

STUDENT ENROLLMENT FORM 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



OFFICE USE ONLY

DATE REC'D	<input type="text"/>	ENROL CODE	<input type="text"/>	COHORT	<input type="text"/>
AZ SAIS 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 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 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.

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 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: _____