STUDENT REGISTRATION CHECKLIST

SY 2023/24

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 your interest in Pillar Academy. Below is a checklist to assist you with the application registration forms submission process. Complete all the forms listed below **after you have submitted your Enrollment Application** and have been admitted to the school. Please try to submit all documents (other than the Enrollment Application) at one time.

When Completed	Form and/or Document
V	Enrollment Application (Paper Form)
_	Application should be complete, signed and dated. Do not resend if you have already submitted an application.
	Birth Certificate or Other Appropriate Documentation
	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.
	Form A(1): Home Language Survey
—	Form should be complete, signed and dated.
	Form A(2): Ethnicity/Race Survey (IDEA)
_	Form should be <mark>complete, signed and dated.</mark> Please note this form is optional but does assist the school with accurate reporting to state and federal agencies and could impact additional funding for the school.
	Form B: Student Residency Questionnaire
	Form should be complete, signed and dated.
	Form C: ESEA Student Eligibility Guidelines
	Form should be <mark>complete, signed and dated.</mark> Please note this form is optional but does assist the school with accurate reporting to state and federal agencies and could impact additional funding for the school.
	Form D: Arizona School Immunization Requirements
	Provide a copy of the student's most recent immunization record.
Q	Form E: Proof of Arizona Residency
	Provide a copy of proof of residency from the approved documentation list.
	Form F: Student Records Request
	Form should be complete, signed and dated.
	Form G: Parent & Student Acknowledgments

Form should be complete, signed and dated.





Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done <u>before</u> the student takes the AZELLA Placement Test.

- 1. What language do people speak in the home most of the time?
- 2. What language does the student speak most of the time?
- 3. What language did the student first speak or understand?

Student Name	District Student ID
Date of Birth	_SSID
Parent/Guardian Signature	Date
District or Charter	
School	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services 1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas PART 1: ETHNICITY



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 guestionnaire is on ethnicity and the second is on race. (The race guestion can have multiple values).

Race/Ethnicity Two-Part Questionnaire: Although this form is optional, it is very useful in the accurate reporting of data used for various grant and other funding programs. Please answer BOTH Questions.

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

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.)

Note: This form is optional but does assist the school with accurate reporting to state and federal agencies and could impact additional funding for the school.



Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

SECTION A

Today's Date:	_	
Name of individual completing this form:		
Your telephone number:	Your email address:	
Student name:	Date of birth: _	
Last school attended:		Current grade level:
Do you have additional children attending Pillar Aca	demy? □Yes □No	
Do you have children of the preschool age? \Box Ye	s 🗆 No	

Please provide information about additional children Pillar Academy or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: ____

Is this based on a temporary living arrangement?

Yes

No

(Examples:	hotel;	shelter;	; transitional	housing;	sharing the	housing o	f others	due t	to loss	of housing;	economic	hardship,	or similar	reason;	car;	park;
campsite.)																

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Student Residency Questionnaire (Cont'd)

SECTION B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? □ Yes □ No

Please place an "X" in each box that best describes where the student sleeps at night.

- □ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded.
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason (Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home).

What date did you begin staying here? _____

□ In a shelter/transitional housing program (name of agency):

What date did you begin staying here?

□ In an unsheltered location (e.g., tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place).

Provide the main cross streets of this unsheltered location: _____

□ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here?_____

□ With an adult that is not a parent or court appointed legal guardian.

- □ Alone, not in the care of a parent or court appointed legal guardian.

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information Parent;/Legal Guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

□ Sheltered □ Doubled-up □ Unsheltered/FEMA/Substandard □ Hotel/Motel □ Unaccompanied youth: □ Yes □ No

Transportation to school of origin needed:
Yes
No

Date Received by Homeless Liaison					
//	_				



Grade

ESEA Guidelines to Determine Student Eligibility

The Arizona Department of Education provides the following FY 2023/24 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

I hereby certify that all of the above information is true and correct.

Parent/Guardian's Signature:

Date:

	INCOME ELIGIBILITY GUIDELINES										
			Effecti	ve from		July 1, 2023	3 to	June 30, 20)24		
	FEDERAL POVERTY GUIDELINES		REDUCED	PRICE MEA	LS - 185 %			FRE	E MEALS -	130 %	
HOUSEHOLD	$[a,b]_{a,b} = \{a,b,c\}_{a,b} $			TWICE PER	EVERY TWO				TWICE PER	EVERY TWO	
SIZE	ANNUAL	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
	48	CONTIGUOUS	STATES, D	STRICT OF	COLUMBIA, G	UAM, AND	ERRITORIE	3			
1	14,580	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	19,720	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	24,860	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	30,000	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	35,140	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	40,280	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	45,420	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	50,560	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
For each add'l family member, add	5,140	9,509	793	397	366	183	6,682	2 557	279	257	129

Note: This form is optional but does assist the school with accurate reporting to state and federal agencies and could impact additional funding for the school.



Arizona School Immunization Requirements

- 1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemptions forms are available from schools and at www.azdhs.gov/immun/idr_forms.
- 2. The record for each vaccine dose must include the date and name of doctor or clinic.
- 3. The statutes and rules governing school immunization requirements are:
 - a. Arizona Revised Statutes 15-871 874
 - b. Arizona Administrative Code R9-6-701 708
- 4. Check requirements for your child's age and grade level in the chart below and submit a copy of your child's immunization record or valid exemption.

Age →	Under Age 7	7-10 years	11 years and older	11 years and older			
Grade →	Kindergarten and above	Kindergarten-5th grades	6th, 7th, & 8th grades ONLY	9th – 12th grades			
Vaccine ↓							
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the			
Td				3-dose series.			
Tdap							
Meningococcal			1 dose	1 dose recommended, but not required for 10th-12th graders in the 2011-2012 school year.			
Polio	3-4 doses 3 doses meet the requirement if the first year of life.	third dose was given at age 4 years or	older. 4 doses meet the requirement e	even if all 4 doses were given in the			
MMR	2 doses A third dose will be required if the firs	2 doses A third dose will be required if the first dose was given before 12 months of age.					
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.						
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Students attending school prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. As of 9/1/2011, students enrolling in school for the first time are required to present proof of varicella immunization, or valid exemption due to laboratory evidence of immunity, medical reasons or personal beliefs.						

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2329 (6/3/11) School Immunization Data Report forms will be available from links at http://www.azdhs.gov/phs/immun/back2school.htm in September 2011.



Arizona Student Records Request

PLEASE COMPLETE THIS FORM AND SEND A SIGNED COPY TO YOUR CHILD'S LAST SCHOOL OF RECORD

Last Name:	First Name:			Middle:
School Name:		School District Name:		
School Address:	City:		State:	Zip Code:
Last Date of Attendance:		Last Gra	ade Level:	

The student listed above has applied for enrollment at Pillar Academy of Business & Finance. Please forward the student's educational record including:

- Official Transcripts (via USPS Mail)
- Unofficial Transcripts (Email or Fax)
- Birth Certificate
- Immunization Record
- Achievement Scores Standardized Test Scores, AIMS Test Results
- Withdrawal Form (Email or Fax)

The following is for official use only (please forward a copy of this request to the appropriate department/personnel):

- Psychological Records / 504 Plan
- Individualized Education Plan (IEP) / Special Education Notice
- Other: _

AUTHORIZATION

I authorize the release of records for the above mentioned student to Pillar Academy of Business & Finance.

Parent/Guardian's Name:	
Parent/Guardian's Signature:	 Date:

Please send all requested records to:

Pillar Academy of Business & Finance Mail to: PO Box 6095 Mohave Valley, Arizona 86440

Phone: (928) 346-3952 Facsimile: (928) 346-3930 www.pillaracademy.com Email: records@pillaracademyonline.com



Parent & Student Acknowledgements

PLEASE READ THE STUDENT ACKNOWLEDEMENT AND STUDENT ACCEPTABLE USE POLICY BEFORE SIGNING THIS FORM

We (the student and parent/legal guardian) acknowledge that we have fully read and understand all policies established in this enrollment application. By signing below, I (the parent/legal guardian) am also granting the student permission to access Pillar Academy technology resources. We also understand that it is impossible and impracticable for Pillar Academy to restrict access to all controversial materials/content, and will not hold them or related organizations responsible for such incidences.

Applicable students must also adhere to Arizona state law regarding standardized testing as stated in the Acknowledgement page of this application. Students MUST:

- Attend testing dates and take all required tests
- Arrange transportation to required testing locations
- Be withdrawn if they do not participate in required testing
- Pass all required exams to receive a diploma

VERIFICATION OF STUDENT ELIGIBILITY:

Student's Name:

Pillar Academy is a State of Arizona funded program available to students living in Arizona and are not full-time students in another public school this year. I understand my child is eligible for this program because he/she meets the above criteria.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) NOTIFICATION:

The Family Education Rights and Privacy Act protect the privacy of your educational records. The organizational structure of Pillar Academy requires the dissemination of information by written correspondence, facsimile, electronic mail or some other form of distance communications. In order to maintain compliance with FERPA, we require your signature of release giving approval to use these methods of communication for the purposes of reviewing grades, academic progress, and releasing transcript information.

NOTE: Your signature is required on a separate form if you desire release of your child's educational records to individuals or entities other than yourself, parents, legal guardians, and/or school.

Student's Signature:	Date:
Parent's Name:	
Parent's Signature:	Date:



Student Acceptable Use Policy

Terms and Conditions

The terms and conditions outlined below apply to Pillar Academy courses, communication systems, learning management systems, and other technological resources, which include but are not limited to learning center computers, Internet access, network resources, printers, scanners, and cameras.

- Use resources only in order to achieve relevant educational goals.
- Immediately inform staff if inappropriate information is mistakenly accessed.
- Acknowledge that Pillar Academy email and other communication tools and resources are not private and may be read and monitored by school-employees as needed.
- Follow guidelines set forth in the Cyber-Safe course, including etiquette standards.
- Families are responsible for the appropriate storage and backup of data.
- Inappropriate use may result in disciplinary action up to and including expulsion.
- Pillar Academy provides filtered Internet access at established learning centers. While at home, the parent/guardian assumes responsibility for monitoring student activity.

Unacceptable use includes:

- Submitting, displaying, or attempting to retrieve defamatory, inaccurate, abusive, obscene, profane, pornographic, sexually oriented, threatening, racially offensive, or illegal material.
- Posting or revealing student name, home or email address, phone number, photos, or other personal information, unless authorized to do so by staff and with permissions on file.
- Sharing password information with anyone other than parents and staff.
- Disrupting the educational process or negatively affecting students or staff, which includes non-essential use of excessive learning center bandwidth.
- Using resources for financial gain, political lobbying, fraud, or other illegal or activities.
- Attempting to harm, modify, add, or destroy information or devices, access confidential information belonging to students or staff, or in any way interfere with system security.
- Downloading or installing any programs, music, videos, or other files to learning center computers without permission or instructed to do so in course materials.
- Connecting or installing external devices to learning center computers without permission.
- Attempting to gain unauthorized access to or vandalizing files of another user.
- Committing plagiarisms or in any way infringing on copyright or trademark laws.
- Harassing, insulting, or attacking others or using obscene language.

Family Educational Rights & Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- 1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- 2. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- 3. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - a. School officials with legitimate educational interest;
 - b. Other schools to which a student is transferring;
 - c. Specified officials for audit or evaluation purposes;
 - d. Appropriate parties in connection with financial aid to a student;
 - e. Organizations conducting certain studies for or on behalf of the school;
 - f. Accrediting organizations;
 - g. To comply with a judicial order or lawfully issued subpoena;
 - h. Appropriate officials in cases of health and safety emergencies; and
 - i. State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-8520

Child Find Policy

Pillar Academy (the School) will identify, locate, and evaluate all children, within its population served, with disabilities who are in need of special education and related services. The School's Child Find activities must include any student who is suspected of being a child with a disability and in need of special education, even though the student may be:

- advancing from grade to grade or
- highly mobile, including a migrant student.

The School will inform the general public and parents, within its population served, of its responsibility for special education services for students aged three (3) through twenty-one (21) years and how those services may be accessed, including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability will extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

For each new student, the School will review enrollment data and educational performance at prior schools then complete, within forty-five (45) days following the date of enrollment, a screening for identification of possible disabilities. Screening procedures will include vision and hearing status as well as consideration of the following areas:

- cognitive or academic,
- communication,
- motor,
- social or behavioral, and
- adaptive development

Within 10 school days following identification, any concerns noted during the screening will be shared with the parent, guardian, or adult student, and an explanation of the School's follow up procedures will be provided.

A parent, guardian, or student may identify a developmental or educational concern or request an evaluation for the purpose of identifying disability and the need for special education and related services. Within 10 school days following the identification or request, an explanation of the School's follow procedures will be provided.

A student will be referred to the School's administrator for consideration of the need for a full and individual evaluation or other services if:

- a history of special education is identified during the review of enrollment data and records from prior schools,
- concerns are identified during the School's screening process,
- developmental or educational concerns are identified by the parent, guardian, or student, or the parent, guardian, or student requests an evaluation.

Acknowledgements

- 1. I verify that all information provided on the enrollment forms is correct and all questions were answered truthfully.
- 2. I have read the rights under the FERPA (Family Educational Rights Privacy Act).
- 3. I understand and agree that students may have a minimum weekly time requirement for course work and attendance. Failure to meet these requirements will affect the student's enrollment status in Pillar Academy's programs.
- 4. I shall read and abide by Pillar Academy's policies and procedures as stated in the student handbook.
- 5. I understand and agree that all school work must be original and performed by the student that is enrolled. It is the responsibility of the parent/guardian and student to uphold Pillar Academy's commitment to honesty and integrity.
- 6. Standardized Testing (ACT, ACT Aspire, AzSCI, STAR Math & Reading, etc.) acknowledgement for applicable students, as stated by Arizona law:

Student will:

- Attend testing dates and take all required tests
- Arrange transportation to required testing
- Be withdrawn if they do not participate in required testing
- Pass all required exams to receive a diploma