



CHECKLIST FOR COMPLETING THE RE-ENROLLMENT PACKET

Please Note - It is the Parent/Legal Guardian's responsibility to obtain the following documentation from the previous school prior to the student/parent interview. PAHS will not fax request to the previous school at the time of interview. It is against the law for any school to deny the release of unofficial records of any student to the parent or legal guardian.

- Parent/guardian and student must read the entire packet
- Obtain copies or Originals of the following documents:
 - Unofficial Transcripts if you received credit from another school after leaving PAHS.
 - Withdrawal Slip if you enrolled at another school after leaving PAHS
 - Discipline records if you enrolled at another school after leaving PAHS
 - Proof of Residency
 - Guidance/Discipline records if you enrolled at another school after leaving PAHS
 - Copy of Custody Papers (If applicable)
 - Copy of Current IEP (If applicable)
- Complete, sign, and date Student Enrollment Form
- Complete, sign and date Arizona Residency Documentation Form
- Complete, sign, and date Ethnicity Questionnaire
- Read and sign McKinney-Vento Eligibility Questionnaire
- Complete, sign, and date Records Request For Special Services Form (if placed in program after leaving PAHS)
- Call 623-979-0031 to schedule an appointment for the student and parent / guardian to meet the school leader. Bring all required documents to your appointment. Appointment will be rescheduled if student/parent arrives without all required documents.

- **There is a \$20 non-refundable activity fee per student each time the student is enrolled/ re-enrolled. The fee is payable by cash, check, money order, debit/credit card.**

- Re-enrollments are referred to the administration for review and consideration.

SAIS ID #: _____



Peoria Accelerated High School REGISTRATION FORM 2014 - 2015 School Year (* For re-enrollment see bottom)

STUDENT INFORMATION							
Student's Last Name		Student's First Name		Student's Middle Name	Age:	Grade:	Gender:
Ethnicity: (Please mark ONLY ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		Race: (Please mark ONE or MORE of the following) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White			Student's email address:		
Date of Birth (Month / Day / Year) / /		Birth City	Birth State	Birth Country	Student's Cell Phone: ()		
PREVIOUS SCHOOL INFORMATION							
Name of Previous School Attended		Withdrawal Date		Previous School Location (City, State, Zip, if known)			
PARENT/LEGAL GUARDIAN/ ADULT STUDENT (over 18) INFORMATION							
Primary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings		Secondary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings	
Home Address		Home Address		Home Address		Home Address	
City		State	Zip Code	City		State	Zip Code
Mailing Address (if different from above)				Mailing Address (if different from above)			
City		State	Zip Code	City		State	Zip Code
Home Phone (__ Primary #)		Work Phone (__ Primary #)		Home Phone (__ Primary #)		Work Phone (__ Primary #)	
Cell Phone (_____ Primary #)		Relationship to Student		Cell Phone (_____ Primary #)		Relationship to Student	
Email Address:				Email Address:			
IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY							
Emergency Contact 1 Name (Last, First) - Person That Can Pick Up Student			Emergency Contact 2 Name (Last, First) - Person That Can Pick Up Student				
Home Phone		Work Phone		Home Phone		Work Phone	
Cell Phone		Relationship to Student		Cell Phone		Relationship to Student	
STUDENT BACKGROUND			HOME LANGUAGE SURVEY (as required by Arizona Department of Education)				
If parents separated/divorced, who has legal custody? _____ Does the non-custodial parent have restricted visitation rights? ___ Yes ___ No (If yes, a copy of the legal papers must be provided.) Does your child currently receive extra services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> 504 <input type="checkbox"/> ELL or LEP Does your child have medical or dietary concerns we should know about? _____ Has your child ever been expelled from another educational institution? ___ Yes ___ No Is your child currently in the process of being expelled from a school? ___ Yes ___ No Is your child currently under a long-term suspension? ___ Yes ___ No Has your child ever been a Leona Group student before? ___ Yes ___ No			What is the primary language used in the home regardless of the language spoken by the student? _____ What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____				
PLEASE LIST SIBLINGS							
First and Last Name		Age		School			
1.							
2.							
3.							
TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE. (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S 13-2-107) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION			X _____ PARENT / GUARDIAN / ADULT STUDENT SIGNATURE				
			_____ DATE				
THIS SECTION IS FOR OFFICE USE ONLY							
** Proof of Birth Documentation		Entry Date: ____/____/201__		Entered into SMS: ____/____/201__		Interviewer Initials:	
** Proof of Residency		Entry Code: _____		Entered into SMS by: _____			

*****For Re-Enrollment Only*****

*As I re-enroll my student: _____ I acknowledge the information above has not changed and is still current.

(student name)

Parent/Guardian Signature: _____ Date: _____



**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
- ___ 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

*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.

RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)
- In Maricopa County, Thomas J. Pappas School

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.ade.az.gov/asd/homeless/> or contact:

Teresa Enriquez Homeless Liaison Peoria Accelerated H.S. 8885 W. Peoria Ave Peoria, AZ 85296 (623) 979-0031	Frank Migali Homeless Education Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 Frank.migali@azed.gov
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MANAGED BY  THE LEONA GROUP, L.L.C.

A new kind of public school®

Accredited by North Central Association

RECORDS REQUEST FOR SPECIAL SERVICES
Student Services Department

Please forward the following records for _____
(Student Name)

DOB ____ / ____ / ____ to The Leona Group Arizona, Student Services Department.

This student enrolled at **Peoria Accelerated High school** in the _____ grade
on _____ Student ID No. _____
(Last school attended)

List the three schools the student last attended, with the most current school listed first.

I give permission to:

(Name of schools last attended) (Name of schools last attended) (Name of schools last attended)

(Address) (Address) (Address)

(City, State, Zip Code) (City, State, Zip Code) (City, State, Zip Code)

To release the records checked below to The Leona Group Arizona, Student Services.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Psycho-educational Evaluations | <input checked="" type="checkbox"/> Nurses Report |
| <input checked="" type="checkbox"/> Individual Education Plans | <input checked="" type="checkbox"/> Psychiatric Therapy Evaluations |
| <input checked="" type="checkbox"/> Eligibility Form | <input checked="" type="checkbox"/> Occupational Therapy Evaluations |
| <input checked="" type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input checked="" type="checkbox"/> Physical Therapy Evaluations |
| <input checked="" type="checkbox"/> Vision/Hearing Screening Results | <input checked="" type="checkbox"/> 504 Accommodations Plan |
| <input checked="" type="checkbox"/> Speech Evaluations | <input checked="" type="checkbox"/> Probation Officer's Reports |
| <input checked="" type="checkbox"/> Behavioral Plans | <input checked="" type="checkbox"/> Guardianship Papers |
| <input checked="" type="checkbox"/> Discipline Records | |

Signature of Parent/Guardian

Date

Home Address

Telephone

Please Forward Records to:
The Leona Group Arizona
Student Services Department
7878 N. 16th St. Suite 150
Phoenix, AZ 85020

Phone: (602) 953-2933 Fax: (602) 279-8068

McKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

Answers to these questions will help determine for which services a student may be eligible. See the previous page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

Student Name: _____ Date: _____

1. Is your current living arrangement due to loss of housing or economic hardship? Yes No
2. Are you a high school student who is currently living on your own? Yes No



***If you answered “YES” to any of the above question please continue.
Otherwise SKIP to question 3****

What is the currently living situation?

Doubled up with relatives or friends

In a motel

In a shelter (any emergency or transitional)

Moving from place to place

In a place not considered traditional “housing” (campground, car, public place, etc.)

Other (please specify): _____

-
3. Is the student currently residing in a group home? Yes No
 4. Is the student currently “awaiting for foster care placement”? Yes No



***If you answered “YES” to any of the above question please continue.
Otherwise STOP****

Select one of the following placements for the student.

Shelter

Emergency/interim/short-term foster homes

Group homes and residential placements that are not intended to be **long-term**

Evaluation centers, or placements for the sole purpose of evaluation

Other (please specify): _____

Placements that are **unlikely to be covered by the McKinney-Vento Act include:*

Long-term foster homes

Pre-adoptive foster homes

Long-term kinship care

Group homes and residential placements, if a determination has been made that the placement is appropriate and **long-term**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Signature _____ Date _____

Homeless Liaison

Peoria Accelerated High School

8885 W. Peoria Ave

Peoria, AZ 85345

P# (623) 979-0031 F# (623) 979-0113

REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of:

(Student Name) _____

Date of Birth: _____ Whom enrolled in grade _____

At **Peoria Accelerated High School** on _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

Please send the following information:

- AIMS Student Report Information
- Birth Certificate
- Official Transcript
- Letter of Promotion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Course Description/Catalog of Courses
- ECAP Documentation
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Discipline and Attendance Records
- Explanation of Grading/Credit System. (Please Indicate symbols designating Accelerated classes.)
- Special Education Records, including IEP's, Psychological Reports, etc.

Please sign and complete the information below:

Name and address of last school attended:

School Name

Address

City State Zip

Telephone Number / Fax Number

Signature of Parent/Guardian

Date

***State Law 15-828 Paragraph F States that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. *New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, A RUNAWAY OR IN HEAD START CHECK THE APPROPRIATE BOX AND CALL TERESA ENRIQUEZ 623-979-0031 HOMELESS MIGRANT RUNAWAY HEAD START **If completing this section, fill out Box A and Box B in Part 2.**

PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.												
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number (not EBT card number) and skip to Part 3.	Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Check if NO income	TOTAL HOUSEHOLD GROSS INCOME												
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)												
					Earnings From Work before deductions					All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)							
						How much	How Often			How much	How Often						
							wk	bi-wk	mo	bi-mo	yr		wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○	

Box G. If Part 2. Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)

Last four digits of Social Security Number: * * * - * * - _ _ _ _ I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Date: _____
 Print name here: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ e-mail: _____

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian
 American Indian or Alaska Native
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year Household Size: _____
 Error-Prone Case # Application Categorically Eligible
 Directly Certified – Attach to match result Selected for Verification (see attachments)

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 Date Notice Sent: _____
 Date Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	+7,511	+626	+145

Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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