



ARIZONA ARTS ACADEMY

9502 S. Hwy 92
Hereford, AZ 85615

info@azarts.academy

520-210-5400
www.azarts.academy

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 \$400 per month for half-day attendance (8am-12pm) and \$600 per month for full-day attendance (8am-2pm). 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) and \$1850 per school quarter for full-day attendance (8am-2pm). 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)



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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