

STUDENT ENROLLMENT FORM

SY 2019/20

Pillar Academy at Aha Macav High School
PO Box 6095
Mohave Valley, Arizona 86440
Phone: (928) 346-3925
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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/Country of Birth: _____ Contact Phone Number: _____

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

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: () _____

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 questionnaire is on ethnicity and the second is on race. (The race question can have multiple values).

Race/Ethnicity Two-Part Questionnaire: Answer BOTH Questions

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

PART 1: ETHNICITY 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.)

PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE) HOME LANGUAGE SURVEY

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c). Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?**

Answer: _____

2. **What is the language most often spoken by the student?**

Answer: _____

3. **What is the language that the student first acquired?**

Answer: _____

REQUIRED SIGNATURES

Student's Name: _____

Student's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____