

# Kindergarten

2020 – 2021

11039 W. Olive Ave.  
Peoria, AZ. 85345  
623-977-0614  
paramountacademy.com

## Paramount Academy **Kindergarten** Enrollment/Registration Application



**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Entering Grade Level:** Kindergarten

### **Required Documentation**

#### **The following information is required for Enrollment**

1. Completed Enrollment Application
2. Birth Certificate (or other reliable proof of student's identity or age)
3. Proof of Residency

#### **The following information is required for Registration**

1. Parent/Legal Guardian Identification
2. Immunization Record
3. Court Documentation  
Please call to schedule a tour.

\*\$50 Non-Refundable All-Day Kinder Fee

\*\$10 Testing Fee – Only for 5 years old between Sept. 1<sup>st</sup> & Oct. 1<sup>st</sup> require additional testing.

Enrollment at Paramount is not conditioned upon the payment of any fee.

# Paramount Academy

2020-2021

## Enrollment/Registration Application

11039 W. Olive Ave, Peoria, AZ 85345

623-977-0614

**Student:** *(Full legal name as stated on Birth Certificate)*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Entering Grade Level **Kindergarten**

**Last School Attending** \_\_\_\_\_

Address of School \_\_\_\_\_

School Phone# \_\_\_\_\_ School Fax# \_\_\_\_\_

Last Date Enrolled \_\_\_\_\_ Last Date Attended \_\_\_\_\_

**Special Education Category & Service Type** (If applicable, please provide supporting documents): Yes [ ] \_\_\_\_\_ No [ ]

**504 Plan** (If applicable, please provide supporting documents): Yes [ ] \_\_\_\_\_ No [ ]

What is the Primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Arizona charter schools shall enroll all eligible pupils and shall not limit admission based on ethnicity, national origin, gender, income level, disabling condition, and proficiency in the English language or athletic ability.

**Parent/Legal Guardian Information:** *(Please attach current legal court documents if applicable)*

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent/Legal Guardian email address \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Siblings/Relatives Enrolling or Currently Enrolled at Paramount Academy:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

### SCHOOL USE ONLY

Director's Signature \_\_\_\_\_ Assigned Homeroom \_\_\_\_\_ Student ID# \_\_\_\_\_

Immunizations [ ] SM Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry Code: \_\_\_\_ First Date of Attendance: \_\_\_\_\_

All Day Fee \$ \_\_\_\_\_ Test Fee \$ \_\_\_\_\_ Payment Type \_\_\_\_\_ Receipt # \_\_\_\_\_

Exit Code: \_\_\_\_\_ Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Note: \_\_\_\_\_

# Paramount Academy

2020-2021

## Request for Student Records

Student SAIS# \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

My Child will attend Paramount Academy, for the \_\_\_\_\_ (Grade) in the **20/21** School Year.

The previous school my child attended was \_\_\_\_\_

(If your child has not yet attended school please write N/A)

[  ] I, the parent/guardian hereby authorize Paramount Academy to request all records for my child listed above. Including the following: Official Transcripts, SAIS Information, AIMS, Stanford, AZMerit Test Scores, Progress/Report Cards, Disciplinary Reports, Attendance Records, Birth Certificate, Immunizations, Health and Psychological Records, SPED and any other pertinent information.

Fax to **623-977-0615** and mail to:

(PLEASE DO NOT SEND ENTIRE FILE, IT WILL BE RETURNED)

**Paramount Academy**  
**11039 W. Olive**  
**Peoria, AZ 85345**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized School Official: \_\_\_\_\_ Date: \_\_\_\_\_

.....

### I HEARBY AUTHORIZE (NAME OF LAST SCHOOL ATTENDED)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

According to the Final Regulations Family Educational Rights and Privacy Act (Buckley Amendment) June 17, 1976. It is no longer necessary to obtain written consent to release records. By law, each district is required to transfer student records within 10 days of the receipt of a request by the receiving district. Districts failing to provide the required information within 10 calendar days of a request by the receiving school district may be reported to the Division of Governance.

#### Office Use Only

1<sup>st</sup> Request Sent \_\_\_\_\_ /Int. \_\_\_\_\_ 2<sup>nd</sup> Request Sent \_\_\_\_\_ /Int. \_\_\_\_\_

3<sup>rd</sup> Request Sent \_\_\_\_\_ /Int. \_\_\_\_\_



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

## Primary Home Language Other Than English (PHLOTE) Home Language Survey (Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter: Paramount Education Studies

School: Paramount Academy

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



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

**Student Name:** \_\_\_\_\_ **School:** Paramount Academy

**School District or Charter:** Paramount Education Studies

**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 ID 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 an 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 (additional form required).

\_\_\_\_\_  
**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.

\*Only one form of identification is needed to qualify as residency proof.

# Paramount Academy

2020-2021

## Military Connected Student

These questions follow Arizona State requirements for MSI and ESSA

Please complete the following form, sign, and return attached to the Enrollment/Registration packet.

- 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 Texas 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

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter: Paramount Education Studies

School: Paramount Academy

