



Administrative Use Only
Intake Initial and Date Received: _____

## PVS APPLICATION

*Please print. Information is required for eligibility.*

How did you hear about us?  PVS Website  Driving by  Newspaper  Another Website (which one?) \_\_\_\_\_  
 Word of Mouth (If so, whom) \_\_\_\_\_

**STUDENT INFORMATION**     Enrolling for the first time     Re-enrolling

Enrolling for the 20\_\_\_\_ - \_\_\_\_ school year  
 Seeking Admission for Grade Level \_\_\_\_\_                      Last Completed Grade \_\_\_\_\_  
 Last Name \_\_\_\_\_    First Name \_\_\_\_\_  
 Legal Last Name (if different) \_\_\_\_\_                                      Middle Name \_\_\_\_\_  
 City/State of Birth \_\_\_\_\_    Date of Birth \_\_\_\_\_  
 Student Cell Phone \_\_\_\_\_    Current Age \_\_\_\_\_

**Please list any siblings that currently attend or will attend at PVS** \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Mother's Name _____	Father's Name _____
Home Address _____	Home Address (if different): _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Preferred Method of Contact:     Home Phone     Cell Phone     Work     Email

Is one parent a member of the Armed Forces on active duty?:     Yes     No

**CONFIDENTIAL INFORMATION**

Student Lives With:     Parents     Mother     Father     Other (specify and name) \_\_\_\_\_  
 Who has legal custody?     Parents     Mother     Father     Other (specify and name) \_\_\_\_\_

**The school will not honor a request of restrictions unless copies of custodial papers or copies of court orders that support the requests of the parent are on file with the school.**

Please describe visitation arrangements (if applicable) \_\_\_\_\_  
 Are there any family circumstances we should be aware of? \_\_\_\_\_  
 Are there any issues or concerns, related to health/safety that the school should be aware of?     Yes     No  
 If yes, please describe \_\_\_\_\_

**DISCIPLINARY INFORMATION**

Has your child ever been suspended from school?  Yes  No If yes, please give dates, school names and circumstances \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No If yes, please give dates, school names and circumstances \_\_\_\_\_

Has student been involved in the juvenile or adult court system in the last year?  Yes  No

If on probation, please explain briefly: \_\_\_\_\_

Name of Probation Officer (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHOOL INFORMATION**

Please indicate all former schools your child has attended. (Attach additional page if necessary.)

<i>School Name</i>	<i>City and State</i>	<i>Dates Attended</i>	<i>Reason for Leaving</i>

**SPECIAL EDUCATION SERVICES**

Does your child have a current IEP?  Yes  No Has your child previously had an IEP?  Yes  No

Does your child have a current 504?  Yes  No Has your child previously had a 504?  Yes  No

Has your child ever been evaluated for special education eligibility?  Yes  No

**HOME LANGUAGE SURVEY**

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**STATEMENT OF DISCLOSURE**

- I/We have truthfully answered all questions on this enrollment form.
- I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.
- I/We understand that any false information on the application will be grounds for immediate non-admission to this school.
- I/We understand that this application does not guarantee enrollment, but is only the first step of the eligibility process.

**Parent/Guardian Signature(s):**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

Approval Signature: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date Entered into SMS: \_\_\_\_\_

Admin Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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)



# Prescott Valley School

9500 Lorna Lane, PO Box 27348

Prescott Valley, AZ 86314

Phone: (928) 772-8744 • Fax: (928) 775-4457

[www.prescottvalleyschools.com](http://www.prescottvalleyschools.com)

## Family Educational Rights and Privacy Act (FERPA)

### Directory Information Release

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Prescott Valley School**, with certain exceptions, obtain your written consent prior to the release of personally identifiable information from your child's education records, referred to as "directory information". However, **Prescott Valley School** may disclose appropriately designated "directory information" without written consent, unless you have advised the School to the contrary. The primary purpose of directory information is to allow **Prescott Valley School** to include the following information in certain school publications. Examples include:

A playbill, showing your student's role in a production; The annual yearbook;	Honor roll or other recognition lists; Graduation programs; and Sports activity sheets
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Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories (names, addresses and telephone listings) unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. (These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.)

If you **do not** want **Prescott Valley School** to disclose directory information on your child without your prior written consent, you must notify the School in writing. **Prescott Valley School** has designated the following information as directory information:

Student's name Address Telephone listing Electronic mail address Photograph Participation in official recognized activities and sports	Weight and height of members of athletic teams Degrees, honors, and awards received Date and place of birth The most recent educational agency or institution Dates of attendance Grade level attended
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### Student Media Release Form

From time to time, newspaper, radio or television reporters may visit the school to report on school events or programs. Prescott Valley School may also wish to use photographs, video or audio recordings of students in educational or promotional materials or on the school's website.

As parent/guardian of \_\_\_\_\_ (student's name), who attends **Prescott Valley School**, I give permission for my child to be included in photographs, videotaped or recorded interviews, and for the information collected by the media to be used as part of news stories to be published in print, Internet, broadcast or video by school or news media. I understand that images and/or filmed or audio recordings will not be used for commercial gain and will not be sold to anyone for commercial use. Please indicate by checking the box below whether your child has permission to be photographed or filmed.

- YES, I give permission  
 NO, I do not give permission

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



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### Race/Ethnicity Data Collection Form

In accordance with **Federal Guidance**, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### Race/Ethnicity Two-Part Question: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

#### Part 1: Ethnicity - Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

#### Part 2: Race - What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North or South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the Original peoples of Hawaii, Guan, Samoa, and other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



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## STUDENT PROGRAMS FORM

The answers to the questions below are confidential and assist us in determining if the student meets the eligibility criteria for additional support services.

Name of Student: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### SECTION 1

1. Is the student presently living in any of the following situation due to the **lost of housing or economic hardship**?
- In a shelter or foster home  Yes  No
  - With another family in a house, mobile home or apartment due to hardship  Yes  No
  - In a motel/hotel, car or campsite  Yes  No
  - In another location that is no appropriate for people (e.g., an abandoned building)  Yes  No
  - With friends or family members other than parent/guardian  Yes  No

If you answered NO to all the questions in #1, skip to Section 2

2. The student lives with:  parent(s)  a family member  alone  an adult who is not a parent or a legal guardian

### SECTION 2

1. Have you or your family moved recently or within the past three years?  Yes (*continue*)  No (*skip to Section 3*)
2. Was the purpose of the move to work in the fields, packing companies, dairies or ranches as a principal means of livelihood?  Yes  No

### SECTION 3

Complete the following information **only** if the child was **born outside** of the United States, otherwise skip to Section 4.

List all the schools attended for the past 3 years:

School Year	Grade	School Name	State	Country

### SECTION 4

Please check to indicate whether the student has ever had any of the following:

- I.E.P.       504 Accommodation       Gifted Education       English Immersion Classes

There are many regulations that govern Special Education, 504 accommodation and gifted services. Services provided by your child's previous school should continue, but PVS must be provided with proper documentation. (Please understand that **not all** documentation from the previous school is automatically forwarded in a timely manner.) If you want your child to receive the appropriate services, please submit current reports, evaluations, Individualized Education Plan (IEP's) and other information you may have regarding your child as soon as possible. Your effort will expedite services.

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



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## EMERGENCY CARD AND CONSENT TO PICK UP

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Please list contacts with permission to pick up in order of preference – including yourself (parent/legal guardian)

Name	Relationship to Student	Phone	Work or Alt. Phone

Please list contacts NOT permitted to pick up your child due to court orders

Name	Relationship to Student

## MEDICAL RELEASE FORM

All medications, including prescriptions and over-the-counter medication (Tylenol, Advil, etc.) must be kept in the front office. The school, by law, cannot provide any type of over-the-counter (OTC) medication to students. If your student needs access to any OTC medication, it will need to be provided in its original bottle with proper identification. Any medications sent to school without proper identification will not be given. Proper identification for prescription medication is medicine in a signed prescription bottle, not expired, and prescribed for the student. An OTC should be labeled clearly with the student's name. This pertains to inhalers as well. Students who need to take any medication during school hours need to indicate this medicine and dosage below. If the dosage and/or medication changes in any way please send a written verification, with a doctor's note, of this change to the office.

Medication

Dosage

Frequency

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or allergic reactions that the school should be aware of:

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Do we have permission to administer common first aid to your child?  Yes  No

I authorize the school designee to give the medication(s) above to my child when needed. In an emergency, I authorize the school to take my child to the above named doctor, hospital, or nearest emergency center for treatment. Staff will attempt to reach the parent/guardian before arranging transportation to an emergency facility if possible.

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



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## RELEASE OF STUDENT RECORDS REQUEST

### ATTENTION STUDENT RECORDS:

Please send the following records via

FAX to (928) 775-4457 or EMAIL to [admissions@pvschool.com](mailto:admissions@pvschool.com)

Attn: REGISTRAR

THANK YOU, in advance for your prompt attention to this request.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade level at time of withdraw: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Birth Certificate

Immunization Records

Report Card/Transcript

ELL Assessment Data

Withdrawal Form

Standardized Test Scores

Vision/Hearing Screening

Disciplinary Records

Mail Official Transcript

Other \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* For office use only \*\*\***

First Request to \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Second Request to \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Third Request to \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_





**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