

# STUDENT ENROLLMENT FORM

## SY 2018/19

Pillar Academy at Aha Macav High School  
PO Box 6095  
Mohave Valley, Arizona 86440  
Phone: (928) 346-3925  
Fax: (928) 346-3930



### OFFICE USE ONLY

DATE REC'D	<input type="text"/>	ENROL CODE	<input type="text"/>	COHORT	<input type="text"/>
AZEDS ID	<input type="text"/>	ENTRY DATE	<input type="text"/>	INITIALS	<input type="text"/>

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Current Age: \_\_\_\_\_ You are enrolling in grade:  09  10  11  12

Gender:  Male  Female State/Country of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Will the student be enrolled in any other school(s) while enrolled at Pillar Academy?  Yes  No (if you answered yes, please list the school(s) below)

List any additional schools the student will be enrolled in while enrolled at Pillar Academy: \_\_\_\_\_

Name of the last school the student attended: \_\_\_\_\_ Name of School District: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

**A parent/legal guardian email is required for students under the age of 18. If you do not currently have an email account, assistance in creating one is included at the end of this enrollment packet, or online at [www.pillaracademy.com/email](http://www.pillaracademy.com/email).**

#### Mother/Guardian's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

#### Father/Guardian's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Who is (are) the student's legal guardian(s)? \_\_\_\_\_

To whom should school correspondence be addressed? \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Alternate Phone: (      ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Alternate Phone: (      ) \_\_\_\_\_

Who may pick up your student from school activities/events in your absence? \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

## RACE & ETHNICITY DATA COLLECTION FORM (IDEA Data & Research)

In accordance with federal regulations and guidance, a two-part questionnaire must be used to collect data about student race and ethnicity. The first part of the questionnaire is on ethnicity and the second is on race. (The race question can have multiple values).

### Race/Ethnicity Two-Part Questionnaire: Answer BOTH Questions

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

#### PART 1: ETHNICITY Is the student (or is the respondent) Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or Spanish culture or origin, regardless of race)

#### PART 2: RACE What is the student's (or the respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

## REQUIRED SIGNATURES

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_