

# Career and College Prep/Peoria Prep

## Student Re-Enrollment Form

Entry Code: \_\_\_\_\_  
Entry Date: \_\_\_\_\_  
Date entry posted in SMS  
Date: \_\_\_\_\_ Initials \_\_\_\_\_  
Withdrawal Code: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_  
Date withdrawal posted in SMS:  
Date: \_\_\_\_\_ Initials \_\_\_\_\_



Returning  School Year: \_\_\_\_\_

**PLEASE PRINT.**

**STUDENT INFORMATION:**

**GRADE** \_\_\_\_\_

**GENDER: M**  **F**

LEGAL LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_ LEGAL MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ BIRTH STATE (optional, not used for enrollment decisions): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET (APT. #) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
P.O. BOX or STREET # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

STUDENT CELL PHONE: \_\_\_\_\_ STUDENT E-MAIL ADDRESS: \_\_\_\_\_

**MOTHER OR GUARDIAN**

STUDENT LIVES WITH:  MOTHER  GUARDIAN  STEP-PARENT  FOSTER PARENT  OTHER \_\_\_\_\_

\_\_\_\_\_  FULL CUSTODY  JOINT CUSTODY  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS (If different from student) \_\_\_\_\_  
MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**FATHER OR GUARDIAN**

STUDENT LIVES WITH:  FATHER  GUARDIAN  STEP-PARENT  FOSTER PARENT  OTHER \_\_\_\_\_

\_\_\_\_\_  FULL CUSTODY  JOINT CUSTODY  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS (If different from student) \_\_\_\_\_  
MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLEASE NOTE – Providing the below Ethnicity and Race information is optional and not used to make enrollment decisions.

**ETHNICITY / RACE** PART A – Is the Student Hispanic or Latino? – YES  NO  (Choose One Only)

PART B – What is the Students Race (Select one or more)  American Indian / Alaska Native  
 Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

Has this student ever been expelled?  YES  NO School \_\_\_\_\_

If this student was enrolled in any schools during the current or past school years, list all the schools and enrollment dates below:

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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? (Choose one)  English  Spanish  Other (identify) \_\_\_\_\_

What is the language the student first acquired?  English  Spanish  Other (identify) \_\_\_\_\_

Does the student have at least one parent/guardian who is a member of the Armed Forces on Active Duty?  Yes  No

Does the student have at least one parent/guardian who is a member of the Armed Forces National Guard or Reserve?  Yes

No

**EMERGENCY INFORMATION**

We request that you complete this form at registration. It will help us ensure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential and in your child's folder.

Please list persons other than parent who may care for the student if the student becomes ill or may transport the sick/injured child from school to doctor. (We cannot release the student to anyone who is not listed below.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred:

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of a serious illness or injury, your son/daughter will be taken to the closest hospital by ambulance, if deemed necessary. Emergency care will be provided there until you can be contacted. (Any expense for emergency transportation and/or treatment shall be the responsibility of the parent/legal guardian.)

**COMPLETION OF THE FOLLOWING SECTION IS VOLUNTARY.**

Please check the following, if any apply to the student.

<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Tires Easily	<input type="checkbox"/> Frequent sore throats
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Frequent stomach aches
<input type="checkbox"/> Persistent cough	<input type="checkbox"/> Frequent toothache	<input type="checkbox"/> Persistent hoarseness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent pains in limbs	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Diabetes (Type I or Type II)	<input type="checkbox"/> Orthopedic Problem	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Allergies (Please list below)		

List all Current Medications Below

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

Does the student have any health problems or chronic illnesses at this time? If yes, please explain:

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

Does the student wear glasses or contacts? \_\_\_\_\_ Does the student have a hearing problem? \_\_\_\_\_

Please note any immunizations the student has received within the past 12 months. \_\_\_\_\_

\_\_\_\_\_

**Parent/guardian completing the enrollment application:**

**SIGN HERE**  NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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

Career and College Prep/

Student \_\_\_\_\_ School Peoria Prep

School District or Charter Holder AIBT Non-Profit Charter High School

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)

\_\_\_ 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.

**Title I/Free and Reduced Eligibility Form  
Career and College Prep/Peoria Prep  
USDA CHILD NUTRITION PROGRAM  
INCOME GUIDELINES**

**2024-2025**

<b>Federal Income Chart For School Year 2024-2025</b>						
<b>Household Size</b>	<b>Free Yearly</b>	<b>Free Monthly</b>	<b>Free Weekly</b>	<b>Reduced Yearly</b>	<b>Reduced Monthly</b>	<b>Reduced Weekly</b>
<b>1</b>	<b>\$19,578</b>	<b>\$1,632</b>	<b>\$377</b>	<b>\$27,861</b>	<b>\$2,322</b>	<b>\$536</b>
<b>2</b>	<b>\$26,572</b>	<b>\$2,215</b>	<b>\$511</b>	<b>\$37,814</b>	<b>\$3,152</b>	<b>\$728</b>
<b>3</b>	<b>\$33,566</b>	<b>\$2,798</b>	<b>\$646</b>	<b>\$47,767</b>	<b>\$3,981</b>	<b>\$919</b>
<b>4</b>	<b>\$40,560</b>	<b>\$3,380</b>	<b>\$780</b>	<b>\$57,720</b>	<b>\$4,810</b>	<b>\$1,110</b>
<b>5</b>	<b>\$47,554</b>	<b>\$3,963</b>	<b>\$915</b>	<b>\$67,673</b>	<b>\$5,640</b>	<b>\$1,302</b>
<b>6</b>	<b>\$54,548</b>	<b>\$4,546</b>	<b>\$1,049</b>	<b>\$77,626</b>	<b>\$6,469</b>	<b>\$1,493</b>
<b>7</b>	<b>\$61,542</b>	<b>\$5,129</b>	<b>\$1,184</b>	<b>\$87,579</b>	<b>\$7,299</b>	<b>\$1,685</b>
<b>8</b>	<b>\$68,536</b>	<b>\$5,712</b>	<b>\$1,318</b>	<b>\$97,532</b>	<b>\$8,128</b>	<b>\$1,876</b>
<b>Each Additional Add</b>	<b>\$6,994</b>	<b>\$583</b>	<b>\$135</b>	<b>\$9,953</b>	<b>\$830</b>	<b>\$192</b>

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Free Eligibility**    **Reduced Eligibility**

**Do Not Qualify**

**AIBT Non-Profit Charter High School does not provide lunch. However, we must report to the state our students that qualify for free or reduced lunch. Please fill out the information above and check the appropriate box.**

**Return this form to: AIBT Non-Profit Charter High School by 09/30/2024**