

Student checkout authorization

In addition to parents / guardians, the following individuals or organizations (Change Point drivers, friends, etc.) are authorized to checkout my student from school:

[] No one else is able to checkout my student.

1. Name: _____

Relationship: _____

Home phone: _____

2. Name: _____

Relationship: _____

Home phone: _____

3. Name: _____

Relationship: _____

Home phone: _____

4. Name: _____

Relationship: _____

Home phone: _____

Parent Signature: _____

Date

ENROLLMENT PREFERENCE

Enrollment preference is given to students who meet any of the following criteria. A.R.S. § 15-184(B). Please indicate if any of the following apply to the student that is enrolling:

- Previously attended this charter school.
Date(s) of prior attendance: _____
- Sibling of _____, who is already enrolled in this charter school.
- None of the above

ENROLLMENT INFORMATION AND DOCUMENTATION

Students who are Homeless or Unaccompanied Youth

If the enrolling student is considered to be homeless or an unaccompanied youth, complete and submit the Student Residency Questionnaire (SRQ) and, if applicable, the Caregiver's Authorization Affidavit included in this enrollment packet. These documents are necessary for determination of whether the Student qualifies as a homeless or unaccompanied youth pursuant to the McKinney-Vento Homeless Assistance Act. In addition, please refer to the document titled "Rights of Homeless Students" also included in this enrollment packet.

Students who are homeless or unaccompanied youth shall be enrolled in the school regardless of the ability to provide the verification of the student's age and identity or residency documentation as outlined below. McKinney-Vento Homeless Assistance Act, 42. U.S.C. 1141-11435. Individuals enrolling a student who is considered to be homeless or an unaccompanied youth are encouraged, however, to submit such information/documentation, if available, in order to assist with the enrollment process and providing appropriate services.

Student Age and Identity

Student Date of Birth: _____ Grade for 26-27 School Year: _____

The above information is required to ensure that the student is placed in the correct grade level or cohort.

Verification of Student's Age and Identity: Pursuant to A.R.S. §15-828(A), within thirty days of enrollment¹, one of the following must be provided to verify the student's age and identity:

1. A certified copy of the pupil's birth certificate,
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate or
3. A letter from the authorized representative of an agency having custody of the pupil, pursuant to Arizona Revised Statutes, Title 8, Chapter 2, certifying that the pupil has been placed in the custody of the agency as prescribed by law.

¹ Failure to submit verification of age and identity shall result in referral to the appropriate local law enforcement agency for investigation. A.R.S. § 15-828(E).

Student Demographics

To comply with federal and state reporting requirements, charter schools are required to ask the following questions. All answers are **optional** and will not affect enrollment. Should the Parent/Legal Guardian choose not to answer the following questions, the School is required to report the student's ethnicity and race based on the information and documentation in its possession.

Student's Ethnicity: _____ Hispanic or Latino
_____ Not Hispanic or Latino

Student's Race: _____ American Indian or Alaska Native
_____ Asian
_____ Black or African-American
_____ Native Hawaiian or Other Pacific Islander
_____ White

Emergency Information

My child has the following medical conditions:

- Diabetes
- Heart Problems
- Hearing Impairment
- Physical Impairment
- Vision Impairment
- Asthma
- ADD/ADHD
- Bipolar Disorder
- Depression
- Convulsions
- Other (please explain):

Allergies:

Taking Medication:

NOTE: If your child is on medication and it must be taken at school, you are required to fill out a medication form, available in the front office, and give the medications directly to the Campus Manager. Students may not, under any circumstances, transport and carry their own medications for consumption at school. The only exception is made for asthma inhalers.

INFORMATION AND DOCUMENTATION REQUIRED FOR ATTENDANCE

The following information and documentation is required for attendance but is not required for enrollment.³ Parents/Legal Guardians are encouraged, however, to submit the following, if available at the time of enrollment, in order to ensure the timely provision of services to the Student.

Student Withdrawal Form

All students who previously attended an Arizona school must submit a properly completed and signed ADE Official Notice of Pupil Withdrawal form prior to attending the School. A.R.S. § 15-827. This form is required to be submitted prior to the Student attending but is not required for enrollment.

An ADE Official Notice of Pupil Withdrawal form is included in this enrollment packet. You may submit this form directly to the student's prior school, or you may complete items 1 through 15 and return it to the School for submission to, and completion by, the prior school. In either case, this form must be returned to the School prior to the Student attending.

Immunizations

Before attending any district or charter school, students are required to demonstrate proof of immunization, an immunization exemption or an immunization schedule consistent with the Arizona Department of Health Guidelines. A.R.S. §§ 15-872 and -873. If available, attach a copy of the student's current, up-to-date immunization records, immunization exemption form, or immunization schedule with this enrollment packet. If not currently available, such records must be submitted to the School prior to the Student attending. For more information on immunizations, exemptions or schedules, please contact the School.

³ Students who are considered homeless or unaccompanied youth should work with the School and the Local Homeless Liaison for compliance with the immunization and student withdrawal requirements.

SUPPLEMENTAL FORMS AND INFORMATION

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). Accordingly, the following information and documentation is not required for enrollment or attendance. However, Parents/Legal Guardians may choose to submit such records that are in their possession in order to ensure the timely provision and continuity of services.

Prior Academic Records

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit academic records in their possession in order to ensure the timely provision of services. If you would like academic records in your possession to be considered for continuity purposes, please attach a copy when submitting this enrollment packet. Such records may include, but are not limited to, transcripts, report cards, test scores or other records that will assist in placing the student in the correct grade level, course, and/or classroom. If prior academic records are not provided, the School will enroll the Student, permit the Student to attend classes and request the Student's records from the prior school. Any necessary adjustments will be made upon receipt and review of the Student's prior records.

IEP/504 Plans

The enrolling school is required to request the Student's records from the previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit a Student's IEP or 504 Plan that is in their possession. If you would like submit such documentation in order to ensure the continuity of services for your Student, please attach a copy to this enrollment packet.

Custodial or Other Legal Documents

Please submit any custodial or other legal documents of which the School should be aware. Such documents may include, but are not limited to, custody or visitation agreements, restraining orders, foster care agreements or similar documents that have bearing on student safety or the communication between the School and the Student's family.

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT

I hereby acknowledge that I have thoroughly read and understood this enrollment packet in its entirety and that I am officially attempting to enroll the student in this School. I am aware that submission of this enrollment packet does not guarantee a seat. If there is insufficient capacity to enroll all pupils that submit a timely application, the school will follow its equitable enrollment process and notify me of my student's status.

Parent/Legal Guardian Signature: _____

Date Enrollment Form was completed: _____



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

Student _____ School _____

School District or Charter Holder _____

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 identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- 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 (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, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

_____ 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.

Signature of Parent/Legal Guardian

Date



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

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

Name of Arizona Resident _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of the attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- 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 (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, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this ____ day of _____, 20 _____,

By _____

My Commission Expires:

Notary Public

Parental Involvement

Parents—Please let us know your interests, talents and availability so that you can become actively involved with Northern Arizona Academy. Remember, there are many ways to volunteer. You can also connect us with a community partner, a community need, your place of employment, or resources. We need you and value your commitment to your student’s education. Please use this space to let us know about areas you would like to be involved in.

I would be interested in volunteering in the following ways (please check all that apply):

- Classroom Aide
- Field Trip Chaperone
- Fundraiser Assistance
- Office Assistant/Reception
- Work from home
- School Improvement Team

I am available to volunteer (please check all that apply):

- Before school
- During school
- After school
- Evenings
- Weekends
- Anytime
- Call & Ask Me

I have the following skills and talents that I would be willing to share with students:

My place of employment, church or community organization may be interested in supporting NAA in the following ways (please list):

Media Release

At various times throughout the school year, we will have opportunities to be featured in newspaper articles or web postings promoting positive happenings at Northern Arizona Academy (i.e. athletic activities, special awards, graduation, etc.). Your child's name and/or picture may be published or made public. Please indicate your consent or refusal on the appropriate line below.

Please sign on only one line.

My child's name and/or photograph **CAN** be published.

Parent/Guardian Signature

Date

I would prefer that my child's name/photograph **CAN NOT** be published.

Parent/Guardian Signature

Date

Parental Permission for Counseling

Northern Arizona Academy staff may recommend, refer and/or provide intervention services such as support groups or counseling to assist the student in achieving academic success.

I hereby give my permission as parent/guardian of _____ to receive counseling and/or assessment, if needed, as part of his/her comprehensive educational environment at Northern Arizona Academy. I understand that I may be asked to participate.

We, as parent/guardian and student, understand that the law requires that the counselor report all cases in which there exists a danger to self or others.

I, as parent/guardian, understand that I may rescind this consent at any time by contacting the Campus in writing.

This consent is in effect August 2025 through June 2026.

Student Signature

Date

Parent/Guardian Signature

Date

Student Liability and Permission Form

It is hereby agreed and understood by the undersigned that Northern Arizona Academy and the parent/guardian of _____ desire to provide a meaningful learning experience with various activities. In order to accomplish these activities, it may involve travel, field trips, exercise and sporting events. The student and the parent/guardian understand that there are certain hazards that exist when participating in these activities. The parent/guardian also certifies that they have medical insurance in place to provide coverage against illness or injury losses. In the absence of medical insurance, the parent/guardian accepts full responsibility for all costs related to said illness or injury.

By signing below, I am giving permission for _____ to be involved in field trips, travel, exercise and sporting events at Northern Arizona Academy. I understand that these events may be held at various locations throughout the state and will be announced. I further understand that by signing below, **I am giving consent for the school year August 2025 through June 2026.**

Parent/Guardian name: _____

Emergency telephone number: _____

Alternate telephone number: _____

Insurance Information: _____

Telephone number to call to confirm insurance: _____

Parent Signature: _____

Date

Student Signature: _____

Date

STUDENT HISTORY

You are not required to fill out the information in this section. Admission will not be based upon your answers. We gather the information to aid us in completion of our Alternative School Application for the Department of Education. You may skip this section if you do not wish to provide the information.

Has the student ever dropped out?

Yes No If yes, how many times? One Two or more

Has the student ever lost credit or been dropped for lack of attendance?

Yes No

Has the student ever been retained (held back) in school?

Yes No If yes, what year(s)? _____

Has the student ever been in a Special Education program or had an IEP?

Yes No If yes, what category and service type? _____

Does the student have a current IEP?

Yes No

Has the student ever been suspended?

Yes No

Is the student currently under suspension from another school?

Yes No

Does the student work?

Yes No If Yes, (check one) 1-20 hrs per week 21-40 hours per week

Employer: _____ Phone# _____

Is the student a teenage parent?

Yes No

Is the student pregnant now?

Yes No

Has the student ever been on probation?

Yes No

Is the student on probation now?

Yes No

If yes, name of probation officer and phone number:

Has the student ever been in jail/detention?

Yes No If yes, why?

What out of school activities does the student participate in?

PARENT TRANSITION QUESTIONNAIRE

Student's Name: _____ Date: _____

Parent/Guardian: _____

1. What academic programs would you like for your student to take in high school. Please check all that apply.

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> General Preparation | <input type="checkbox"/> Occupational Training |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> Work-Study |
| <input type="checkbox"/> Business Preparation | <input type="checkbox"/> Other: _____ |

2. Upon completing high school, what area do you see your student pursuing?

- Junior/Community College Military
 College/University Skilled employment: mechanic, welder, cosmetology
 Semi-skilled Employment: grocery, retail, construction helper Other: _____

3. List any job or work related experience your student has had up to now. Include informal and formal jobs as well as volunteer work.

4. Does your student have hobbies or participate in other activities that may lead to employment? Please explain.

5. At this time, do you see your student needing assistance in social training to better prepare for employment? (Being pleasant, cooperative, punctual/good attendance, showing initiative, appropriate conduct, etc.) _Yes _No If yes, please indicate the area(s) in which your student may need assistance:

6. What careers or areas of interest do you think your student should pursue based upon his/her strengths, interests, and abilities:

- | | | |
|-------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Construction | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Business Management | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Insurance | <input type="checkbox"/> Government Administration |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Law | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Science/Math Research | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | | |

Request for Records

Previous School Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Student Name: _____ Date of Birth: _____ Grade: _____

PLEASE FORWARD THE FOLLOWING RECORDS:

- State Testing Score(s)
- Birth Certificate
- Psychological
- Health/Immunization Records
- Transcript
- Gifted Program
- Withdrawal Grades
- NWEA Scores

In accordance with the Educational Amendments for 1974, "Protection of the Rights and Privacy of Parents and Students", section 438, subsection (B)(1), parts A & B, page 97: "School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without written consent for such release." However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)...Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

Parent/Legal Guardian Signature	Date

Authorized School Signature	Date

Please send records to:

Northern Arizona Academy for Career Development, Inc.
 Attn: Registrar
 PO Box 125
 Taylor, AZ 85939
 Email: jlagesse@naacharter.org

Request for Special Education Records

Please fill out this form only if your student has been in a Special Education Program or had an IEP.

Previous School Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Student Name: _____ Date of Birth: _____ Grade: _____

PLEASE FORWARD A CURRENT COPY OF THE FOLLOWING RECORDS:

- Psychological Evaluation
- Complete IEP report
- Eligibility Statement
- All Prior Written Notices
- Consent to Evaluate
- Placement Statement
- 45 Day Screening
- Expulsion/Suspension(s)
- Documentation of Behavioral Problems

In accordance with the Educational Amendments for 1974, "Protection of the Rights and Privacy of Parents and Students", section 438, subsection (B)(1), parts A & B, page 97: "School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without written consent for such release." However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)...Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

Parent/Legal Guardian Signature Date

Authorized School Signature Date

Please send records to:

Northern Arizona Academy for Career Development, Inc.
Attn: Registrar
PO Box 125
Taylor, AZ 85939
Email: jlagesse@naacharter.org



Student/Parent/School Compact

Northern Arizona Academy is committed to a partnership with parents, working together to ensure the success of their students. This partnership requires full participation of parents, students and staff of the Academy, each sharing responsibilities for providing and maintaining a productive learning environment.

Student Responsibilities to Ensure Academic Achievement

- Attending all classes each day and on time.
- Bringing necessary materials.
- Completing all class and homework assignments on time.
- Demonstrating a positive attitude towards self and others.
- Demonstrating a positive attitude towards the school and learning.
- Knowing and obeying all school and class rules.
- Respecting people and property.
- Refraining from using profanity.
- Refraining from aggressive behavior, threatening remarks or gestures.
- Arriving at school free of the effects of illegal drugs; inappropriate use of drugs or alcohol.
- Actively participate in the development, implementation and evaluation of their Individual Learning Plan.

Parents Responsibilities to Ensure Academic Achievement

- Making sure the student attends school regularly and promptly each day.
- Ensuring that they bring necessary materials to school.
- Ensuring that they have a quiet place at home to study.
- Having a positive attitude about education.
- Participating in parent/teacher conferences and other school sponsored activities.
- Encouraging student participation in prevention/intervention services recommended by staff.
- Communicating regularly with the school regarding attendance, absence and academic achievement.
- Actively participating in the development, implementation and evaluation of their student's ILP.

School Responsibilities to Ensure Academic Achievement

- Maintaining a positive and safe place to learn.
- Maintaining and promoting high standards of academic achievement.
- Communicating regularly with parents and students through meetings, conferences, phone calls and written reports.
- Providing opportunities to challenge students and reinforce learning.
- Actively working toward the goal of achieving excellence in our school.
- Providing prevention/intervention referrals to social service agencies.
- Providing high quality curriculum and instruction that is aligned with the Arizona Academic Standards.
- Encouraging parents to volunteer and participate in their students campus and classroom activities.
- Facilitating timely communication through e-mails, phone calls and scheduled appointments.
- Actively participating in the development, implementation and evaluation of each student's ILP.

We have read, understand and agree to the responsibilities and policies.

Student Signature

Date

Parent/Guardian Signature

Date



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/Guardian Signature _____ Date _____

District or Charter _____

School _____

 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.

CONTACTS

Name	Title/Department	Email	Phone
Nichole Sellers	Executive Director/ District Matters	nsellers@naacharter.org	928-536-3920 OR 928-536-4222 x 4
Lydia Humphries	Campus Manager/ SPED	lhumphries@naacharter.org	928-536-4222 x2
Joshua Lagesse	Outreach Coordinator/ McKinney Vento Internships	jlagesse@naacharter.org	928-536-4222 x 3
Keenia John	Transportation	kjohn@naacharter.org	928-536-4222 x5

Notice of Nondiscrimination

Career Development Inc dba Northern Arizona Academy does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX and its regulations, including in admission and employment.

Inquiries about Title IX may be referred to Career Development Inc dba Northern Arizona Academy Title IX Coordinator, the U.S. Department of Education's Office for Civil Rights, Denver Office Office for Civil Rights U.S. Department of Education Cesar E. Chavez Memorial Building 1244 Speer Boulevard, Suite 310 Denver, CO 80204-3582 Telephone: 303-844-5695 FAX: 303-844-4303; TDD: 800-877-8339 Email: OCR.Denver@ed.gov or both. Career Development Inc dba Northern Arizona Academy Title IX Coordinator is the Executive Director 1300 Centennial Blvd Taylor, AZ 85939 nsellers@naacharter.org 928-536-3920.

Career Development Inc dba Northern Arizona Academy nondiscrimination policy and grievance procedures can be located at <https://naacharter.org/> at the bottom of the home page.

To report information about conduct that may constitute sex discrimination or make a complaint of sex discrimination under Title IX, please refer to <https://naacharter.org/> or file your complaint via mail at Career Development Inc. PO BOX 125 Taylor, AZ 85939 or email at nsellers@naacharter.org or in person at 1300 Centennial Blvd Taylor, AZ 85939.

Electronics Usage Agreement

In order to preserve the learning environment, limit distractions, and ensure the success of NAA students, NAA will enforce the following policy regarding electronics:

- During class, cell phones and other portable electronic devices should be turned off or silenced.
- No portable speakers are allowed on campus.
- Students cannot make or receive phone calls during class.
- Students cannot send, receive, or read messages in class.
- Parents can always reach students during an emergency at 928-536-4222.

Students who violate this policy will face the following possible consequences depending upon the severity and frequency of the violation:

- Warning
- Confiscation of device, return at end of day.
- Confiscation of device, parent must pick up.
- Loss of privilege to bring device to school.

I have read the electronics usage agreement and will abide by it.

Student: _____ Date: _____

I have read the electronics usage agreement and will support my student in abiding by it.

Parent/Guardian: _____ Date: _____



The Educational Rights of Homeless Children and Youths

The LEA shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of children, youth, and unaccompanied youth experiencing homelessness applies to all services, programs, and activities provided or made available by the LEA.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if presently living in one of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- Living in emergency or transitional shelters; or are abandoned in hospitals,
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

The Educational Rights of Homeless Children and Youths, 2/2025



Homeless Education

Arizona Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes No

Do you have children of the preschool age? Yes No

Please provide information about additional children attending school in our district or of preschool age.



Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes No

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Homeless Assistance Act mandates the following:

Immediate Enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney-Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend [42 U.S.C. §§11432(g)(3)(A); (g)(3)(B); (g)(3)(l)(i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §§11432(g)(4); (g)(6)(iii)].


Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a dispute with the school district by contacting the McKinneyVento Homeless Liaison within seven (7) business days of receiving the written eligibility determination notification [42 U.S.C. §11432(g)(3)(E)].

Appointment of a McKinney-Vento Homeless Liaison: The McKinney-Vento Homeless Assistance Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §§11432(g)(1)(J)(ii); (g)(6)(A)].

For more information, refer to [Arizona Department of Education Homeless Education Program, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#), and [the Arizona ESEA Consolidated State Plan](#). You may also contact:

<p>LEA Homeless Liaison: Joshua Lagesse Northern Arizona Academy Physical: 1300 Centennial Blvd Mailing: PO BOX 125 Taylor, AZ 85939 928-536-4222 jlagesse@naacharter.org</p>	<p>State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov</p> 
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Transportation Information

Please complete the information below so transportation can be arranged for your student. If your student does not need transportation, please indicate that the school will not be expected to provide transportation by checking the box below.

- My student **DOES NOT** need transportation to or from school.
- My student **DOES** need transportation to or from school.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Street Address: _____

Closest Paved Crossroads: _____

Due to liability concerns and to avoid damage to Northern Arizona Academy's vehicles, NAA does not use its vehicles on unpaved roads. Exceptions will be made to this policy if the student is identified as a student in foster care or is provided service under McKinney-Vento. If your student is in foster care or is provided service under McKinney-Vento, please contact the school so transportation arrangements can be made at 928.536.4222 or jlagesse@naacharter.org.

Open Campus Permission Slip

My child **DOES NOT** have permission to leave campus before school or the during lunch break. _____ : Parent / guardian initials

My child **DOES** have permission to leave campus before school and / or during the lunch break. _____: Parent / guardian initials

As the parent or legal guardian of _____, I give permission for my son or daughter to leave campus before school and during the lunch break. I have spoken with my child regarding the responsibilities of his or her actions while off campus. We acknowledge that this is a release time for the student and that they are responsible for their own actions. We also acknowledge that the privilege can and will be revoked if misused.

Parent signature

Date

Student's signature

Date



Official Notice of Pupil Withdrawal

Student Information																						
1. Student's Legal Last Name		2. Student's Legal First Name		3. Middle Name		4. Sr/Jr/2 nd /3 rd																
5. State Student ID		6. School Student ID		7. Grade Level		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Date of Birth (mm/dd/yyyy) / /														
10a. Primary Withdrawal Type Select the following that best describes why the student is withdrawing from school:						10b. Additional Withdrawal Reason (Optional) Select one of the following only if applicable:																
<input type="checkbox"/> WD Demoted to the previous grade level during the current school year <input type="checkbox"/> WK Transferred to another calendar track within the same school <input type="checkbox"/> WP Promoted to the next grade level during the current school year <input type="checkbox"/> W1/S1 Transferred to another school in state <input type="checkbox"/> S99 Student transferred to another school within this district during summer <input type="checkbox"/> W21/S21 Transferred to attend school out of state <input type="checkbox"/> W22/S22 Transferred to attend school in another country <input type="checkbox"/> W2 Withdrawal due to chronic illness <input type="checkbox"/> W3 Expelled or long-term suspension <input type="checkbox"/> W4/S4 Attendance record showing 10 consecutive days of unexcused absence or status unknown <input type="checkbox"/> W5/S5 Dropout - no intention of completing necessary requirements for diploma <input type="checkbox"/> W6/S6 Age out (Older than 22 years of age or younger than 6 years of age) <input type="checkbox"/> W7/S7 Met all high school graduation requirements and awarded diploma <input type="checkbox"/> W15 Met all requirements for Grand Canyon Diploma and awarded diploma <input type="checkbox"/> W8/S8 Deceased <input type="checkbox"/> W9/S9 Transfer to be home taught <input type="checkbox"/> W10/S10 Transferred to a state detention or correctional facility <input type="checkbox"/> W11/S11 Withdrawal to obtain GED <input type="checkbox"/> W12/S12 Transfer to vocational or technical school which does not award HS diploma <input type="checkbox"/> W13/S13 Completion of a course of study at CTED before or after graduation <input type="checkbox"/> W17 Received GCD; no longer enrolled full-time in AZ public university <input type="checkbox"/> W18 Received GCD; no longer enrolled full-time in AZ community college <input type="checkbox"/> W14 Met all requirements but not awarded GCD; continuing in high school <input type="checkbox"/> W19/S19 Eligible for GCD; student is no longer enrolled in a full-time CTE program <input type="checkbox"/> W20 Awarded GCD; post GCD participation unknown or ineligible						<input type="checkbox"/> WR1 School identified for Federal School Improvement ¹ <input type="checkbox"/> WR2 School identified as persistently dangerous ¹ <input type="checkbox"/> WR3 Individual Transfer Option (victim of a violent criminal offense) ¹ <input type="checkbox"/> WR4 Pregnancy / Biological Parent of a Child ²																
11a. Data in SMS Added by: (initials)			11b. Date Added (mm/dd/yyyy) / /			11c. Last Day of Attendance or Summer Withdrawal Date (mm/dd/yyyy) / /																
12. Parent/Guardian Signature			13. Student Signature (if applicable)			14. Date (mm/dd/yyyy) / /																
Information is certified correct according to School records																						
15. School		16. District /Charter # (CTD)		17. School # (S)		18. Withdrawal Code (based on 10a.)																
19. School Official Signature						20. Date (mm/dd/yyyy) / /																
Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable.																						
21. SPED¹ Check all that apply. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> HI</td> <td><input type="checkbox"/> MOID</td> <td><input type="checkbox"/> PSD</td> <td><input type="checkbox"/> SLI</td> </tr> <tr> <td><input type="checkbox"/> DD</td> <td><input type="checkbox"/> MD/MDSSI</td> <td><input type="checkbox"/> OHI</td> <td><input type="checkbox"/> SID</td> <td><input type="checkbox"/> TBI</td> </tr> <tr> <td><input type="checkbox"/> ED/EDP</td> <td><input type="checkbox"/> MIID</td> <td><input type="checkbox"/> OI</td> <td><input type="checkbox"/> SLD</td> <td><input type="checkbox"/> VI</td> </tr> </table>								<input type="checkbox"/> A	<input type="checkbox"/> HI	<input type="checkbox"/> MOID	<input type="checkbox"/> PSD	<input type="checkbox"/> SLI	<input type="checkbox"/> DD	<input type="checkbox"/> MD/MDSSI	<input type="checkbox"/> OHI	<input type="checkbox"/> SID	<input type="checkbox"/> TBI	<input type="checkbox"/> ED/EDP	<input type="checkbox"/> MIID	<input type="checkbox"/> OI	<input type="checkbox"/> SLD	<input type="checkbox"/> VI
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<input type="checkbox"/> ED/EDP	<input type="checkbox"/> MIID	<input type="checkbox"/> OI	<input type="checkbox"/> SLD	<input type="checkbox"/> VI																		
22. ELL																						
AZELLA Information				ELL Program Information																		
Most Recent Assessment Date (mm/dd/yyyy) / /				Was student receiving ELL services in the current fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Most Recent Overall Proficiency Level _____				If yes, program type (SEI type, ILLP, Bilingual): _____																		
				Was student withdrawn from ELL Service in the current fiscal year by parent request? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
If your district/charter administered an AZELLA test to this student, please attach a copy of the student's most recent AZELLA Student Report.																						