

# Paramount Academy

11039 W. Olive  
Peoria, AZ 85345  
(623) 977-0614  
(623) 977-0615 Fax

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_  
Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interview Time: \_\_\_\_:\_\_\_\_ AM / PM

## **The following Student information will be needed for 1<sup>st</sup>-8<sup>th</sup> Grade Pre-Enrollment:**

- 1. Pre-Enrollment Packet**
- 2. Original Birth Certificate**
- 3. Current Immunization Record**
- 4. AZ State ID**  
(PARENT/GUARDIAN)
- 5. Most Recent School Report Card & Attendance Record**
- 6. Withdrawal Slip from Previous School**
- 7. AIMS/AZ Merit Test Results** (IF APPLICABLE) – 4<sup>th</sup>-8<sup>th</sup>
- 8. Scheduled Interview with the Principal – All Grades**  
(PLEASE CALL OR COME IN TO THE FRONT OFFICE TO SET UP YOUR APPOINTMENT)



# Paramount Academy

Year \_\_\_\_/\_\_\_\_

## Pre-Enrollment

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 **1, 2, 3, 4, 5, 6, 7, 8** (Please circle one)

Last School Attending \_\_\_\_\_

Address of School \_\_\_\_\_

School Phone# \_\_\_\_\_ School Fax# \_\_\_\_\_

Last Date Enrolled \_\_\_\_\_ Last Date Attended \_\_\_\_\_

Special Education Category & Service Type (If applicable): Yes [  ] \_\_\_\_\_ No [  ]

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

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**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/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# \_\_\_\_\_

Shots [  ] SM Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry Code/Date \_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Code/Date \_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_

# Paramount Academy

Year \_\_\_\_/\_\_\_\_

## Request for Student Records

Student SAIS# \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

My Child Will Attend Paramount Academy, (Grade) \_\_\_\_\_ For the \_\_\_\_/\_\_\_\_ School Year.

The previous school my child attended was \_\_\_\_\_

[  ] 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, AZ Merit Test Scores, Report Cards, Disciplinary Reports, Attendance Records, 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**

1<sup>st</sup> Request Sent \_\_\_\_/Int. \_\_\_\_ 2<sup>nd</sup> Request Sent \_\_\_\_/Int. \_\_\_\_

3<sup>rd</sup> 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter: Paramount Education Studies

School: Paramount Academy

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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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



**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.

\_\_\_\_\_  
**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.