

# STUDENT RE-ENROLLMENT & REGISTRATION CHECKLIST

SY 2020/21

Pillar Academy of Business & Finance

Mail to: PO Box 6095  
Mohave Valley, Arizona 86440

1589 Plantation Drive  
Mohave Valley, Arizona 86440  
Phone: (928) 346-3925  
Facsimile: (928) 346-3930  
www.pillaracademy.com



Thank you for re-enrolling in 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"/>	<b>Re-Enrollment Form (Online or Paper Form)</b> <i>Re-Enrollment Form must be complete, signed and dated.</i>
<input type="checkbox"/>	<b>Form C: ESEA Student Eligibility Guidelines</b> <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	<b>Form E: Arizona Residency Documentation</b> <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 2020/21

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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 July 1, 2020 to June 30, 2021

House-Hold Size	Indicator 1 (Reduced Lunch Qualified)					Indicator 2 (Free Lunch Qualified)				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423	\$15,44	\$1,278	\$644	\$594	\$297
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570	\$20,826	\$1,736	\$868	\$801	\$401
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718	\$26,208	\$2,184	\$1,092	\$1,008	\$504
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865	\$31,590	\$2,633	\$1,317	\$1,215	\$608
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012	\$36,972	\$3,081	\$1,541	\$1,422	\$711
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160	\$42,354	\$3,530	\$1,765	\$1,629	\$815
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307	\$47,749	\$3,980	\$1,990	\$1,837	\$919
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023
For Each Additional Household Member Add	+\$7,696	+\$642	+\$321	+\$296	+\$148	+\$5,408	+\$451	+\$226	+\$208	+\$104

# FORM E

## ARIZONA RESIDENCY DOCUMENTATION

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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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_