



**PCA Elementary School**  
 40 E Hidalgo  
 Phoenix, AZ 85040  
 (602) 492-1722

**PCA Middle School**  
 5610 S Central Avenue  
 Phoenix, AZ 85040  
 (602) 551-6594

**PCA High School**  
 4445 S 12<sup>th</sup> Street  
 Phoenix, AZ 85040  
 (602) 842-1722

## 2017-2018 Enrollment Form

Student Information					
Last Name: (As shown on the child's birth certificate)		First Name:		Middle Initial:	
Last Name goes by: (Optional)		Nick Name: (Optional)		Suffix:	
Street Address:					
City:			State:		Zip Code:
Student Demographic Information					
Date of Birth:	Birth State/Country:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2017 – 2018 Grade Level:</b> (The grade level for the upcoming school year)		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: (Please select at least one) <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White			Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spanish	
1 Parent/Guardian Information					
Last Name:		First Name:		Relationship:	
Cell Phone:		Email:			
Home Phone:		Additional Email:			
Work Phone:		Contact by Text: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address: (If different from the student)		City:		State:	Zip:
Custodial Information: (Please check all that apply. Documentation is required for every custody issue.) <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Lives With <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To					
Educational Background (Please check all that apply) <input type="checkbox"/> Not a HS Graduate <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> College Grad <input type="checkbox"/> Grad Sch/Post Grad Training					
Volunteering: <input type="checkbox"/> Yes, I am interested in volunteering <input type="checkbox"/> No, I am not able to volunteer at this time					
2 Parent/Guardian Information					
Last Name:		First Name:		Relationship:	
Cell Phone:		Email:			
Home Phone:		Additional Email:			
Work Phone:		Contact by Text: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address: (If different from the student)		City:		State:	Zip:
Custodial Information: (Please check all that apply. Documentation is required for every custody issue.) <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Lives With <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To					
Educational Background (Please check all that apply) <input type="checkbox"/> Not a HS Graduate <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College/Trade School <input type="checkbox"/> College Grad <input type="checkbox"/> Grad Sch/Post Grad Training					
Volunteering: <input type="checkbox"/> Yes, I am interested in volunteering <input type="checkbox"/> No, I am not able to volunteer at this time					

Siblings in Home	School Attending	Grade Level

**Student Educational History**

Did your student attend preschool?  No  Yes, please list school name:

At what age did they begin preschool?

**Language Survey** (Required by the AZ Dept. of Education)

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? \_\_\_\_\_

**Special Education or Language Services**

Please select all that may apply: **(Documentation is REQUIRED at time of enrollment)**

- Speech     Gifted Program     IEP (Please provide MET & Evaluations)  
 English Language Services (ELL)     Occupational/Physical Therapy                       Other: \_\_\_\_\_

**Media Release**

**Yes**, Phoenix Collegiate Academy staff may record, film, photograph, interview and/or publicly exhibit, display, distribute or publish my student's name, appearance and words during the 2017-2018 school year, whether undertaken by the school staff, students, or anyone outside the school. I agree that the school may use or allow others to use those works without limitation or compensation. I release PCA staff from any claims arising out of my child's appearance or participation in these works.

**No**, Phoenix Collegiate Academy staff may not record, film, photograph, interview, and/or publicly exhibit, display, distribute or publish my student's name, appearance and words during the 2017-2018 school year.

**Parent/Guardian Survey**

Please select at least three reasons why you chose to enroll your child at Phoenix Collegiate Academy:

- Higher academic standards at PCA                       Quality of teachers                       School size  
 My child was doing poorly at previous school     Dissatisfaction with previous school                       PCA is a safer school  
 My other children attend a PCA school                       PCA will prepare my child for college                       School location

I learned about PCA from:

- Walk-In                       Internet                       Recommended by family/friend  
 Drove by School                       By Mail/Flyer                       Other: \_\_\_\_\_

**Parent/Guardian Statement**

Completion of this form does not guarantee admission to PCA. Priority is given to returning PCA students and their siblings. Remaining seats are granted through a public lottery held on March 31, 2017. Families must submit an application by March 29<sup>th</sup> in order to participate in the lottery. Families have until April 14<sup>th</sup> at 5 PM to confirm attendance. Applicants who are not granted seats are placed on a waiting list in the order they are selected per the lottery drawing. Applications received after March 29<sup>th</sup> will be added to the end of the waiting list in the order they are received.

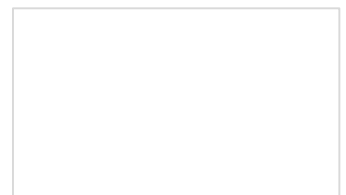
I hereby acknowledge that I have thoroughly read and understand the 2017-2018 PCA Enrollment Form in its entirety. I certify that the information above is true and understand that false statements may be grounds for dismissal of my child from Phoenix Collegiate Academy. I must complete all other forms requested, submit all supporting documentation, and meet all deadlines for submission. I will inform Phoenix Collegiate Academy administrators of any changes to the information listed above.

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**

Office Use Only	
Student SAIS ID:	Date Added to Synergy:
Student Perm ID:	First Day of Attendance:
Activity Fee Paid:	Orientation Date:





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Street Address:					
City:			State:		Zip Code:
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Date of Birth:	Birth State/Country:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2017 – 2018 Grade Level:</b> (The grade level for the upcoming school year)		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: (Please select at least one) <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White			Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spanish	
1	Parent/Guardian Information				
Last Name:		First Name:		Relationship:	
Cell Phone:		Email:			
Home Phone:		Additional Email:			
Work Phone:		Contact by Text: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address: (If different from the student)		City:		State:	Zip:
Custodial Information: (Please check all that apply. Documentation is required for every custody issue.) <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Lives With <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To					
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Volunteering: <input type="checkbox"/> Yes, I am interested in volunteering <input type="checkbox"/> No, I am not able to volunteer at this time					
2	Parent/Guardian Information				
Last Name:		First Name:		Relationship:	
Cell Phone:		Email:			
Home Phone:		Additional Email:			
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Siblings in Home	School Attending	Grade Level

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Did your student attend preschool?  No  Yes, please list school name:

At what age did they begin preschool?

**Language Survey** (Required by the AZ Dept. of Education)

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? \_\_\_\_\_

**Special Education or Language Services**

Please select all that may apply: (Documentation is REQUIRED at time of enrollment)

- Speech  Gifted Program  IEP (Please provide MET & Evaluations)  
 English Language Services (ELL)  Occupational/Physical Therapy  Other: \_\_\_\_\_

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**No**, Phoenix Collegiate Academy staff may not record, film, photograph, interview, and/or publicly exhibit, display, distribute or publish my student's name, appearance and words during the 2017-2018 school year.

**Parent/Guardian Survey**

Please select at least three reasons why you chose to enroll your child at Phoenix Collegiate Academy:

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 My child was doing poorly at previous school  Dissatisfaction with previous school  PCA is a safer school  
 My other children attend a PCA school  PCA will prepare my child for college  School location

I learned about PCA from:

- Walk-In  Internet  Recommended by family/friend  
 Drove by School  By Mail/Flyer  Other: \_\_\_\_\_

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**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**

Office Use Only	
Student SAIS ID:	Date Added to Synergy:
Student Perm ID:	First Day of Attendance:
Activity Fee Paid:	Orientation Date:



## Student Emergency and Health Information

Student Name			2017-2018 School Year	
Last:		First:		MI:
Parent/Guardian:		Relation:	Phone:	
In the event of an emergency and I cannot be reached, I authorize the following people to be contacted or release my child to. Please list in order of preference. Photo ID must be presented when student is signed out.				
1	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
2	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
3	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
4	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
Parent/Guardian Signature:				Date:

Health Information	
Please check if the student has any of the following:	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Chronic illness	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Medical needs	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Physician Name:	Phone:
Does the student have any prescribed medications? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Do any of the prescribed medications need to be administered at school: <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
<b>Any medications that need to be administered at school, must be provided by you in the original container, along with a medication administration consent form and a signature from the parent/guardian. Please bring any medical information to school. Immunization records are required for any new enrollments.</b>	
PCA may provide your student with non-aspirin pain relief or other first aid products: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply)	
<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Ibuprofen/Motrin <input type="checkbox"/> Band-Aids/Neosporin <input type="checkbox"/> Stomach Relief Meds	

Student Primary Method of Dismissal		2017-2018 School Year
Student Name:		Grade:
Please check the primary method your child will get home from school each day.		
<input type="checkbox"/> <b>Walk:</b> (Select one or more) <input type="checkbox"/> The student is allowed to walk home without an adult <input type="checkbox"/> Walks home with a Parent/Guardian or Siblings <input type="checkbox"/> Walks home alone on specific days only: (circle all that apply) M T W T H F		
<input type="checkbox"/> <b>Pick-Up/Release my child to:</b> Please list the people who are allowed to pick-up your child. Anyone not listed, will not be allowed to remove the student from the campus. <b>Photo ID must be presented when student is signed out.</b>		
Name:	Relation:	Phone:    Type: (Circle one) Cell Work Home
Name:	Relation:	Phone:    Type: (Circle one) Cell Work Home
Name:	Relation:	Phone:    Type: (Circle one) Cell Work Home
Name:	Relation:	Phone:    Type: (Circle one) Cell Work Home
Name:	Relation:	Phone:    Type: (Circle one) Cell Work Home
<b>By signing below, I acknowledge that it is my responsibility as a parent/guardian to provide transportation to and from school and to update any information on this form when necessary.</b>		
Parent/Guardian Name		
Parent/Guardian Signature	Date:	



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: \_\_\_\_\_

School: \_\_\_\_\_

District or Charter Holder: Phoenix Collegiate Academy



# Student Residency Status Eligibility Questionnaire

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

Date of Birth: \_\_\_\_\_ PCA School:  ES  MS  HS

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine which services a student may be eligible to receive.

1. Is your current address a temporary living arrangement?  Yes  No
2. Is your temporary address due to loss of housing or economic hardship?  Yes  No
3. Are you a high school student who is currently living on your own?  Yes  No (Unaccompanied youth also qualify for services under this law)

**If you answered "No" to the above questions, you may stop here. Thank you.**

---

**If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.**

Where is the student presently living? (check one box)

- In a motel
- In a shelter
- Moving from place to place
- With more than one family in a house or apartment
- In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



## Arizona Department of Education Arizona Residency Documentation Form

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

School: \_\_\_\_\_

School District or Charter Holder: Phoenix Collegiate Academy

Parent/Legal Guardian: (Please print name) \_\_\_\_\_

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.

**Please select which document you will submit to our school:**

- 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)

**If you cannot submit any of the above documents, please select the box below and fill out the Affidavit of Shared Residence.**

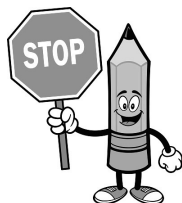
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
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.





# State of Arizona Affidavit of Shared Residence

*\*If you have filled out the Residency form and can provide the necessary document, this page does not need to be filled out. This is for parents/guardians who cannot provide proof of residency, but are living with a person who will provide proof of residency.*

I 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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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
- 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)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**This form must be officially notarized:**

Acknowledgement

The foregoing was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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 Phoenix, AZ 85040  
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 Fx: (602) 441-0570

## Authorization for Release of Student Records 2017-2018 Academic School Year

Student Request for Records			
Student Name:		Date of Birth:	
Previous School:			
Address:		City:	State:
Phone:		Fax:	
Last Grade Attended:		SAIS ID:	

I hereby request that my child's previous school provide a complete copy of my child's educational records to Phoenix Collegiate Academy, where my child will be enrolled in the 2017-2018 school year. Records may include any of the following:

- Withdrawal form and any attendance records
- Official grade report/school transcripts
- Discipline/behavior records
- Birth certificate
- Immunization records
- Test scores, AzMerit, AIMS, AZELLA
- SPED records, including MET and any evaluations, if applicable

Check box if your child does not have any educational records, due to no pre-Kindergarten enrollment, school closure, or location is outside of the US.

I hereby request that my child's healthcare provider release appropriate health information and records (e.g. immunization records) where my child will be enrolled during the 2017-2018 school year.

Medical Records Request
Current Healthcare Provider:
Healthcare Provider Phone Number:
Healthcare Provider Fax Number:

Parent/Guardian Name: \_\_\_\_\_

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

Office use only			
School Records	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :
Medical Records	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :



## Student Emergency and Health Information

Student Name			2017-2018 School Year	
Last:		First:		MI:
Parent/Guardian:		Relation:	Phone:	
In the event of an emergency and I cannot be reached, I authorize the following people to be contacted or release my child to. Please list in order of preference. Photo ID must be presented when student is signed out.				
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3	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
4	Name:	Relation:	Phone:	Type: (Circle one) Cell Work Home
Parent/Guardian Signature:				Date:

Health Information	
Please check if the student has any of the following:	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Chronic illness	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Medical needs	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Physician Name:	Phone:
Does the student have any prescribed medications? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Do any of the prescribed medications need to be administered at school: <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
<b>Any medications that need to be administered at school, must be provided by you in the original container, along with a medication administration consent form and a signature from the parent/guardian. Please bring any medical information to school. Immunization records are required for any new enrollments.</b>	
PCA may provide your student with non-aspirin pain relief or other first aid products: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply)	
<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Ibuprofen/Motrin <input type="checkbox"/> Band-Aids/Neosporin <input type="checkbox"/> Stomach Relief Meds	

Student Primary Method of Dismissal		2017-2018 School Year
Student Name:		Grade:
Please check the primary method your child will get home from school each day.		
<input type="checkbox"/> <b>Walk:</b> (Select one or more) <input type="checkbox"/> The student is allowed to walk home without an adult <input type="checkbox"/> Walks home with a Parent/Guardian or Siblings <input type="checkbox"/> Walks home alone on specific days only: (circle all that apply) M T W T H F		
<input type="checkbox"/> <b>Pick-Up/Release my child to:</b> Please list the people who are allowed to pick-up your child. Anyone not listed, will not be allowed to remove the student from the campus. <b>Photo ID must be presented when student is signed out.</b>		
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<b>By signing below, I acknowledge that it is my responsibility as a parent/guardian to provide transportation to and from school and to update any information on this form when necessary.</b>		
Parent/Guardian Name		
Parent/Guardian Signature	Date:	



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.

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

Date of Birth: \_\_\_\_\_ SAIS ID: \_\_\_\_\_

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

School: \_\_\_\_\_

District or Charter Holder: Phoenix Collegiate Academy



# Student Residency Status Eligibility Questionnaire

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

Date of Birth: \_\_\_\_\_ PCA School:  ES  MS  HS

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine which services a student may be eligible to receive.

1. Is your current address a temporary living arrangement?  Yes  No
2. Is your temporary address due to loss of housing or economic hardship?  Yes  No
3. Are you a high school student who is currently living on your own?  Yes  No (Unaccompanied youth also qualify for services under this law)

**If you answered "No" to the above questions, you may stop here. Thank you.**

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**If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.**

Where is the student presently living? (check one box)

- In a motel
- In a shelter
- Moving from place to place
- With more than one family in a house or apartment
- In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



## Arizona Department of Education Arizona Residency Documentation Form

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School: \_\_\_\_\_

School District or Charter Holder: Phoenix Collegiate Academy

Parent/Legal Guardian: (Please print name) \_\_\_\_\_

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.

**Please select which document you will submit to our school:**

- 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)

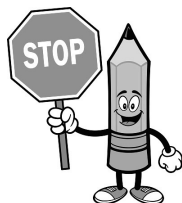
**If you cannot submit any of the above documents, please select the box below and fill out the Affidavit of Shared Residence.**

- 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.



# State of Arizona Affidavit of Shared Residence

*\*If you have filled out the Residency form and can provide the necessary document, this page does not need to be filled out. This is for parents/guardians who cannot provide proof of residency, but are living with a person who will provide proof of residency.*

I 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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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
- 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)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**This form must be officially notarized:**

Acknowledgement

The foregoing was acknowledged before me

this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_



**PCA Elementary School**  
 40 E Hidalgo  
 Phoenix, AZ 85040  
 Ph: (602) 492-1722  
 Fx: (602) 535-8861

**PCA Middle School**  
 5610 S Central Avenue  
 Phoenix, AZ 85040  
 Ph: (602) 268-9900  
 Fx: (602) 268-9911

**PCA High School**  
 4445 S 12<sup>th</sup> Street  
 Phoenix, AZ 85040  
 Ph: (602) 842-1722  
 Fx: (602) 441-0570

## Authorization for Release of Student Records 2017-2018 Academic School Year

Student Request for Records			
Student Name:		Date of Birth:	
Previous School:			
Address:		City:	State:
Phone:		Fax:	
Last Grade Attended:		SAIS ID:	

I hereby request that my child's previous school provide a complete copy of my child's educational records to Phoenix Collegiate Academy, where my child will be enrolled in the 2017-2018 school year. Records may include any of the following:

- Withdrawal form and any attendance records
- Official grade report/school transcripts
- Discipline/behavior records
- Birth certificate
- Immunization records
- Test scores, AzMerit, AIMS, AZELLA
- SPED records, including MET and any evaluations, if applicable

Check box if your child does not have any educational records, due to no pre-Kindergarten enrollment, school closure, or location is outside of the US.

I hereby request that my child's healthcare provider release appropriate health information and records (e.g. immunization records) where my child will be enrolled during the 2017-2018 school year.

Medical Records Request
Current Healthcare Provider:
Healthcare Provider Phone Number:
Healthcare Provider Fax Number:

Parent/Guardian Name: \_\_\_\_\_

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

Office use only			
School Records	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :
Medical Records	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :

