

STUDENT ENROLLMENT FORM

SY 2021/22

Pillar Academy Online
8433 N Black Canyon Hwy – STE 160
Phoenix, Arizona 85021
Phone & Fax: (888) 430-7701
www.pillaracademyonline.com



OFFICE USE ONLY

DATE REC'D	<input type="text"/>	ENROL CODE	<input type="text"/>	COHORT	<input type="text"/>
AZ SAIS 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 Online? 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 Online: _____

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: () _____

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 A (1)

HOME LANGUAGE SURVEY



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

Primary Home Language Other Than English (PHLOTE) 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 before the student takes the AZELLA Placement Test.

1. What language do people speak in the home most of the time?

Answer: _____

2. What language does the student speak most of the time?

Answer: _____

3. What language did the student first speak or understand?

Answer: _____

Student's Name _____ Student ID _____

Student's Date of Birth (DOB) _____ AZEDS ID _____

Parent/Guardian Signature _____ Date _____

Name of District or Charter Pillar Charter School

Name of School Pillar Academy Online (AOI)

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.

For more information:
Arizona Department of Education
Office of English Language Acquisition Services
1535 West Jefferson Street, Phoenix, Arizona 85007
(602) 542-0753
www.azed.gov/oelas

FORM A (1)

ENCUESTA SOBRE EL IDIOMA EN EL HOGAR



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE) Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

Respuesta: _____

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

Respuesta: _____

3. ¿Qué idioma habló o entendió el estudiante primero?

Respuesta: _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de AZEDS _____

Firma del padre o tutor _____ Fecha _____

Nombre del Distrito o Charter Pillar Charter School

Nombre del Escuela Pillar Academy Online AOI

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.

For more information:
Arizona Department of Education
Office of English Language Acquisition Services
1535 West Jefferson Street, Phoenix, Arizona 85007
(602) 542-0753
www.azed.gov/oelas

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 Online

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
- 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 and 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.

Parent/Guardian Signature _____

Date _____