

**Academia Del Pueblo ENROLLMENT FORM: 2024-2025**



Thank you for your interest in attending Academia Del Pueblo. Academia Del Pueblo accepts students attending Kindergarten to 8th grade. For Kindergarten, the student must be **5 years** of age by **September 1<sup>st</sup>** of the attending school year.

In order to complete the steps needed to be granted **Enrollment at Academia Del Pueblo**, please complete sections 1-3, and submit the necessary documentation.

Today' Date: \_\_\_\_\_

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**Section 1:**

**Proof of Age and Identity:**

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Student Date Of Birth: \_\_\_\_\_

**Documentation required:** ***\*Proof of Age and Identity:** At the time of enrollment, charter schools are required to provide the parent/guardian with written notice that within 30 days they must submit one of the following documents:[8]*

- *A certified copy of the student's birth certificate[9]; or*
- *Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate;*
- *If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. Charter schools must carefully safeguard and maintain confidentiality regarding the status of children in DCS custody.[10]*

***\*Homeless Children:** Charter schools processing students identified as falling under the authority of the McKinney-Vento Homeless Assistance Act shall immediately enroll the homeless child or youth. Enrollment should proceed even if the prospective student cannot produce records normally required for enrollment; this mandate also applies to unaccompanied minors.[11]*

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**Section 2:**

**Parent Military Status:**

Is the child's mother or father an active member of the Armed Forces?

Please check mark:

Yes \_\_\_ No \_\_\_

*\*Military Students: For members of the armed services, a charter 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 the address. [7]*

### Section 3: Proof of Residency:



#### Arizona Department of Education Arizona Residency Guidelines **REVISED 11/08/2021**

**Disclaimer:** The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any legal questions, please consult an attorney.

#### **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).

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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,<sup>2</sup> 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.<sup>3</sup>**

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

<sup>1</sup> See also *Martinez v. Bynum*, 461 U.S. 321 (1983).

<sup>2</sup> 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.

<sup>3</sup> For more information, please read <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf>.

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 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,<sup>4</sup> 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,<sup>5</sup> 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.<sup>6</sup>

**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.**<sup>7</sup> 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

<sup>4</sup> A.R.S. §15-828.

<sup>5</sup> 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).

<sup>6</sup> 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>.

<sup>7</sup> 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 institutionalized or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

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
- 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)
- Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification

cards that are 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.

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\*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**

<sup>8</sup> See *Amphitheater Unified Sch. Dist. No. 10 v. Harte*, 128 Hart Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.

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**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  
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 \_\_\_\_\_

Indian tribe in

\_\_\_\_\_

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

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_ day of \_\_\_\_\_, 20\_\_, By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_ Notary Public

**Office Use Only**

**Military** \_\_\_\_\_ **Proof of Residency** \_\_\_\_\_ **Proof of Age and Identify** \_\_\_\_\_

**Enrollment Complete/Accepted: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If no, please explain:** \_\_\_\_\_

**Registrar signature and date:** \_\_\_\_\_

**Academia Del Pueblo**  
**Student Registration Form 2024-2025**

**The following information and documentation is required for attendance but is not required for enrollment. Parents/Legal Guardians are encouraged, however, to submit the following, if available at the time of enrollment, in order to ensure the timely provision of services to the Student.**

**1. Immunization records**

\*Before attending any district or charter school, students are required to demonstrate proof of immunization, an immunization exemption or an immunization schedule consistent with the Arizona Department of Health Guidelines. A.R.S. §§ 15-872 and -873. If available, attach a copy of the student's current, up-to-date immunization records, immunization exemption form, or immunization schedule with this enrollment packet. If not currently available, such records must be **submitted to the School prior to the Student attending.** For more information on immunizations, exemptions or schedules, please contact the School.

**2. Official Notice of Pupil Withdrawal**

\*All students who previously attended an Arizona school must submit a properly completed and signed ADE Official Notice of Pupil Withdrawal form prior to attending the School. A.R.S. § 15-827. **This form is required to be submitted prior to the Student attending but is not required for enrollment.**

An ADE Official Notice of Pupil Withdrawal form is included in this enrollment packet. You may submit this form directly to the student's prior school, or you may complete items 1 through 15 and return it to the School for submission to, and completion by, the prior school. **In either case, this form must be returned to the School prior to the Student attending.**

\*Please note: 10 Consecutive unexcused absences may lead to a student withdrawal

**SUPPLEMENTAL FORMS AND INFORMATION**

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). Accordingly, the following information and documentation is not required for enrollment or attendance. However, Parents/Legal Guardians may choose to submit such records that are in their possession in order to ensure the timely provision and continuity of services.

**1. Prior Academic Records**

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit academic records in their possession in order to ensure the timely provision of services. If you would like academic records in your possession to be considered for continuity purposes, please attach a copy when submitting this enrollment packet. Such records may include, but are not limited to, transcripts, report cards, test scores or other records that will assist in placing the student in the correct grade level, course, and/or classroom. If prior academic records are not provided, the School will enroll the Student, permit the Student to attend classes and request the Student's records from the prior school. Any necessary adjustments will be made upon receipt and review of the Student's prior records.

**2. IEP/504 Plans**

The enrolling school is required to request the Student's records from the previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit a Student's IEP or 504 Plan that is in their possession. If you would like submit such documentation in order to ensure the continuity of services for your Student, please attach a copy to this enrollment packet.

**3. Custodial or Other Legal Documents**

Please submit any custodial or other legal documents of which the School should be aware. Such documents may include, but are not limited to, custody or visitation agreements, restraining orders, foster care agreements or similar documents that have bearing on student safety or the communication between the School and the Student's family



### EDUCATIONAL INFORMATION

List all previous schools (attach separate sheet if necessary):

School: _____	Dates Attended: _____	Telephone: _____
Address: _____ City, State, Zip: _____	<b>Optional:</b> Reason for leaving: <input type="checkbox"/> Academics <input type="checkbox"/> Behavior <input type="checkbox"/> Attendance <input type="checkbox"/> Moving	
School: _____	Dates Attended: _____	Telephone: _____
Address: _____ City, State, Zip: _____	<b>Optional:</b> Reason for leaving: <input type="checkbox"/> Academics <input type="checkbox"/> Behavior <input type="checkbox"/> Attendance <input type="checkbox"/> Moving	
School: _____	Dates Attended: _____	Telephone: _____
Address: _____ City, State, Zip: _____	<b>Optional:</b> Reason for leaving: <input type="checkbox"/> Academics <input type="checkbox"/> Behavior <input type="checkbox"/> Attendance <input type="checkbox"/> Moving	

*I understand that if my child is admitted he/she will have to abide by Academia del Pueblo's standards and expectations of behavior and that I have read and understood the student policy manual.*

School and parent contract:

Parent's signature	Date
Student's signature      (OPTIONAL)	Date

*I understand that if my child is admitted he/she will have to be in attendance and be absent no more than 5% of the number of days in school (180days) for a total of 9 days in the school year.*

School and parent contract:

Parent's signature	Date
Student's signature (OPTIONAL)	Date

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**Disciplinary History**

This information is collected pursuant to A.R.S. § 15-184(I) and may be a consideration for enrollment.

Has the student ever been expelled from a previous school: \_\_\_\_\_

Is the student in the process of being expelled from another school: \_\_\_\_\_

If the answer to either of these questions is “yes”, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Demographics**

To comply with federal and state reporting requirements, charter schools are required to ask the following questions. All answers are **optional** and will not affect enrollment. Should the Parent/Legal Guardian choose not to answer the following questions, the School is required to report the student’s ethnicity and race based on the information and documentation in its possession.

Student’s Ethnicity: \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

Student’s Race: \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African-American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White

**DISCLOSURE STATEMENT**

- 1. We have truthfully answered all questions on this enrollment form***
- 2. We understand that student grade level placement is based upon their previous School’s report card***

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

***Academia del Pueblo is a non-profit, publicly funded charter school and does not discriminate on the basis of gender, race, religion, national or ethnic origin, color or disability.***

\_\_\_\_\_  
Administrator/Registrar

\_\_\_\_\_  
Date

**SPECIAL EDUCATION INFORMATION FORM**

Please complete the form below. If you checked "yes" to either question above, please supply us with a copy of your Child's IEP and Psychological records. **This information is requested solely for purposes of ensuring continuity of services upon enrollment, and it will not be considered in making enrollment decisions.**

Is your child currently receiving Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your child in the process of being evaluated for Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Date/Grade of IEP (if possible): \_\_\_\_\_

**Please read the categories below and check all that apply to your child:**

**Contract and/or Program**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hearing Impaired (HI)             | <input type="checkbox"/> Autism (A)                 | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability (ED)         | <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> MIMR              |
| <input type="checkbox"/> Special Learning Disability (SLD) | <input type="checkbox"/> Orthopedic Impairment      | <input type="checkbox"/> Math              |
| <input type="checkbox"/> 504                               | <input type="checkbox"/> Language                   | <input type="checkbox"/> Current Behavior  |
| <input type="checkbox"/> ELL                               | <input type="checkbox"/> Occupational Therapy       | <input type="checkbox"/> Reading           |
| <input type="checkbox"/> Attention Deficit Disorder        | _____ Other (Specify)                               |  |

I understand that Academia del Pueblo requires a full disclosure of all special education services that have been provided. This information will be kept confidential and will be used to help the student achieve to his/her full potential. I also understand that by failing to disclose this information, I am relieving Academia del Pueblo of all responsibility in the event that the student is unable to perform to the required standards of the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Annual Notice to Parents

The Family Educational Rights and Privacy Act of 1974 provides for a parent's right to inspect, review, and seek correction of a child's educational records. Parents also have the right to file a complaint against the school if they feel the school has failed to comply with school policy concerning student records. Copies of this policy are on file in our school office.

If you wish to review your child's record, you may request the School Administrator to set up a convenient time for such a review. If your child is enrolled in a SPECIAL EDUCATION PROGRAM, you should contact the Administrator of the School to arrange such a review. This School will comply with your request as soon as possible.

If when reviewing the records, you feel that the information on your child is inaccurate, misleading or otherwise in violation of the privacy rights of your child, you may request the deletion or modification of the records or enter into the records your own statement of clarification or explanation.

Student records may be released to authorized district personnel or another school which the student wishes to attend. Student records will be released to others ONLY with the signed, written, dated request of the person legally responsible for the student.

## CHILD FIND

Academia del Pueblo will provide information regarding the availability of early intervention services and special education services for children age birth to age 22, including children enrolled in private and home schools. Please contact the school office at (602) 258-4353.

**ACADEMIA DEL PUEBLO  
PARENT/STUDENT AFFIRMATION OF CODE OF CONDUCT,  
PUBLICATION(S) AND CELL PHONES POLICIES**

**Behavior Policies**

The school district needs the support of all parent(s)/guardian(s) to help insure that their child/ren, fully understand the Behavior Policies and the consequences for poor or inappropriate behavior. We ask that you sit down with your child/children, and review the Behavior Policies, that can be found the school's handbook, in detail. The Behavior Policies has been put into simpler terms so that each child will have a better understanding of this important information. I affirm that I have received the Behavior Policies. By signing below, you are affirming that you have read the a reviewed the behavior policies found in the Student Handbook.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PUBLICATION(S)**

As you know, Academia del Pueblo proudly publishes information about the many accomplishments of its students in school and district newsletters. These publications have very limited circulation. However, through technology many of these documents will be published on the school district(s) web site. Circulation worldwide. Examples of the types of information that could appear include your child's name, grade, class or individual photo. Please indicate your preference below and return it to your child's teacher.

I give the school permission to take photos of my child. Yes\_\_ No\_\_

I give the school permission to publish my child's photo. Yes\_\_ No\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CELL PHONES and DRESS CODE:**

Cell phones have become part of our daily lives. However, when used in school they can be disruptive. Cell phones are **NOT ALLOWED IN SCHOOL.**

Students see with or using their cell phones will be disciplined according to the Code of Conduct. In emergency situations, please call the main office of the school. **In addition, to cell phones, cameras, i-pods or other electronic devices ARE PROHIBITED at school. The school is not responsible for any broken or stolen devices.**

In addition, Academia Del Pueblo requires students to wear a school uniform. The uniform dress code is outlined in the school's handbook.

By signing below, you affirm that you have read and reviewed the cell phone and dress code policies.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_



**ACADEMIA DEL PUEBLO**  
**INTERNET USE POLICY**

PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:

To be completed by all Parents/Guardians:

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold ACADEMIA DEL PUEBLO accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read and understand the Internet Use Policy.

Student's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Name (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for ACADEMIA DEL PUEBLO to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute in criminal offense. Should I commit any violation, my access privileges may be revoked, and appropriate school discipline and/or legal action may be taken.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**DIRECTORY & MEDIA WAIVER FORM**

**Student Information**

Last Name:	First Name:	Middle Name:
Birth Date:		

**Parent/Guardian Information**

Last Name:	First Name:
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**Please Sign If *You Want* Directory Information Released**

According to state and federal law "Directory Information" as identified below may be publicly released without permission of parents. This information can be used for yearbooks, plays or athletic programs, newsletters, recognition in local media, or made available to scholarship organizations or specific vendors under school contract, such as those companies that provide graduation materials.

If you want any or all of the "Directory Information" released about your son/daughter, you may do so by signing this form and returning it to the school office within two (2) weeks of starting school. If this notification is not received, it will serve to provide your agreement to allow the use of "Directory Information".

Sign & Return ***ONLY*** if you ***wish*** to have directory information released.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:**

*The Federal Family Education Rights and Privacy Act (FERPA) permits Academia del Pueblo to release certain "Directory Information" to certain people and institutions, unless you request, in writing, that such information not be released. Please refer to the Student Handbook for the FERPA disclosure.*

*Academia del Pueblo will not release any media or Directory Information for any purpose not related to school business, unless required by law.*

*Academia del Pueblo is not responsible or required to notify parents before the disclosure of Directory Information or the use media*

**ACADEMIA DEL PUEBLO – EMERGENCY CONTACT FORM**

All emergency contact(s) listed must provide identification prior to releasing students. Emergency contact(s) listed must be 18 years of age or older. **If child is being picked up by an individual younger than 18, please contact the Front Office for the Under 18 Waiver.**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male Female Resides in Household: Yes No Authorized to pick up: Yes No

Mailing Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male Female Resides in Household: Yes No Authorized to pick up: Yes No

Mailing Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male Female Resides in Household: Yes No Authorized to pick up: Yes No

Mailing Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to student: \_\_\_\_\_



### Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

**Section A**

Today's date:   /  /   Name of individual completing this form: \_\_\_\_\_

Your telephone number: ( ) \_\_\_\_\_ Your email \_\_\_\_\_

Student name: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Current grade: \_\_\_\_ Birth date: \_\_\_\_\_

Do you have additional children attending school in our district? Yes  No

Do you have children of the preschool age? Yes  No

Please provide information about additional children attending school in our district or of preschool age

Last Name	First Name	Grade	School	District

Address of where the student slept last night: \_\_\_\_\_

Is this address based on a temporary living arrangement? Yes  No  (Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

**NOTE: If you checked "NO" to the temporary living arrangement, you may Stop here. If you checked "YES", please continue to the next section**



**ACADEMIA DEL PUEBLO – PERMISSION TO WALK HOME**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

I give permission for my student to walk to and from school at Academia del Pueblo at 201 E. Durango, Phoenix, Az 85004.

Yes  No

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

Parent/Guardian Name (Please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT RECORDS REQUEST FORM**  
**FORMULARIO DE SOLICITUD DE REGISTROS DE ESTUDIANTE**

(Please Print Clearly/Escriba con claridad)

**STUDENT INFORMATION/ Información del Estudiante:**

**Date/Fecha:** \_\_\_\_\_

I authorize the release of records for the following student, in accordance with the Family Educational Rights and Privacy Act.

Yo autorizo que la escuela reciba los siguientes documentos del siguiente estudiante, **de acuerdo con la Ley de Privacidad y Derechos Educativos de la Familia.**

Last Name/Apellido:	First Name/Primer Nombre:	Middle Name/Medio Nombre:	
Date of Birth/Fecha de Nacimiento :	Last Grade attended/ Ultimo Grado <b>al que</b> asistio :		
Name of Schoo/ Nombre de escuela:	Name of District/Nombre de distrito:	Address/ domicilio:	Telephone: Fax:

**PERSON REQUESTING RECORDS/ PERSONA SOLICITANDO REGISTROS:**

Parent/ Padre     Legal Guardian/Guardián legal     Other/Otra persona \_\_\_\_\_

Signature/ Firma: \_\_\_\_\_ Contact Phone Number/Numero de teléfono \_\_\_\_\_

**RECORDS BEING REQUESTED:**

Transcripts     AIMS     Immunizations     Birth Certificate  
 Special Education     AZELLA     Attendance     Other \_\_\_\_\_

**REASON FOR REQUEST:**

New School     Other \_\_\_\_\_

Please mail or email records to:

Academia del Pueblo

Phone:( 602) 258-4353

Fax (602) 416-7375

113 W. Sherman St

Phoenix, Az. 85003

[Alicia.lopez@academiadelpueblo.org](mailto:Alicia.lopez@academiadelpueblo.org)

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> Request \_\_\_\_\_



## 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?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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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)