

STUDENT RE-ENROLLMENT & REGISTRATION CHECKLIST

SY 2021/22

Pillar Academy of Business & Finance

Mail to: PO Box 6095
Mohave Valley, Arizona 86440

1589 Plantation Drive
Mohave Valley, Arizona 86440
Phone: (928) 346-3952
Facsimile: (928) 346-3930
www.pillaracademy.com



Thank you for re-enrolling at Pillar Academy of Business & Finance. Below is a checklist to assist you with the re-enrollment and required forms submission process. Please submit all required documents at one time.

<input checked="" type="checkbox"/> When Completed	Required Form and/or Document
<input type="checkbox"/>	Re-Enrollment Form (Online or Paper Form) <i>Re-Enrollment Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form C: ESEA Student Eligibility Guidelines <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form E: Arizona Residency Documentation <i>(1) Form must be complete, signed and dated; and</i> <i>(2) Submit a copy of the required documentation</i>

STUDENT RE-ENROLLMENT FORM SY 2021/22

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STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Phone: _____ Gender: Male Female

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Phone: _____ Email: _____

Father's Name: _____ Phone: _____ Email: _____

Guardian's Name: _____ Phone: _____ Email: _____

CONTACT INFORMATION:

Mailing Address (P.O. Box): _____

City _____ Zip Code: _____

Physical Address (if different): _____

City _____ Zip Code: _____

ADDITIONAL INFORMATION

If your current address is a temporary living arrangement because of loss of housing or due to economic hardship, please check this box.

Yes No

Is there anyone to whom the student should not be legally released? If yes, please provide legal documentation.

Yes No

MILITARY STUDENT IDENTIFIER (MSI) DATA COLLECTION SURVEY

This form is required by the Arizona Department of Education. Please fill out the following form, sign, and return to the school.

- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty.
- Student is a dependent of a member of the Arizona National Guard (Army, Air Guard, or State Guard).
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard).
- None of the above.

REQUIRED SIGNATURES

Student's Name: _____

Student's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

FORM C

ESEA STUDENT ELIGIBILITY GUIDELINES



ESEA Guidelines to Determine Student Eligibility

The Arizona Department of Education provides the following FY 2020/21 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the ESEA Eligibility Guideline schedule below (please check one)?

- Yes, using Indicator 1 (R)**

 Yes, using Indicator 2 (F)

 Not Eligible (N)

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name (only children ages 5-17 inclusive)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian's Signature: _____ Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.
ADE Revised June 1, 2011

ESEA Eligibility Guidelines

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income. Effective July 1, 2020 – June 30, 2021

Household Size ¹ :	How often income was received:									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$319	\$454	\$638	\$908	\$692	\$984	\$1,383	\$1,968	\$16,588	\$23,606
2	\$431	\$614	\$862	\$1,227	\$934	\$1,329	\$1,868	\$2,658	\$22,412	\$31,894
3	\$543	\$773	\$1,086	\$1,546	\$1,177	\$1,675	\$2,353	\$3,349	\$28,236	\$40,182
4	\$655	\$933	\$1,310	\$1,865	\$1,420	\$2,020	\$2,839	\$4,040	\$34,060	\$48,470
5	\$767	\$1,092	\$1,534	\$2,183	\$1,662	\$2,365	\$3,324	\$4,730	\$39,884	\$56,758
6	\$879	\$1,251	\$1,758	\$2,502	\$1,905	\$2,711	\$3,809	\$5,421	\$45,708	\$65,046
7	\$991	\$1,411	\$1,982	\$2,821	\$2,148	\$3,056	\$4,295	\$6,112	\$51,532	\$73,334
8	\$1,103	\$1,570	\$2,206	\$3,140	\$2,390	\$3,401	\$4,780	\$6,802	\$57,356	\$81,622
Additional members, add:	\$112	\$160	\$224	\$319	\$243	\$346	\$486	\$691	\$5,824	\$8,288

¹Household size must be supported by the number of names listed on the meal benefit income eligibility form.

FORM E

ARIZONA RESIDENCY DOCUMENTATION



State of Arizona
Department of Education
Arizona Residency Documentation Form

Arizona Residency Documentation Form

Student's Name _____ Name of School Pillar Academy of Business

Name of District or Charter Holder Pillar Charter School

Name of Parent or 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 **(check one and submit a copy of the document with this signed form)**:

- 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 and 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. ***(Contact the school if you need an affidavit form)***

Parent/Guardian Signature _____

Date _____