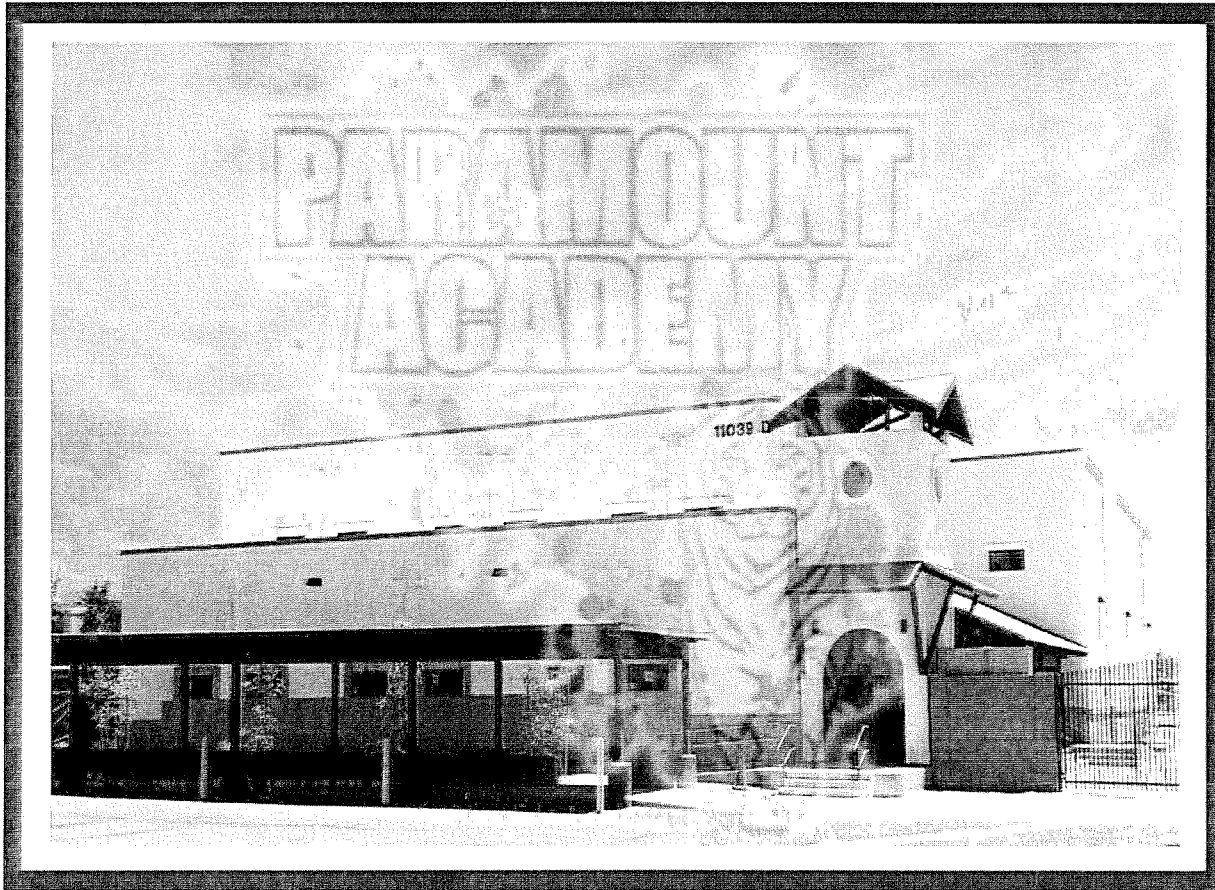


2019 – 2020

11039 W. Olive Ave.
Peoria, AZ. 85345
623-977-0614
paramountacademy.com

Paramount Academy **Kindergarten** Enrollment/Registration Application



Student Name: _____

Date of Birth: _____

Entering Grade Level: Kindergarten

Required Documentation

The following information is required for Enrollment

1. Completed Enrollment Application
2. Birth Certificate (or other reliable proof of student's identity or age)
3. Immunization Record
4. Proof of Residency

The following information is required for Registration

1. Parent/Legal Guardian Identification
2. Court Documentation
Please call to schedule a tour.

*\$50 Non-Refundable All-Day Kinder Fee

*\$10 Testing Fee – Only for 5 years old between Sept. 1st & Oct. 1st require additional testing.

Enrollment at Paramount is not conditioned upon the payment of any fee.

Paramount Academy

2019-2020

Enrollment/Registration Application

11039 W. Olive Ave, Peoria, AZ 85345

623-977-0614

Student: *(Full legal name as stated on Birth Certificate)*

First _____ Middle _____ Last _____

Date of Birth ____/____/____

Entering Grade Level **Kindergarten**

Last School Attending _____

Address of School _____

School Phone# _____ School Fax# _____

Last Date Enrolled _____ Last Date Attended _____

Special Education Category & Service Type (If applicable, please provide supporting documents): Yes [] _____ No []

504 Plan (If applicable, please provide supporting documents): Yes [] _____ No []

What is the Primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Arizona charter schools shall enroll all eligible pupils and shall not limit admission based on ethnicity, national origin, gender, income level, disabling condition, and proficiency in the English language or athletic ability.

Parent/Legal Guardian Information: *(Please attach current legal court documents if applicable)*

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell () _____

Parent/Legal Guardian email address _____

Parent/Legal Guardian Signature _____ **Date** _____

Siblings/Relatives Enrolling or Currently Enrolled at Paramount Academy:

Name _____ Grade _____

Name _____ Grade _____

SCHOOL USE ONLY

Director's Signature _____ Assigned Homeroom _____ Student ID# _____

Immunizations [] SM Entry Date ____/____/____ Entry Code: _____ First Date of Attendance: _____

All Day Fee \$ _____ Test Fee \$ _____ Payment Type _____ Receipt # _____

Exit Code: _____ Exit Date: ____/____/____ Note: _____

Paramount Academy

2019-2020

Request for Student Records

Student SAIS# _____

Today's Date: ____ / ____ / ____

Student's Legal Name: _____

Grade: _____ Gender: _____ Birthdate: _____ Phone: (____) _____

My Child will attend Paramount Academy, for the _____ (Grade) in the ____ / ____ School Year.

The previous school my child attended was _____

(If your child has not yet attended school please write N/A)

I, the parent/guardian hereby authorize Paramount Academy to request all records for my child listed above. Including the following: Official Transcripts, SAIS Information, AIMS, Stanford, AZMerit Test Scores, Progress/Report Cards, Disciplinary Reports, Attendance Records, Birth Certificate, Immunizations, Health and Psychological Records, SPED and any other pertinent information.

Fax to **623-977-0615** and mail to:

(PLEASE DO NOT SEND ENTIRE FILE, IT WILL BE RETURNED)

Paramount Academy

11039 W. Olive

Peoria, AZ 85345

Parent/Legal Guardian Signature: _____ Date: _____

Authorized School Official: _____ Date: _____

I HEARBY AUTHORIZE (NAME OF LAST SCHOOL ATTENDED)

School Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

According to the Final Regulations Family Educational Rights and Privacy Act (Buckley Amendment) June 17, 1976. It is no longer necessary to obtain written consent to release records. By law, each district is required to transfer student records within 10 days of the receipt of a request by the receiving district. Districts failing to provide the required information within 10 calendar days of a request by the receiving school district may be reported to the Division of Governance.

Office Use Only

1st Request Sent _____ /Int. _____ 2nd Request Sent _____ /Int. _____

3rd Request Sent _____ /Int. _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE) Home
Language Survey (Effective April 4, 2011)

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? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Legal Guardian Signature _____ Date _____

District or Charter: Paramount Education Studies

School: Paramount Academy

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student Name: _____ **School:** Paramount Academy

School District or Charter: Paramount Education Studies

Parent/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:

_____ Valid Arizona driver's license, Arizona ID 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 an 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 (additional form required).

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.

*Only one form of identification is needed to qualify as residency proof.