



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			Student's Refugee I-94# (if applicable):			
Birth State		Birth Country			If Birth Country is not U.S., provide Date Entered US School (mm/dd/yyyy)				
Student's Street Address (include Bldg/Apt#)					City, State, Zip				
Student's Mailing Address (if different from above)					City, State, Zip				
Information required by the U.S. Department of Education.		Ethnicity (check one)		Race (check all that apply)				Please check any special services previously received.	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<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					
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?	
Please list adults responsible for student.	<u>Last Name, First Name</u>		<u>Relationship</u>		<u>Contact details</u>			<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>		<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)		home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____				
	<u>Last Name, First Name</u>		<u>Relationship</u>		<u>Contact details</u>			<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>		<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)		home (____) _____ - _____ work (____) _____ - _____ cell (____) _____ - _____ email _____				
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
	Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No					
McKinney Vento Status (student in transition)	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.			

 <h2 style="text-align: center;">Copper State Academy</h2> <p style="text-align: center;">Learn. Care. Achieve.</p>	<h3>Extra Services</h3> <h3>School Year 2021-22</h3>
	<p>Student Last Name, First Name</p>

McKinney-Vento Status

Your child may be eligible for additional services through McKinney-Vento Homeless Assistance Act 42 USC 11435. To determine eligibility, please complete this form. All information is confidential.

Where is the student presently living?

- Motel
- Shelter
- With more than one family in a house or apartment
- In a place not designed for ordinary sleeping accommodations (e.g. car, park, etc.)

Name of Parent(s)/Legal Guardian(s): _____

Street, City, State, Zip _____

Phone _____

How long have you been at the current address? _____

Parent Signature (by signing, I attest this information is true and accurate) _____ Date _____

School Personnel (who enrolled this student--Please Print Name) _____ Date _____

Would you like to be contacted regarding eligibility for transportation under McKinney-Vento? Yes No

Special Services

Does your student currently receive Special Education Services?

- Yes (Individualized Education Plan or a 504 Plan)
- No

If you marked YES, the following documents--**which must be current**--are also required for registration in order to receive services at Copper State Academy.


- Individualized Education Plan (IEP)
- Multi-Disciplinary Educational Team Report (MET)
- Psychological Educational Evaluation (PSYCH)

or

- 504 Plan

Parent Signature _____

Date _____

 <h2 style="margin: 0;">Copper State Academy</h2> <p style="margin: 0;">Learn. Care. Achieve.</p>		<h3 style="margin: 0;">Emergency Card</h3> <p style="margin: 0;">School Year 2021-22</p>		
Student Last Name, First Name		Date of Birth (<i>mm/dd/yyyy</i>)		Grade
Emergency Contacts	<u>Last Name, First Name</u>	<u>Relationship</u>	<u>Phone</u>	
	<u>Last Name, First Name</u>	<u>Relationship</u>	<u>Phone</u>	
	<u>Last Name, First Name</u>	<u>Relationship</u>	<u>Phone</u>	
Authorization	I authorize the school to notify the Emergency Contact Names listed in the event that I cannot be available by telephone and allow the Emergency Contact to pick-up my child from school. I understand that for emergent situations, school personnel will call 9-1-1 when needed.			
	Signature _____		Date _____	
Authorization	I authorize school personnel to contact my child's physician to obtain, exchange, or release any medical information needed for my child's care.			
	Physician Name _____		Phone _____	
Medical History	Does your child have any medical/health conditions that school personnel should be made aware? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:		Allergies <input type="checkbox"/> None known <input type="checkbox"/> Yes, please explain:	
	Signature _____		Date _____	

Medications	Is your child currently taking medications? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
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	<h1 style="margin: 0;">Copper State Academy</h1> <h2 style="margin: 0;">Learn. Care. Achieve.</h2>	<h3 style="margin: 0;">Registration Checklist</h3> <h3 style="margin: 0;">School Year 2021-22</h3>
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Student Last Name, First Name	Grade		Office Use
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ADE AZ Residency Documentation Form	<p>Parent/Legal Guardian (please print)</p> <p>_____</p> <p>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 of physical description of the property where the student resides:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid AZ driver's license, AZ identification card, or motor vehicle registration <input type="checkbox"/> Valid AZ Address Confidentiality Program authorization card <input type="checkbox"/> Real estate deed or mortgage documents <input type="checkbox"/> Property tax bill <input type="checkbox"/> Residential lease or rental agreement <input type="checkbox"/> Water, electric, gas, cable, or phone bill <input type="checkbox"/> Bank or credit card statement <input type="checkbox"/> W2 wage statement <input type="checkbox"/> Payroll stub <input type="checkbox"/> Certificate of tribal enrollment (506 Form) or other identification issued by a recognized AZ Indian tribe <input type="checkbox"/> Documentation from a state, tribal or federal agency (Social Security, VA, AZ DES) <input type="checkbox"/> Temporary on-base billeting facility (military housing) <input type="checkbox"/> I am 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. <p>_____ Date _____</p> <p>Signature of Parent/Legal Guardian</p>		
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Documentation	Birth Certificate		
	Immunization Record		
	Proof of Guardianship (if not living with biological parent)		
	CIB, 305, or 506 (if applicable)		
	Current IEP/MET/PSYCH or Current 504 (if applicable)		
	PHLOTE		
	McKinney-Vento (if applicable)		
	Emergency Card		

Electives	Financial Literacy Electives (select 2) <input type="checkbox"/> Personal Finance <input type="checkbox"/> Small Business Enterprise <input type="checkbox"/> Consumer Insurance <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Information Systems	Art Fundamentals (select 2) <input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Graphic Design <input type="checkbox"/> Art History	
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**Personal
Statement**

Please provide a short essay explaining why you would like to attend Copper State Academy.