APPLICATION FORM

Applying for School Year:

Student Personal Information O Male O Female

First Name

Middle Name

Last Name

Nickname

Student E-mail

Student Cell Phone

Last Grade Completed

Date of Birth

City/State of Birth

Social Security #

Physical Address

City, Zip

Mailing Address

City, Zip

Student Ethnicity & Race

Is Student Hispanic or Latino? O Yes O No

A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin

Is Student from one or more of these races? (Choose all that apply)

O American Indian or Alaska Native—*Having origins in North and South America*

O Black or African American—*Having origins in any of the black racial groups of Africa*

O Native Hawaiian or Pacific Islanders—*Having origins in Hawaii, Guam, Samoa, Pacific Islands*

O Asian—*Having origins in the Far East, Southeast Asia, or the Indian subcontinent*

O Caucasian—*Having origins in Europe, Middle East, or North Africa*

Parents/Guardians Living at SAME ADDRESS with Student

O Mr. O Miss. O Ms. O Mrs. O Dr.

First Name

Last Name

Social Security #

Relationship to Student

E-Mail Address

Phone Home

Work

Cell

Employer

Job Title

O Mr. O Miss. O Ms. O Mrs. O Dr.

First Name

Last Name

Social Security #

Relationship to Student

E-Mail Address

Phone Home

Work

Cell

Employer

Job Title

APPLICATION FORM

Parents/Guardians Living at DIFFERENT ADDRESS from Student

O Mr. O Miss. O Ms. O Mrs. O Dr.

First Name

Last Name

Social Security #

Relationship to Student

E-Mail Address

Phone Home

Work

Cell

Physical Address

City, Zip

Mailing Address

City, Zip

Employer

Job Title

Should this person receive mailings? O Yes O No

O Mr. O Miss. O Ms. O Mrs. O Dr.

First Name

Last Name

Social Security #

Relationship to Student

E-Mail Address

Phone Home

Work

Cell

Physical Address

City, Zip

Mailing Address

City, Zip

Employer

Job Title

Should this person receive mailings? O Yes O No

SIBLINGS or OTHER FAMILY MEMBERS Living with Student

First Name

Last Name

Gender O Male O Female Age:

Relationship to Student

Name of School

Grade

First Name

Last Name

Gender O Male O Female Age:

Relationship to Student

Name of School

Grade

APPLICATION FORM

Student Name: Date of Birth:

Applying for School Year:

Emergency Contact Information

An "emergency file" containing the information in this section will be maintained in the office for your child's safety in the event of a school evacuation or personal emergency. It is imperative this form is complete, accurate and kept up to date by notifying the office.

List 2 people *(other than parents & guardians)* the school can contact and/or release your child to in the event of an emergency. Parents and guardians will always be contacted first.

First Name	First Name
Last Name	Last Name
E-Mail Address	E-Mail Address
Phone (check primary phone)	Phone (check primary phone)
O Home	O Home
O Work	O Work
O Cell	O Cell
Physical Address	Physical Address
City, State, Zip	City, State, Zip
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Employer	Employer
Job Title	Job Title

Family Password:

(Proper identification and knowledge of the family password will be required before releasing your child in the event of an emergency)

Doctor Contact

Family Doctor's Name

Doctor's Office Phone Doctor's Emergency Phone

APPLICATION FORM

Student Medical Information

Over-the-counter medications are periodically administered due to headache, sore throat etc.
My child may receive the following checked medications without me being contacted:

O Cough Drops
O Cough Syrup
O Sudafed
O Tylenol
O Ibuprofen
O Benadryl
O Tums
O NONE

Allergies *(food & other)*	Medical Conditions	Medication *(how often needed)*

Does student wear glasses? O Yes O No O Reading Only O Contact Lenses

Please give us any other information you feel is important in the event of an emergency

Medical Release

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____ , in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment for such treatment.

Signature Date

Additional Information

Transportation *to* school O Public Bus O Taxi O Walk O Drop-Off O Student Driver*

Are there religious requirements the school should be aware of? O Yes O No

If yes, please describe:

Requested tuition method O Annual O Semi-Annual O Monthly O Bill Employer

Enrollment Agreement

School Year:

I agree to enroll my child in AZ Academy for the school year listed above. I understand the registration fee is non-refundable and this contract may be terminated by AZ Academy if a student does not adhere to academic, discipline, and/or attendance policies. I commit to upholding the policies defined in the Student/Parent Handbook. In the event of early withdrawal or expulsion, the signer is obligated to pay tuition fees up until the official date of dismissal and one additional month.

Mother/Guardian Signature Date

Father/Guardian Signature Date