

STUDENT ENROLLMENT FORM

SY 2025/26

Pillar Academy of Business & Finance

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Mohave Valley, Arizona 86440

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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 of Birth **(optional):** _____ 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 recommended for students under the age of 18. If you do not currently have an email account, assistance in creating one available.

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 required¹ 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.

Within 30 days of enrollment, please submit one of the following: (1) A certified copy of the pupil's birth certificate; (2) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate; or (3) A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

REQUIRED SIGNATURES

Student's Name: _____

Student's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

¹ Pillar Charter School will not deny enrollment if a parent chooses to withhold this information. This item will not be used in the enrollment decision making process.