

STUDENT RE-ENROLLMENT & REGISTRATION CHECKLIST

SY 2022/23

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 (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

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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 (Reduced)
 Yes, using Indicator 2 (Free)
 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: _____

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, 2022 – June 30, 2023

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2022 to June 30, 2023											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	13,590	25,142	2,096	1,048	967	484	17,667	1,473	737	680	340
2	18,310	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
3	23,030	42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576
4	27,750	51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694
5	32,470	60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812
6	37,190	68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930
7	41,910	77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048
8	46,630	86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166
For each add'l family member, add	4,720	8,732	728	364	336	168	6,136	512	256	236	118
ALASKA											
1	16,990	31,432	2,620	1,310	1,209	605	22,087	1,841	921	850	425
2	22,890	42,347	3,529	1,765	1,629	815	29,757	2,480	1,240	1,145	573
3	28,790	53,262	4,439	2,220	2,049	1,025	37,427	3,119	1,560	1,440	720
4	34,690	64,177	5,349	2,675	2,469	1,235	45,097	3,759	1,880	1,735	868
5	40,590	75,092	6,258	3,129	2,889	1,445	52,767	4,398	2,199	2,030	1,015
6	46,490	86,007	7,168	3,584	3,308	1,654	60,437	5,037	2,519	2,325	1,163
7	52,390	96,922	8,077	4,039	3,728	1,864	68,107	5,676	2,838	2,620	1,310
8	58,290	107,837	8,987	4,494	4,148	2,074	75,777	6,315	3,158	2,915	1,458
For each add'l family member, add	5,900	10,915	910	455	420	210	7,670	640	320	295	148
HAWAII											
1	15,630	28,916	2,410	1,205	1,113	557	20,319	1,694	847	782	391
2	21,060	38,961	3,247	1,624	1,499	750	27,378	2,282	1,141	1,053	527
3	26,490	49,007	4,084	2,042	1,885	943	34,437	2,870	1,435	1,325	663
4	31,920	59,052	4,921	2,461	2,272	1,136	41,496	3,458	1,729	1,596	798
5	37,350	69,098	5,759	2,880	2,658	1,329	48,555	4,047	2,024	1,868	934
6	42,780	79,143	6,596	3,298	3,044	1,522	55,614	4,635	2,318	2,139	1,070
7	48,210	89,189	7,433	3,717	3,431	1,716	62,673	5,223	2,612	2,411	1,206
8	53,640	99,234	8,270	4,135	3,817	1,909	69,732	5,811	2,906	2,682	1,341
For each add'l family member, add	5,430	10,046	838	419	387	194	7,059	589	295	272	136

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
- 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 _____