



Val Vista Academy
An Arizona Ball Charter School
"Where Children Are the Priority"
4120 S. Val Vista Dr., Gilbert, AZ 85297
(480) 656-5555 • Fax (480) 480-689-5952
www.valvistaacademy.org

OFFICE USE ONLY	
Grade	Teacher
Entry Date/Code	
SM Entry Date	
Withdrawal Date/Code	
SAIS #	
Residency Verified Date	

2017-2018
ENROLLMENT APPLICATION
Please print neatly. Give complete information.

Student Name _____
Last First Middle

Birth Date _____ **Gender:** Male Female
Month Day Year

Ethnic Group (Please circle one):

White Black Hispanic American/Alaskan Indian Asian/Pacific Islander/Oriental

Grade your student will be entering 2017-18 school year: _____

Parent/Guardian Name: _____

Circle all that apply: Mother Father Stepmother Stepfather Relative Guardian Other

Student lives with this parent/guardian? Yes No

Address _____ City _____ Zip _____

Home phone: _____ Cell _____

Primary contact Email: _____

Occupation: _____ Work phone: _____

Work Email _____

Parent/Guardian Name: _____

Circle all that apply: Mother Father Stepmother Stepfather Relative Guardian Other

Student lives with this parent/guardian? Yes No

Address _____ City _____ Zip _____

Home phone: _____ Cell _____

Primary contact Email: _____

Occupation: _____ Work phone: _____

Work Email _____

Do you have **siblings** enrolled or enrolling at Val Vista Academy for 2017-18: Yes No

Sibling Information that is enrolled/enrolling with Val Vista Academy:

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

(Continued on other side)



Emergency Information

Contact (other than parent/guardian) _____

Relationship to student _____

Home phone: _____ Work/Cell _____

Doctor _____ Phone _____

Hospital _____

Custody Concerns: Yes No **If YES, Court document must be provided.**

Names of individuals allowed to pick up your child:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

****Names of people NOT allowed to remove your child. Please provide documentation****

Additional Student Information

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? _____

Has this student ever received special education services? Yes No

Is there a current IEP for this student? Yes No

Has this student received any of the following? ELL/ESL 504 Plan

Has this student been retained? Yes No If yes, what grade(s)? _____

Is this student presently suspended from another school? Yes No

If Yes, where _____

Has this student ever been expelled or been withdrawn while in the process of being expelled from another school? Yes No If yes, where? _____

Previous school attended _____

Address

City/State

Zip

Phone

Do you consider yourself homeless at this time? Yes No

Custodial Parent/Guardian Signature (required)

Date

Val Vista Academy does not discriminate regarding national or ethnic origin, income level, religion, disabling condition, or language proficiency of students regarding policies, admission or school-administered programs.

State of Arizona
Department of Education
Office of English Language Acquisition Services

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

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

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

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

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

