

# VAL VISTA ACADEMY Registration

Please print neatly. Give complete information.

**For Office Use Only**

Grade	Teacher
Entry Date/Code	
PS Entry Date	
Withdrawal Date/Code	

Grade student will be entering for 2021-22 school year \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Gender:  Male  Female  
Month Day Year

### Federal Race and Ethnicity:

Please mark: White Black or African American American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander  
Is this child Hispanic or Latino?  Yes  No

Parent/Guardian Name \_\_\_\_\_

Relationship: Mother Father Stepmother Stepfather Relative Guardian Other \_\_\_\_\_

Student lives with this parent/guardian?  Yes  No  Shared with other parent/guardian

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number \_\_\_\_\_  Cell  Home/landline  Work

Secondary phone number \_\_\_\_\_  Cell  Home/landline  Work

Primary contact email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship: Mother Father Stepmother Stepfather Relative Guardian Other \_\_\_\_\_

Student lives with this parent/guardian?  Yes  No  Shared with other parent/guardian

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number \_\_\_\_\_  Cell  Home/landline  Work

Secondary phone number \_\_\_\_\_  Cell  Home/landline  Work

Primary contact email \_\_\_\_\_

Has this student ever received special education (including speech, OT, or resource) services?  Yes  No

Is there a current IEP (Individualized Educational Plan) for this student?  Yes  No

Has this student received any of the following?  English Learner support/ESL support  504 Accommodation Plan

Has this student been retained?  Yes  No If yes, what grade(s)? \_\_\_\_\_

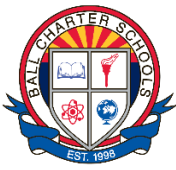
Is this student presently suspended from another school?  Yes  No

If Yes, from where? \_\_\_\_\_

Has this student ever been expelled or been withdrawn while in the process of being expelled from another school?

Yes  No If yes, where? \_\_\_\_\_

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# VAL VISTA ACADEMY Registration (page 2)

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Does this child have siblings currently enrolled at Val Vista Academy?

Yes  No

Does this child have siblings newly enrolling at Val Vista Academy?

Yes  No

### Sibling Information that is enrolled/enrolling with Val Vista Academy:

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade entering \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade entering \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade entering \_\_\_\_\_

### Emergency Information

Contact (other than parent) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Primary phone number \_\_\_\_\_  Cell  Home/landline  Work

Secondary phone number \_\_\_\_\_  Cell  Home/landline  Work

Primary Care Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Are there court-ordered custody and/or educational decision making decrees?  Yes  No

If YES, court documentation must be provided.

### Individuals authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### \*\*Individuals NOT allowed to remove your child. Please provide documentation\*\*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Additional Student Information

Primary language used in the home, regardless of the language spoken by the student \_\_\_\_\_

Language most often spoken by the student \_\_\_\_\_

Language that the student first acquired \_\_\_\_\_

Previous school attended \_\_\_\_\_

Address

City/State

Zip

Phone

Do you consider yourself homeless at this time?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Val Vista Academy will not limit admission based on race, ethnicity, national origin, gender, orientation, income level, disabling condition, proficiency in English, or athletic ability. Val Vista Academy reserves the right to limit admission based on program capacity.*



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



**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 U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ 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