

STUDENT ENROLLMENT FORM

SY 2024/25

Pillar Academy of Business & Finance

Mail to: PO Box 6095
Mohave Valley, Arizona 86440

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Mohave Valley, Arizona 86440
Phone: (928) 346-3952
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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 of Birth **(optional)**: _____ Contact Phone Number: _____ () _____

Will the student be enrolled in any other school(s) while enrolled at Pillar Academy Online? 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 Online: _____

Name of the last school the student attended: _____ Name of School District: _____

PARENT/LEGAL GUARDIAN INFORMATION

A parent/legal guardian email is recommended for students under the age of 18. If you do not currently have an email account, assistance in creating one available.

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: () _____

MILITARY STUDENT IDENTIFIER (MSI) DATA COLLECTION SURVEY

This form is required¹ 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.

Within 30 days of enrollment, please submit one of the following: (1) A certified copy of the pupil's birth certificate; (2) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate; or (3) A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

REQUIRED SIGNATURES

Student's Name: _____

Student's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

¹ Pillar Charter School will not deny enrollment if a parent chooses to withhold this information. This item will not be used in the enrollment decision making process.

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 / Pillar Academy of Business & Finance (Mojave Valley)

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
- Valid Arizona Address Confidentiality Program authorization card
- 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 (506 Form) or other identification issued by a recognized Indian tribe in
 Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration,
 Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card, 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.
- 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.

Parent/Guardian Signature _____ **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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

FORM E

FORMULARIO DE DOCUMENTACION DE RESIDENCIA EN ARIZONA



State of Arizona
Department of Education
Arizona Residency Documentation Form

Formulario de Documentacion de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela Pillar Academy

Distrito Escolar o Escuela Charter Pillar Charter School / Pillar Academy of Business & Finance (Mojave Valley)

Padre/Tutor Legal _____

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaracion copia del siguiente documento que muestrami nombre y la direccion residencial o la descripcion fisica de la propiedad donde reside el estudiante:

- Licencia de conducir valida del Estado de Arizona, tarj eta de identificacion de Arizona o registro de vehiculo
- Tarj eta vigente del Programa de Confidencialidad de Direccion de Arizona.
- Escritura inmobiliaria o documentos de hipoteca
- Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el use de agua, electricidad, gas. Cable de TV, o telefono
- Factura de tarj eta de credit° o de banco copia de la forma W-2 sobre declaracion de ingresos
- Talon del cheque de paga
- Certificado de inscripcion u otra identificacion emitida por una tribu indigena reconocida que contiene una direccion de Arizona.
- Documentacion de una agencia estatal, gobierno federal (Administracion de Seguro
- Social, Administracion de Veteranos, Departamento de Seguridad Economica de
- Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- Tarj eta de identificacion consular emitida por un gobierno extranjero como forma valida de identificacion si el gobierno extranjero utiliza tecnicas de verificacion biometrica al emitir la tarj eta de identificacion consular.
- Actualmente no puedo proporcionar ninguno de los documentos mencionados.
- Por lo tanto, he proveido una declaracion original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaracion.
- Instalacion temporal de alojamiento en la base (para familias militares)

Firma del Padre/Custodio legal _____ **Fecha** _____

*Para los miembros de las fuerzas armadas, la aportacion de documentacion verificable no sirve como declaracion de residencia