

STUDENT ENROLLMENT FORM SY 2021/22

Pillar Academy of Business & Finance
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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 (2)

RACE & ETHNICITY DATA COLLECTION FORM (IDEA Data & Research)



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.)

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 of Business

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 _____