es “designado” para asistir a este colegio. Como tal, el hecho de que un padre/encargado (tutor) “elija” enviar a su hijo/a a este colegio se interpretara como un reconocimiento de que el o ella no solo comprende la misión extraordinaria del colegio, sus rigurosos estándares académicos y sus altas expectativas de comportamiento, sino que también acepta su filosofía. Los colegios Chárter no pueden ni deben complacer a todas las personas. Los colegios que tratan de hacerlo, para lograr su misión, el colegio no correrá riesgos y mantendrá su fuerte enfoque en los altos estándares disciplinarios y académicos; fijara altas expectativas para sus estudiantes, para su personal y para sus padres de familia; e implementara, a cabalidad, el comprobado sistema de instrucción PTTA.

Pioneer Technology & Arts Academy
Phoenix – Arizona, USA

Dear Parents and Guardians:

Thank you for choosing to enroll your child at PTTA School. Please take a moment to complete this brief survey and return it to the front office as soon as possible. The purpose of the survey is to help us determine if your child is eligible for extra services.

Student Name: _____ Date of Birth: _____

Legal Guardian: _____ Student Grade: _____

Address: _____ Phone: _____

Please mark the space next to the item that most closely represents your student's current living situation:

- ☐ Resides in a house, apartment, townhome, condominium, or trailer that is owned or rented by parent/guardian.
- ☐ Staying in a motel or hotel
- ☐ Emergency or transitional shelter
- ☐ Foster Care Placement
- ☐ Not in the physical custody of a parent or guardian
- ☐ Staying in a public space such as a car, bus or train station, abandoned building or park
- ☐ Staying with relatives or another family (other than parent or guardian)

If you have questions about this form or if your child's living situation changes during the school year, please contact the school social worker immediately at 602 305 8865 x 103

_____ _____

Parent Signature Date

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Pioneer Technology & Arts Academy
Phoenix – Arizona, USA

RECORDS REQUEST DEPARTMENT

Name of Student _____ Grade _____ Date of Birth _____

School/Person requesting _____ Date _____

- ☐ Health/Medical Records
- ☐ Withdrawal Form
- ☐ Attendance Records
- ☐ Birth Certificate
- ☐ Transcripts
- ☐ Last Report Card
- ☐ IEP Reports
- ☐ Discipline Records
- ☐ AZELLA Reports (please forwards most recent reports)

Has the child ever had Special Education Plan ☐ Yes ☐ No

If yes, please send the following date:

- ☐ MET Summary Report(s)
- ☐ Psycho-Educational Evaluations Reports
- ☐ Speed and Language Evaluations
- ☐ Individualized Educational Plan (current and past)
- ☐ IED Progress Reports
- ☐ Vision and Hearing Screenings

Name and Adress of Last School attended (Please fill out completely)

Name of School _____

Address _____

City_____ State _____ Zip Code _____

Phone Number (___) _____ Fax Number (___) _____

Authorized Signature _____ Date _____

As per ARS 15-828, Arizona schools have 10 days from the receipt of a request to forward the student to the requesting school. If you are not an Arizona school, we would appreciate a timely response to our request. We are in need of the records as they contain vital information to their academic achievement.

Please Send records to:

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