



ARIZONA ARTS ACADEMY

PRIVATE SCHOOL APPLICATION FORM

Gila Valley
928-485-4546
admin.gv@azarts.academy
www.azarts.academy

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____

Date of Birth: ____/____/____(Month/Day/Year) Gender: Male Female

Names and Ages of any siblings currently attending Arizona Arts Academy of the Gila Valley:

PERSONAL INFORMATION:

Parent/Guardian (1)

Last Name: _____ First Name: _____

Parent/Guardian (2)

Last Name: _____ First Name: _____

Is there a Court order or custody and visitation arrangement in place for this student Yes No

If Yes, please include that documentation with your application.

Home Address (Physical):

Mailing Address:

(Please note that all correspondence will be sent to this address unless the school is notified otherwise)

CURRENT CONTACT DETAILS: (please complete all)

Home Phone: _____

Email: _____

Parent/Guardian (1) Mobile: _____

Parent/Guardian (2) Mobile: _____

School History: Student

Current School Name: _____

Address: _____

Dates: From (Month/Year) _____ To (Month/Year) _____ Grade/Class: _____

Previous School Name: _____

Address: _____

Dates: From (Month/Year) _____ To (Month/Year) _____ Grade/Class: _____

Please list the child's particular interests/talents, or school activities in which they have been involved?

What language(s) do you speak at home? _____

What other languages does your child speak? _____

Please indicate the last grade/class completed in full: _____ Date of completion: _____

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

If yes, please explain-

Has the child's educational program ever been modified for any of the following reasons?

Behavioral: Yes No If yes, please explain _____

Academic: Yes No If yes, please explain _____

Gifted/Talented: Yes No If yes, please explain _____

Does the child currently receive any special educational assistance? Yes No

If yes, please explain _____

Has the child ever been tested by a Learning Specialist or Psychologist? Yes No

If yes, please explain, and attach past and current records

Does the child have any medical or physical disabilities? Yes No

If this information has not been provided above, please explain

ADMISSION INFORMATION

Preference for Grade Placement: _____ Expected Date of Enrollment: _____ (Month/Day/Year)

TUITION FEE INFORMATION

Fee Payment:

Private Pay

Empowerment Scholarship Account (ESA)

TUITION INFORMATION

Tuition required is ESA funds in full and 2 hours volunteer time per week that school is in session

REQUIRED DOCUMENTATION FOR ADMISSION

1. Application Form
2. Copy of child's passport or Birth Certificate
3. Two previous school records/transcripts/test reports/certified (where applicable).
4. A copy of Vaccination Records or exempt form
5. Signed School Disclosures

IMPORTANT NOTES

1. Application Forms should be submitted as early as possible as spaces are limited in many grade levels.
2. Supporting documentation listed above (# 2-4) may be submitted separately at a later date.
3. Documentation can be couriered, faxed, or scanned (PDF format only) and emailed to the Admissions Office.



ARIZONA ARTS ACADEMY

Agreement

BETWEEN THE SCHOOL & PARENTS/GUARDIANS

I/we desire to enroll

(Student's Last Name)

(Student's First Name)

(Student's 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 non payment 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 who has one or more students enrolled at the Arizona Arts Academy of the Gila Valley will volunteer 2 hours of their time each week that the school is in session.
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, including excursions/field trips arranged by 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.
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