

MARICOPA COUNTY REGIONAL SCHOOL DISTRICT

2023-2024 REGISTRATION PACKET

We are schools that meet the social, emotional, and academic needs of every student we serve.

We serve the needs of students that are not otherwise being met in traditional educational settings.

We are honored you have chosen to partner with us in nurturing your child's social, emotional, and educational growth!

HOPE ACADEMY HIGH SCHOOL
(Grades 9-12)
800 W. Adams Street
Phoenix, Arizona, 85007
Email: sonya.martinez@mcrsd.org

Phone: 602-875-5265
M-F: 9:00 AM - 3:00 PM

Required items to bring to the school:

- Student's original birth certificate.
- Student's current immunization records.
- Proof of residency in Maricopa County.
- Parent/Guardian's photo ID.

Completed forms:

- Student information form – filled out, signed, and dated.
 - Parent & Emergency Contact Information form – filled out, signed and dated.
 - PHLOTE-ADE Home Language Survey form – filled out, signed, and dated.
 - ADE Residency Documentation form – filled out, signed, and dated (with registering student's name on it)
 - McKinney Vento Residency Survey form – filled out appropriately, signed, and dated.
 - Authorization to Release Student Records form – filled out, signed, and dated.
 - Student Health Information form – filled out, signed, and dated.
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MARICOPA COUNTY REGIONAL SCHOOL DISTRICT



Maricopa County
Regional School District
800 W. Adams Street
Phoenix, AZ 85007

School Year 2023-2024

ENROLLMENT FORM**
PLEASE PRINT**

FOR OFFICE ONLY	
School Name: <u>Hope Academy High School</u>	CTDS: <u>070199000</u>
Entry Date: _____	Entry Code: _____
Student Number: _____	AZ SAIS ID Number: _____
Grade: _____ Birth Date: _____	Date Form was Submitted: _____
Date Entered into Synergy: _____	By Whom: _____

STUDENT INFORMATION:

Student's Legal Last Name		First Name		Middle Name		Suffix	
Date of Birth (mm/dd/yyyy)		Gender	Grade	Last Name Child Goes By		First Name Child Goes By	
Birth State		Birth Country		If Birth Country is not US, provide Date Entered US School:			
Refugee Status <input type="checkbox"/> No <input type="checkbox"/> Yes	Refugee Country		I-94 Number		If Birth Country is not US, are parents in the United States Military?		
Student's Street Address – If Home Address is P.O. Box – (Include Bldg./Apt#)				City, State, Zip Code			
Student's Mailing Address (include Bldg./Apt#) If different than above				City, State, Zip Code			
Student's Email Address				Student Phone			

How did you hear about our school? _____

Choose one ethnicity: Hispanic/Latino No Hispanic/Latino

Choose one or more race (regardless of ethnicity): Asian American Indian or Alaska Native
 Black or African American White Native Hawaiian or another Pacific Islander

Student Language Information Questionnaire

Responses to these questions will determine whether your 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? _____

EDUCATIONAL HISTORY:

Has the child ever attended a MCRSD school? No Yes School Name _____

List all schools attended for the past 3 years

School Year	Grade	School Name	City	State	Country

Please check any special services previously received:

Special Education 504 Accommodation Gifted/Talented English Language Learner (ELL)

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Does the child have any serious illnesses or handicaps? No Yes If yes, specify on the Health Information Sheet.

Has the child ever been:

Expelled from a school or district? No Yes Date: _____

Suspended for more than 10 days from a school or district? No Yes Date: _____

Considered for expulsion from a school or district? No Yes Date: _____

PARENT/GUARDIAN INFORMATION:

Please check all appropriate boxes (Not selecting No Text Messages authorizes the school to send text messages when needed)

Name	Relationship	Home Phone	Cell Phone	Home Address	Email Address		
			<input type="checkbox"/> No Text Messages				
<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financial Responsibility
Name	Relationship	Home Phone	Cell Phone	Home Address	Email Address		
			<input type="checkbox"/> No Text Messages				
<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financial Responsibility
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<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financial Responsibility
Name	Relationship	Home Phone	Cell Phone	Home Address	Email Address		
			<input type="checkbox"/> No Text Messages				
<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Mailing Allowed	<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Release To	<input type="checkbox"/> Financial Responsibility

EMERGENCY CONTACTS:

If my child needs to leave school and I am unavailable, I authorize the following persons to take temporary custody and responsibility for my child.

Name	Relationship	Home Phone	Cell Phone	Work Phone

Parent / Guardian Signature: _____ Date: _____



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?

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

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

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 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

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 this 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)
- _____ 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

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MCKINNEY-VENTO RESIDENCY SURVEY

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 etseq. The McKinney-Vento Act protects students who are lacking a fixed, regular or adequate nighttime residence to have access to education and other services for which they are eligible. Eligibility must be reviewed and reevaluated every school year.

Today's Date: _____ **Student Name:** _____

Gender: Male Female **Date of Birth:** ___ / ___ / _____

1. Is the student and /or family housing situation a temporary living arrangement? No Yes
2. Is this housing situation due to loss of housing, economic hardship or traumatic event? No Yes

CONTINUE ONLY IF YOU ANSWERED "YES" TO BOTH QUESTIONS

Parent / Guardian Name: _____ **Phone:** _____
Address: _____ **City:** _____ **Zip Code:** _____
Email Address: _____
Emergency Contact: _____ **Phone:** _____

Where is the student or family currently living?

- Temporarily with another family because we cannot afford or find affordable housing
Name and phone # of person you are living with: _____
- Homeless / Domestic Violence / Emergency or Transitional shelter
Program name and phone #: _____
- Hotel / Motel Name and phone #: _____
- In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)
- Student is living with someone other than the legal parent/guardian.
Name and phone # of person student is living with: _____

What is the expected length of stay at this address? _____
Do you have other children in the Maricopa County Regional School District? No Yes
Please list name(s) and school(s): _____

What school did your child last attend? _____ In what district? _____

I declare that the information I have provided is true and correct and of my own knowledge.

Parent / Guardian Signature: _____ **Date:** _____

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AUTHORIZATION TO RELEASE STUDENT RECORDS

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

Last School Attended: _____

School Address: _____ City: _____, State, _____ Zip: _____

School Phone: _____ Fax: _____ District: _____

Additional School: _____

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Maricopa County Regional School District.

Parent / Guardian Signature: _____ Date: _____

Please send copies of the academic file to:

Hope Academy, 800 W. Adams Street, Phoenix, AZ 85007
Phone: 602-875-5265
E-mail: sonya.martinez@mcrsd.org

Please send Psychological / Special Education file to:

Maricopa County Regional School District
800 W. Adams Street
Phoenix, AZ 85007
Phone: 602-452-4700

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STUDENT HEALTH INFORMATION

Legal Name: _____ / _____ / _____
(Last) (First) (Middle)

Does the student have medical insurance: No Yes

Name of Insurance Company: _____

Is the student presently taking medication? No Yes If yes, specify: _____

If yes, will medication need to be administered at school? No Yes

If yes, specify: _____

Does the student wear eyeglasses? No Yes Does the student wear contact lenses? No Yes

Does the student require a special diet due to a life-threatening food allergy? No Yes

If yes, specify: _____

Does the student have a disability that requires a special diet? No Yes

If yes, specify: _____

Does the student have problems with hearing? No Yes

If yes, does student wear hearing aids? No Yes

Check conditions that apply to your child and explain below:

Check conditions that apply to your child and explain below:

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Nose or Throat conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision / Eye conditions |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Seizure / Convulsive disorders | <input type="checkbox"/> Kidney / Urinary tract conditions |
| <input type="checkbox"/> Stomach / Digestive conditions | <input type="checkbox"/> Hearing / Ear conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other, (specify): _____ |

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school. _____

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary. Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

Parent / Guardian Signature: _____

Date: _____