



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

Student _____ School _____

School District or Charter Holder _____

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 identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



Copper State Academy

Learn. Care. Achieve.

**Enrollment Form
School Year 2021-22**

Student's Legal Last Name	First Name	Middle Name	Suffix	Grade
Date of Birth (mm/dd/yyyy)		Gender (check one) <input type="checkbox"/> male <input type="checkbox"/> female	Place of Birth	
Student's Street Address (include Bldg/Apt#)			City, State, Zip	
Student's Mailing Address (if different from above)			City, State, Zip	

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?"
 Yes No Decline to answer

Information required by the U.S. Department of Education. (OPTIONAL)	<u>Ethnicity (check one)</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Race (check all that apply)</u> <input type="checkbox"/> Asian or Indian Subcontinent <input type="checkbox"/> White: European, North African, Middle East <input type="checkbox"/> American Indian/Alaskan Native: CIB <input type="checkbox"/> Yes <input type="checkbox"/> No 305 <input type="checkbox"/> Yes <input type="checkbox"/> No 506 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Please check any special services previously received.</u> <input type="checkbox"/> Special Education <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> English Language Learner
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Parent Home Language Survey (PHLOTE) <i>Responses to these questions will determine whether your student will be assessed for English Language proficiency.</i>	1. What is the primary language used in the home (regardless of the language spoken by your student)?	2. What is the language most often spoken by your student?	3. What is the language that your student first acquired?
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Please list adults responsible for student.	<u>Last Name, First Name</u>	<u>Relationship</u> <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Emancipated, Married, In transition)	<u>Contact details</u> home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has custody <input type="checkbox"/> Mailing allowed <input type="checkbox"/> Enrolling Parent
	<u>Address</u>			
	<u>Last Name, First Name</u>	<u>Relationship</u> <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Emancipated, Married, In transition)	<u>Contact details</u> home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has custody <input type="checkbox"/> Mailing allowed <input type="checkbox"/> Enrolling Parent
	<u>Address</u>			

I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.

Signature

Date

Educational History	Last school attended	State/Country	Grade	Date (mm/dd/yyyy)	School Type <input type="checkbox"/> High School <input type="checkbox"/> 8th grade <input type="checkbox"/> Other	Expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently considered for Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Migrant Worker Yes No

McKinney Vento Status (student in transition/ OPTIONAL)	1. Is your current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If temporary, is this living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked YES to both questions 1 and 2, please complete the "McKinney-Vento" section of the Extra Services form in this enrollment packet.
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