



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.

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: _____

ADMISSION INFORMATION

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

Tuition payment type: ____ Private Pay ____ Empowerment Scholarship Account (ESA) ____ Combination (Private/ESA)

REQUIRED DOCUMENTATION FOR ADMISSION

- ____ 1. Application Form ____ 2. Vaccination Records (copy) ____ 3. Copy of child's passport or birth certificate
____ 4. Copy of driver's license (front and back) ____ 5. Two previous school records/transcripts (where applicable)
____ 6. Signed school disclosures

TUITION INFORMATION

Preschool: Tuition is \$1250 per school quarter. Preschool hours are (9am-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. Kindergarten hours are (9am-1:15pm). 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.).**

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 signature below. Documentation can be couriered, faxed, or scanned (PDF format only) and emailed to the Administration Office.

Parent/Legal Guardian Name (printed)

Date

Parent/Legal Guardian Name (signed)



STUDENT RECORDS REQUEST
FOR STUDENT EDUCATION RECORDS
****** Please email the documents to admin@azarts.academy ******

** Print unless otherwise indicated **

Student Name: _____

Parent/Guardian Name: _____

Home Address: _____

Previous School Information

Name: _____ Dates Attended: _____

Address: _____

Phone Number: _____ Fax Number: _____

Records Requested

Please email the following records:

____ Unofficial transcript

____ Transfer grades

____ IEP/504/BIP

____ Discipline records

____ Other: _____

I, _____, as the parent/legal guardian of _____,
consent to the release of records listed above to the party named above. I am aware of my rights to review the
records and receive a copy at my expense, if I so request.

Parent/Legal Guardian Name (printed)

Date

Parent/Legal Guardian Name (signed)

Contact Number



AGREEMENT BETWEEN THE SCHOOL & PARENT/GUARDIAN

Student Name (printed): _____

I desire to enroll the above named child as a student at Arizona Arts Academy (School). If this application is successful, I hereby agree to the following conditions of enrollment:

1. I have read and fully understand the terms and conditions listed in the Tuition Information section of the student application. I agree that I am liable for any and all fees if the student does not qualify for or utilize an Empowerment Scholarship Account (ESA). I agree that I am liable for the balance of tuition and fees if the child's ESA funds do not fully cover the cost of tuition and fees.
2. I agree to pay any and all fees as detailed on invoices, and I understand that the non-payment of these fees by the requested date will exclude the student from attending Arizona Arts Academy. It is our obligation to ensure that fees are paid on time.
3. I agree that the School, may at its discretion, suspend or terminate a student's enrollment for failure to comply with the conditions of the Agreement, as well as for any other serious breach of the School's rules and regulations.
4. I agree that the School is not liable for any loss or damage to the student's personal belongings. The School encourages that any items of sentimental or monetary value are kept at home.
5. I agree to allow my/our children to involve themselves in all of the School's activities. This includes excursions/field trips arranged by the School, unless otherwise noted by me in writing to the School.
6. I agree that in the case of an emergency, the school is permitted to give appropriate medical attention and/or treatment.
7. I agree to have our contact details published in the school directory unless otherwise noted by me in writing to the School.
8. I agree that student photographs, images, and recordings may be used for school marketing materials unless otherwise noted by me in writing to the School (see Use of Likeness Agreement).
9. I do hereby undertake to indemnify and hold harmless the School, management, and staff of any liability arising in consequence hereof and further undertake to obtain insurance coverage for the child listed above, and when necessary and in particular in respect of travel and official school activities against all risks.

Parent/Guardian (printed)

Contact Number

Parent/Guardian (signature)

Date



ARIZONA RESIDENCY DOCUMENTATION FORM

STUDENT NAME (printed): _____ Date of Birth: _____

As the Parent/Legal Guardian of the above named student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of one of the following document(s) that displays my name and residential address or physical description of the property where the student resides.

- ☐ Valid Arizona driver's license or Arizona identification card
- ☐ Motor vehicle registration
- ☐ Valid Arizona Address Confidentiality Program authorization card
- ☐ Real estate deed or mortgage document
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Utility bill dated within the last 30-days (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, Veterans 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.

Parent/Guardian Name (printed)

Date

Parent/Guardian Name (signature)



VERIFICATION OF STUDENT DATE OF BIRTH

Student Name (printed): _____

Per Arizona Revised Statutes (ARS), Section 15-828 states:

- A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty (30) days the person must provide one of the following:
- a. Certified copy of the student's birth certificate, OR
 - b. Other reliable proof of the student's identity and age including:
 - i. Baptismal certificate AND an affidavit explaining the inability to provide a copy of the birth certificate, OR
 - ii. Application for a social security number AND an affidavit explaining the inability to provide a copy of the birth certificate, OR
 - iii. Original school registration records AND an affidavit explaining the inability to provide a copy of the birth certificate, OR
 - c. A letter from an authorized representative of an agency having custody of the student pursuant to title 8, chapter 2 certifying that the student has been placed in the custody of the agency as prescribed by law.
- B. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the student's file and the original document shall be returned.
- C. A student shall be enrolled in the school and shall record the student's name that is printed on the birth certificate or other reliable proof of student's identity noted above. **This does not prohibit the school from calling the student by any name the student's parent or legal guardian wishes the student to be called.
- D. Upon failure of the person enrolling the student to comply with Section A above, the school shall notify that person in writing that, unless the person complies within ten (10) days, the case will be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school will refer the case to the local law enforcement agency.
- E. The school shall immediately report to the local law enforcement agency any affidavit noted above which appears inaccurate or suspicious in form or content.

Parent/Guardian Name (printed) _____

Date _____

Parent/Guardian Name (signed) _____



Tuition Agreement

Tuition at Arizona Arts Academy is \$2500 per quarter or \$10,000 for the full year. Arizona Arts Academy will accept Empowerment Scholarship Account (ESA) funds for tuition.

A copy of the student ESA funds needs to be provided to the school.

☐ My student _____ will not be using ESA funds to pay for tuition.

☐ My student _____ will be using ESA funds to pay for tuition.

\$2500 - \$ _____ = \$ _____ quarterly tuition balance due

☐ We will pay the balance each quarter with private pay.

☐ We need a AAA scholarship to cover the tuition balance.

Parent/Guardian Name (printed)

Date

Parent/Guardian Name (signature)

Date

Admin Name (printed)

Date

Admin Name (signature)

Date

☐ My student _____ qualifies for Exceptional Student Services (needs additional services) and I will be paying additional tuition for needed services.

Scholarships are available for students whose ESA funds leave a tuition balance due to Arizona Arts Academy. To qualify for AAA Scholarships, we ask families to contribute to the school in other methods. Scholarship funds means that we are underfunded for our operating costs. Volunteering is a way for Arizona Arts Academy to offset the additional funds needed to run our program.

I accept the AAA Scholarship for _____. I understand these funds are the school operating at a loss and to contribute back to the school I agree to volunteer on campus _____ hours per _____.

Parent/Guardian Name (signature)

Date



Volunteer Agreement

Volunteering is a commitment that helps our school and is part of an Arizona Arts Academy Scholarship Agreement.

Suggested Volunteering opportunities:

- ☐ Helping run Electives, Clubs, Activities, and Games
- ☐ Assisting with Costumes, Scenery, ect for the Spring play
- ☐ Helping clean the campus
- ☐ Trash Round-Up
- ☐ Building Maintenance or Handyman Work
- ☐ Providing one on one tutoring for students
- ☐ Assisting in classrooms as a class aid
- ☐ Donating supplies (We are always in need of supplies, culinary class supplies, snacks for students and classroom materials.)
- ☐ Making and sharing Testimonial Instagram Reels or Facebook Short, tagging the school, share your family's experience with the school
- ☐ Writing a review of the school on Facebook and Google

Thank you for all the help and time each of you give to the school. We are a small school with limited resources and operate on a small budget. Each volunteer hour is valued at \$30. Please remember to sign in and out at the office to ensure accurate tracking of your volunteer hours. Thank you for your unwavering assistance.

What is your volunteer commitment to fulfill your student's Arizona Arts Academy Scholarship Contract?

- ☐ I understand that when volunteering directly with students I need to obtain a AZ state issued Level One Fingerprint Clearance Card.
- ☐ I will obtain a Level One Fingerprint CLearence Card and provide it with a Government issued ID to the office staff to make a copy.
- ☐ I currently have a Level One Fingerprint Clearance Card and will provide that to the office staff to make a copy.

Invoices for the full tuition amount will be sent if the AAA Scholarship Agreement is not fulfilled. Those who do pay full tuition are not required to volunteer.

Parent/Guardian Name (printed)

Student Name

Parent/Guardian Name (signature)

Date



ARIZONA DEPARTMENT OF HEALTH SERVICES

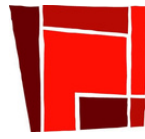
Personal Beliefs Exemption Form Kindergarten – 12th Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, [\(A.R.S. §15-873\)](#) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an “X” in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: “locking” of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease.	Initials: _____ Date: _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials: _____ Date: _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials: _____ Date: _____



ARIZONA DEPARTMENT
OF HEALTH SERVICES

<input type="checkbox"/>	Varicella(Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	Meningococcal: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection), permanent scarring or loss of limbs, and death.	Initials: _____ Date: _____
<p>Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.</p> <p>Initials: _____</p> <p><input type="checkbox"/> I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no-cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization).</p> <p><input type="checkbox"/> I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.</p> <p>Child's Name _____ Date of Birth (month/day/year) _____</p> <p>Parent/Guardian Signature _____ Date (month/day/year) _____</p>		



STUDENT HEALTH RECORD

Student Name (printed): _____ Date of Birth: _____

Parent/Guardian Name (printed): _____ Contact Number: _____

The school requires a doctor's order for all prescription medications, including some over-the-counter medications which need to be administered during the school year. If it is necessary for your child to receive medication at school, please note these key points. 1. The medication must be ordered for your child by a primary care physician licensed to practice in Arizona, 2. All medications (including inhalers) need to be provided in the original prescription bottle/box with a pharmacy label that includes the camper's name, name of medication, amount to be given, and name of the prescribing physician.

A. ☐ My child **DOES NOT** have any health concerns or conditions. Review all sections before checking. If nothing else applies, skip to section E for signature.

B. **Life-Threatening Conditions** (check all appropriate boxes below):

☐ My child has the following life-threatening health condition(s):

☐ **Life-threatening allergy with Epi-Pen** (epinephrine) prescribed

List the life-threatening allergens: _____

☐ **Asthma with rescue inhaler** needed at school

☐ **Diabetes:** ☐ Type 1 OR ☐ Type 2

☐ **Seizure disorder** Type: _____ Rescue medication prescribed: ☐ Yes ☐ No

☐ **Other serious health condition(s)** (e.g. heart or lung conditions, blood disorders, cancer, transplant, etc.)

Describe: _____

C. **Other Health Conditions** (check appropriate boxes below):

☐ Other allergies (medicine, bees, food, etc.): _____

☐ Gastrointestinal conditions (Celiac, IBS, encopresis, etc.): _____

☐ Neurological conditions (ADHD, Autism, TBI, migraines, etc.): _____

☐ Vision or Hearing concerns: _____

☐ Mental or Behavioral health concerns: _____

☐ Other health concerns: _____

D. **Medications:** Includes prescription, supplements, and over the counter medications

Does your child need to take medication daily or as needed at school? ☐ Yes ☐ No

If yes, please list: _____

E. **Signature:**

I understand that the information provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. I understand the nurse may communicate with my child's healthcare provider for any questions or clarifications to the medical order, medical diagnosis, or the medical plan of care.

Parent/Guardian Name (signature) _____

Date _____



Permission to Administer OTC Medication

Student Name (printed): _____ Grade: _____

I give Arizona Arts Academy permission to (check all that apply):

- ☐ Administer any OTC medications
- ☐ Acetaminophen and/or Ibuprofen (Middle/High school students only)
- ☐ Contact parent before administering any medication

My child is allergic to: _____ None _____ If exposed,

_____ action is to be taken. _____ If exposed,

_____ action is to be taken. _____ If exposed,

_____ action is to be taken.

My child has the following medical concern(s) that AAA staff should be aware of:

Previous school history:

_____ IEP _____ 504

_____ Disciplinary action for fighting/hurting a teacher or student. Explain: _____

_____ History of self-harm. Explain: _____

Parent Name (printed)

Date

Parent Name (signed)

9502 S Hwy 92, Hereford, AZ 85615
520-210-5400 Call or Text
Email: admin@azarts.academy

106 Howard St., Huachuca City, AZ 85616
520-210-5400 Call or Text
Email: admin@azarts.academy

226 Hwy 70, Pima, AZ 85543
928-485-4546 Call or Text
Email: admin.gv@azarts.academy



PHYSICIAN'S ORDER FOR MEDICATION AT SCHOOL

Student Name (printed): _____ Date of Birth: _____

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by designated school staff if the school nurse is not present. The school accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Will this medication be dispensed during school hours? ☐ Yes ☐ No

If yes, give diagnosis and reason: _____

Medication name: _____ Time to be given: ☐ Lunch ☐ Hour _____ ☐ As Needed

Dose to be given: _____ Dosage form: _____ Mode of administration: _____

Duration without subsequent order: ☐ Weeks _____ ☐ Months _____ ☐ School Year _____ ☐ Other: _____

Health Care Provider Name/Stamp (printed) _____ Phone _____ Fax _____

Health Care Provider Name (signature) _____ Email _____ Date _____

***** THIS AUTHORIZATION IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY *****

Parent/Guardian's Permission

I request that the school nurse or designated Arizona Arts Academy staff member be permitted to dispense to my child, **(Name of Child)** _____, the medication prescribed by **(Name of Physician)** _____ for a period from _____ to _____.

The medication is to be furnished by me in the original container labeled by the pharmacy. The pharmacy label should include the name of the student, the name of the medication, the name of the prescribing physician, the dosage amount to be taken, and the time of day to be taken.

I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. I request that the school nurse or designated staff be permitted to discuss my child's medical issues with healthcare providers and administer the medication to my child.

This authorization is good for the _____ school year only.

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Name (signature) _____ Contact Number _____ Email Address _____



ASTHMA TREATMENT PLAN & MEDICATION REQUEST

Student Name (printed): _____ School Year: _____

The student named above has asthma and may need to take medication at school. The treatment plan for managing asthma at school is as follows (check all that apply):

Diagnosis: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

☐ Administer rescue medication if student experiences symptoms (coughing, difficulty breathing, wheezing, chest tightness)

Will this medication be dispensed during school hours? ☐ Yes ☐ No

If yes, give diagnosis and reason: _____

Drug and Dosage Form	Dose, Time, and Mode of Administration
<input type="checkbox"/> Albuterol inhaler <input type="checkbox"/> with spacer	<input type="checkbox"/> 2 (or ____) puffs by mouth 5-20 min prior to exercise, as needed (may repeat with 2) <input type="checkbox"/> 2 (or ____) puffs by mouth every 3-4hr as needed for symptoms <input type="checkbox"/> If no relief after treatment, call 9-1-1 and notify appropriate staff <input type="checkbox"/> Other:
<input type="checkbox"/> Albuterol via nebulizer <input type="checkbox"/> Levalbuterol via nebulizer <input type="checkbox"/> mouth <input type="checkbox"/> mask	<input type="checkbox"/> 1 unit dose every ____ hours as needed for symptoms <input type="checkbox"/> May repeat and call 9-1-1 <input type="checkbox"/> Other:

☐ Student may carry AND self-administer the medication ordered above

☐ Student may carry AND CANNOT self-administer the medication ordered above

Health Care Provider Name/Stamp (printed) _____ Phone _____ Fax _____

Health Care Provider Name (signature) _____ Email _____ Date _____

***** THIS AUTHORIZATION IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY *****

Parent/Guardian's Permission

I request that the school nurse or designated Arizona Arts Academy staff member be permitted to dispense to my child, **(Name of Child)** _____, the medication prescribed by **(Name of Physician)** _____ for a period from _____ to _____.

I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered in accordance with the physician's directions. I request that the school nurse or designated staff be permitted to discuss my child's medical issues with healthcare providers and administer the medication to my child.

This authorization is good for the _____ school year only.

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Name (signature) _____ Contact Number _____ Email Address _____



Code of Behavior and Respect for Parents/Legal Guardians

At Arizona Arts Academy, we believe all interactions should be positive and respectful. Respecting each other's differences, backgrounds, and life choices is key to a positive school-parent partnership.

As a Parent/Guardian associated with Arizona Arts Academy, I/we pledge to:

- Observe the rules of intentional respect, grace, and courtesy in all interactions
- Interact with all staff members in a respectful manner at all times while on the premises
- Communicate in a respectful manner via phone, text, email, etc
- Exhibit behaviors and speech that show politeness and respect to staff and students

Violating this agreement will result in a write up that will be placed in the student's file for documentation purposes. This could affect your student's opportunity to continue at Arizona Arts Academy since our highest goal is to teach students by example how to be great leaders and citizens in their community.

Parent/Guardian 1 (printed)

Date

Parent/Guardian 1 (signed)

Parent/Guardian 2 (printed)

Date

Parent/Guardian 2 (signed)



Code of Behavior and Respect

At Arizona Arts Academy, we believe all conflict and problems stem from a lack of respect. The opposite is true about resolution, respecting each other's differences, background, life choices will be the keys.

As a Student associated with Arizona Arts Academy, I plead to:

- Strive to cultivate an intrinsic desire for learning and growth in myself
- Observe rules of intentional respect, grace, and courtesy to include my treatment of others, myself, and the learning environment
- I promise to compose myself with etiquette, cleanliness, orderliness, kindness, responsibility, and cooperation
- Complete my work in a timely manner and ask for help when I am struggling
- Strive for excellence and independence in my actions
- Maintain a positive attitude and ongoing communication with those around me
- Persist through difficult tasks
- Respect and grow the dignity and light in myself and others
- Recognize the value of my education and honor those who have paved the way for my learning and growth

Name (Printed)

Date

Name (Signed)



Student - Parent Expectations

Student Name (printed): _____

At Arizona Arts Academy, it is important to us that we exceed your expectations. We would like to know what you and your student's expectations and desires are during your time with us. Please take a moment to share your expectations.

Student expectations and desires:

Parent expectations and desires:

Parent/Guardian Name (printed)

Date

Parent/Guardian Name (signed)



30-Day Trial Agreement

Student Name (printed): _____

I, _____ (printed name), the parent/guardian of the above named student, accept the 30-day trial condition for my student to attend Arizona Arts Academy. If in those 30-days, the parent/guardian or Arizona Arts Academy feels this is not a good fit for the student or the school, either party reserves the right to discontinue the student's enrollment with no repercussions. At the end of the 30-day trial period, if the family or school does not act on this agreement, the student will be considered a full-time permanent student of Arizona Arts Academy.

Parent/Guardian Name (printed) Date

Parent/Guardian Name (signature)

Arizona Arts Academy Administrator Name (printed) Date

Arizona Arts Academy Administrator Name (signature)



RELEASE OF LIABILITY WAIVER

STUDENT NAME (printed): _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT WITH ALL STATEMENTS MADE.

Authorization and Release of Liability

I, the undersigned parent or legal guardian of the above named student, authorize participation of my child in various school-related activities and all elective activities of Arizona Arts Academy.

I understand that my child's participation is voluntary and school-related activities are conducted by Arizona Arts Academy (AAA), volunteers, staff, and parents of other participating children. I also understand that AAA is solely responsible for all aspects of school-related activities including selection and supervision of all people conducting activities. I understand and agree that my child's participation in athletic and other activities of AAA involves the risk of injury and even death from various cases, including but not limited to accidents, falls, physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, incorrect usage of or playing on playground equipment, etc. On behalf of my child, I assume these risks.

In consideration of the privilege of my child's participation in school-related activities, and on behalf of my child and me as the parent or legal guardian, I hereby release, hold harmless and indemnify, and covenant not to sue Arizona Arts Academy, their employees, volunteers, insurers, and other people associated with AAA (including but not limited to sponsors, parents, officials, drivers, and organizations) as to any and all claims of my child, me, and other family members for injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in AAA activities, and any first aid, medical care, or treatment provided to my child in the event my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as a parent/guardian, and that other family members may have. If any provision of this Release of Liability shall be deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding upon me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

RURAL CAMPUS

We do not want to frighten you or reduce your enthusiasm for attending Arizona Arts Academy, but we do think it is important for you to know that there are inherent risks with a rural campus. The following are some, but not all, potential hazards: A) Traversing uneven ground; B) Interactions with wildlife and insects on the property; C) Dense or hazardous vegetation; D) Exposure to water and changing adverse weather conditions; E) Unsafe acts by other participants; F) Transmission of disease including but not limited to COVID-19; G) Other known or unknown risks inherent to a rural campus and participating in outdoor, recreational activities.

MEDICAL CONDITIONS

I understand that participation in Arizona Arts Academy instruction and activities may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in activities. I understand that AAA or its representatives may request health information concerning my child. If AAA determines that my child has a physical or mental condition that may affect his/her ability to safely and appropriately participate in school-related activities, AAA may determine that my child cannot be permitted to participate. I understand and agree that, while AAA desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of the child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill during school-related activities, and if I, the parent/guardian of the above named child is not present to make medical decisions, I hereby authorize Arizona Arts Academy, its staff, volunteers, parent volunteers, supervisors, drivers, etc. to arrange for and consent on my behalf to emergency medical and dental treatment, and to consent for medications for pain and other conditions as prescribed by medical personnel attending to my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child.

GENERAL MEDICAL/SCHOOL POLICIES

1. Parents will be notified and expected to pick up any student who has a temperature of 100.4°F or above, is vomiting, and/or has diarrhea. Students with any of these symptoms before school will need to stay home until they have 24hr without symptoms.
2. Students with suspected "pink eye" will be sent home and need to be treated for 24hr before returning to school.
3. All medications must be brought to the office. All medications should be sent in the original container (or "school bottle"), clearly labeled with the student's name, name of the medication, dosage amount to be given, and time the medication should be given during school hours. Failure to label medication correctly makes it impossible to know what should be given, to whom, and when.
4. Students who need to have an asthma inhaler with them must bring an annual doctor's note to have on file in the office.
5. Permission is granted to AAA to use, and/or copyright personally identifiable information about the above named student including photos, video, name, academic/athletic/attendance achievements, and /or art works for publication, advertising, or other lawful purposes. Please check the box if permission is NOT granted for use of likeness. ☐

My signature below indicates that all information provided in this form is true and accurate, and I fully agree to all statements made on this form, including but not limited to the Release of Liability, Medical Conditions, and Consent of Medical Treatment.

Parent/Guardian Name (printed)_____
Date_____
Parent/Guardian Name (signature)_____
Contact Number_____
Parent/Guardian Email Address



STUDENT DRIVER & DROP OFF/PICK UP PERMISSION FORM

Student Name (printed): _____

The parent/guardian is responsible for arranging transportation for their student. Written permission is needed for the student named above to drive themselves to/from campus and/or to be dropped off, picked up by, or to carpool with anyone not listed on the student application form.

Students driving themselves to campus must adhere to the traffic directives posted at the school which can be found in the student-parent handbook. Anyone not adhering to the traffic directives, or driving in an unsafe manner, may risk losing their privilege to drive on campus.

The above named student is allowed to:

Drive themselves to/from campus: ____ Yes ____ No

Transport other AAA students to/from campus: ____ Yes ____ No

Names of students (to include siblings) allowed to ride with the above named student:

Student Names (printed)

Names of people allowed to drop off and/or pick up my child from Arizona Arts Academy:

Name (printed)

Contact Number

I understand that in order to revoke or change this permission, I must submit notice to the office in writing.

Student Name if driving themselves to campus (signature)

Number

Parent/Guardian Name (printed)

Number

Parent/Guardian Name (signature)



USE OF LIKENESS AGREEMENT

STUDENT NAME (printed): _____ Date of Birth: _____

Parent/Guardian:

Throughout the school year, certain Arizona Arts Academy, its partners or sponsors, and media members may be involved with special events or activities at your child's school.

Arizona Arts Academy also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications and special school events. Before your child can participate in any school events or activities, you must give your permission by signing and returning this likeness release form. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of Arizona Arts Academy and I shall have no right or title to such items. I agree that Arizona Arts Academy does not owe me any compensation and further understand that these materials may be kept on file and used by the school for potential future purposes and further agree to release Arizona Arts Academy from any and all liability arising from or in connection with the taking, use, publication, and dissemination of such materials.

☐ **I give my permission** for my child to be interviewed, photographed, and/or videotaped by the school, school partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, or other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to broadcast, cable, print, and/or digital media, and for any purpose including but not limited to entertainment, news, education, advertising, marketing, and promotion without compensation thereof.

☐ **I do not give my permission** for my child to be interviewed, photographed, and/or videotaped by the school, school partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school publications, on the internet, or in news publications or broadcasts.

Parent/Guardian Name (printed)

Date

Parent/Guardian Name (signature)

Email Address



MOVIE PERMISSION FORM

On occasion, either for educational, emergency, or celebration reasons, we would like to be able to show a movie to the students. We want to be respectful of all families' beliefs and choices of movies you choose to watch. If you do not want your child to participate in watching a given movie, an alternate activity will be available.

Below is a list of movies that our school has made to be a resource to pick from if the occasion arises. Mark the yes or no box for each movie. A "yes" means that you approve of your child watching it. A "no" means that you do not approve of your child watching it and want them to participate in an alternate activity.

Yes	No	Movie
<input type="checkbox"/>	<input type="checkbox"/>	Dr. Seuss' Horton Hears a Who! (2008)
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Run (2000)
<input type="checkbox"/>	<input type="checkbox"/>	The Little Princess (1939)
<input type="checkbox"/>	<input type="checkbox"/>	Little Nemo: Adventures in Slumberland (1989)
<input type="checkbox"/>	<input type="checkbox"/>	Clifford the Big Red Dog (2021)
<input type="checkbox"/>	<input type="checkbox"/>	Heidi (1968)
<input type="checkbox"/>	<input type="checkbox"/>	The Christmas Toy (1986)
<input type="checkbox"/>	<input type="checkbox"/>	Adventures of Snow White and Red Rose (2021)
<input type="checkbox"/>	<input type="checkbox"/>	The Tale of Despereaux (2008)

Student Name (printed)

Grade

Parent Name (printed)

Date

Parent Name (signature)