



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 12th 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	2017 – 2018 Grade Level: (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					

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:	
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.	
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"/> Walk: (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"/> Pick-Up/Release my child to: 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. Photo ID must be presented when student is signed out.			
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
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.			
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)

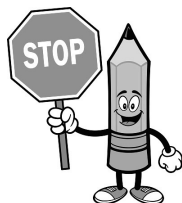
If you cannot submit any of the above documents, please select the box below and fill out the Affidavit of Shared Residence.

- 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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 5610 S Central Avenue
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 Ph: (602) 268-9900
 Fx: (602) 268-9911

PCA High School
 4445 S 12th 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 st :	2 nd :	3 rd :
Medical Records	1 st :	2 nd :	3 rd :

