

ARIZONA ARTS ACADEMY Gila Valley

PRIVATE SCHOOL APPLICATION

(Print unless otherwise indicated)

STUDENT INFORMATION

Name: _____ Preferred Name: _____

Address: _____ Date of Birth: _____

Phone Number: _____ Sex at Birth: Male _____ Female _____

Email Address: _____ Preferred Language: _____

Siblings currently attending Arizona Arts Academy: _____

Student hobbies/interests: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____ Preferred Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian 2

Name: _____ Preferred Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Is there a current court order or custody and visitation arrangement in place for this student: ____ Yes ____ No

If yes, include that documentation with this application.

Expected date of enrollment: ____/____/____ Grade preference: _____

STUDENT NAME: _____

STUDENT SCHOOL HISTORY

At what age did your child start formal schooling? _____ Last full grade completed: _____

Please list the last two (2) schools attended and attach copies of recent reports or transcripts

School 1:

Name: _____

Address: _____

Dates: From (Month/Year): _____ To (Month/Year): _____ Grades Attended: _____

School 2:

Name: _____

Address: _____

Dates: From (Month/Year): _____ To (Month/Year): _____ Grades Attended: _____

Has the student ever been suspended or requested to withdraw from a school? ____ Yes ____ No

If yes, please explain: _____

Has the student's educational program ever been modified for any of the following reasons:

Behavioral: ____ Yes ____ No Academic: ____ Yes ____ No Gifted/Talented: ____ Yes ____ No

If yes, please explain: _____

Does the student currently receive special education services: ____ Yes ____ No

If yes, please explain: _____

Has the student ever been tested by a Learning Specialist or Psychologist: ____ Yes ____ No

If yes, please explain: _____

Does this student have any medical or physical disabilities: ____ Yes ____ No

If yes, please explain: _____

STUDENT NAME: _____

TUITION INFORMATION (where applicable)

Preschool: Tuition is \$400 per month for half-day attendance (8am-12pm). Tuition is private pay unless your student is on an ESA disability contract. You are responsible for paying the full amount of tuition, to include the balance of tuition between the billed tuition amount and the ESA disability scholarship award amount.

Kindergarten: Tuition is \$1250 per school quarter for half-day attendance (8am-12pm). ESA scholarships can be used towards tuition. You are responsible for paying the full amount of tuition to include the balance of tuition between the billed tuition amount and the ESA scholarship award amount.

1st grade through 12th grade: Tuition is \$2,500 per school quarter or \$1,000 per month. The tuition per academic school year is \$10,000. ESA scholarships can be used towards tuition. You are responsible for paying the full amount of tuition to include the balance of tuition between the billed tuition amount and the ESA scholarship award amount.

Invoices and Refunds: School tuition invoices are sent out based on the ESA quarterly schedule; therefore, invoicing may not match up to the actual school quarterly schedule. You are responsible for all tuition and **there are no refunds for tuition regardless of how the tuition is paid (ESA, private funds, etc.).**

TUITION PAYMENT OPTIONS

_____ **Empowerment Scholarship Account (ESA)** ***Requires additional option

_____ **Private Pay**

_____ **Tuition Credits** (volunteer based)

REQUIRED DOCUMENTATION FOR ADMISSION

- _____ 1. Application Form
- _____ 2. Vaccination Records or Exemption Form (copy)
- _____ 3. Copy of child's passport or birth certificate
- _____ 4. Copy of proof of residency
- _____ 5. Two previous school records/transcripts (where applicable)
- _____ 6. Signed school disclosures

IMPORTANT NOTES

Application forms should be submitted as early as possible as spaces are limited in many grade levels. Supporting documentation listed above (#2-6) must be submitted no later than 30-calendar days from date of acceptance. Documentation can be couriered or scanned (PDF format only) and emailed to the Administration Office.

Parent/Legal Guardian Name (printed)

Date

Parent/Legal Guardian Name (signed)

Agreement

BETWEEN THE SCHOOL & PARENTS/GUARDIANS

I/we desire to enroll

(Last name) (First name) (Middle name) as a student at Arizona Arts Academy of the Gila Valley. If this application is successful, I/we hereby agree to the following conditions of enrollment:

1. I/we have read and fully understood the terms and conditions listed in the Tuition Information for the current academic year. I/we agree that for the payments of fees, we are liable for fee payments if the student does not qualify for ESA.
2. I/we agree to pay all fees as detailed on fee invoices and I/we understand that nonpayment on or before the requested date excludes the student from attending Arizona Arts Academy of the Gila Valley. It is our obligation to ensure the fees due are paid on time.
3. I/we agree that a parent or guardian will volunteer, as agreed upon, each week that the school is in session, if the parent chooses not to pay in full. (See Tuition Credit form)
4. I/we agree the School may at its discretion, suspend or terminate a student's enrollment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of the School's rules and regulations.
5. I/we agree that the School is not liable for any loss or damage to the student's personal belongings.
6. I/we agree to allow my/our children to involve themselves in all of the School's activities, and encourage involvement in excursions/field trips. This will include arranging for rides to and from activities away from the school.
7. I/we agree that in the case of an emergency, the school is permitted to give appropriate medical attention and/or treatment.
8. I/we agree to have our contact details published in the school directory unless otherwise notified by us in writing to the School.
9. I/we agree that student photographs, images and recordings can be used for school marketing materials, unless put in writing.
10. I/we do hereby undertake to indemnify and save harmless the School, management and staff in respect of any liability arising in consequence hereof and further undertake to obtain insurance cover for our said child and when necessary, and in particular in respect of travel and official school activities, against all risks.

Signature of Parent/Guardian (1)

Date

Signature of Parent/Guardian (2)

Date