



# Enrollment Checklist 2020-2021

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

## For PDMA Use:

- ☐ Student Enrollment Form
- ☐ Home Language Survey (HLS)
- ☐ Emergency Information Card
- ☐ AZ Proof of Residency Form
- ☐ Media Release Form
- ☐ Records Request Form
- ☐ Student Information Sheet
- ☐ Medication Form
- ☐ Military Identifier
- ☐ Student's Proof of Identity and Age

(Such as: birth certificate, student's baptismal certificate, an application for a social security number, a letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.)

- ☐ Immunization Record prior to students first day of attendance (An Immunization Exemption Form may be requested from the office)

All forms must be filled out completely; be sure to sign and date where required. ***Incomplete enrollment packets cannot be accepted.***

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PDMA Mission Statement: We believe education should address not only the academic needs of the children, but also speak to their spirits. Our mission is to provide individualized instruction that fosters a love of learning and respect for all living things. With the Montessori philosophy at the core, children will be guided through hands on learning in a prepared environment.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# 2020-2021 Student Enrollment Form

Student's Name: \_\_\_\_\_ Entering Grade Level: \_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age by Sept. 1: \_\_\_\_\_ Gender: M / F

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City, State, Zip

Mailing Address (if different): \_\_\_\_\_  
PO Box or Street City, State, Zip

Federal Ethnicity Survey: \_\_\_\_ Hispanic or Latino \_\_\_\_ Not Hispanic or Latino

Federal Race Survey: \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian \_\_\_\_ White  
\_\_\_\_ Black or African American \_\_\_\_ Native Hawaiian or Pacific Islander

Parent / Guardian #1: ☐ Mother ☐ Father ☐ Other (specify) \_\_\_\_\_

Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent / Guardian #2: ☐ Mother ☐ Father ☐ Other (specify) \_\_\_\_\_

Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child is living with: ☐ Both Parents ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Other\_

Siblings at PDMA and their grade level: \_\_\_\_\_

Special Education: \_\_\_\_ YES \_\_\_\_ NO IEP submitted: YES \_\_\_\_ NO \_\_\_\_

What language do people speak in the home most of the time? \_\_\_\_\_

What language does the student speak most of the time? \_\_\_\_\_

What language did the student first speak or understand? \_\_\_\_\_

I hereby request enrollment of the child named above at Painted Desert Montessori Academy for the 2020-2021 school year, subject to the terms and conditions of the PDMA handbook for parents.

Parent /Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Painted Desert Montessori Academy is a non-sectarian, publicly-funded charter school and does not discriminate in its enrollment or hiring practices on the basis of gender, race, religion, or ethnic origin, color or disability.

For Office Use:

Student ID: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Date & Time Received: \_\_\_\_\_

Enrollment Code: \_\_\_\_\_

ELL: \_\_\_\_\_





## 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 Painted Desert Montessori, LLC

School Painted Desert Montessori Academy

**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)



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Relationship:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): \_\_\_\_\_

## Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

## Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_

School Painted Desert Montessori Academy

School District or Charter Holder Painted Desert Montessori LLC

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



# Media Release Form

Painted Desert Montessori Academy is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes submitting pictures to the local newspapers, having your child participate in a PSA or program on the radio, as well as developing our own publications. These publications include information, likenesses, and images, which may appear on our website and Facebook page, in school brochures, as well as in other publications.

Please note, however, that your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible. This photo release form does not apply to photographs taken during extra-curricular activities. Students who attend extracurricular activities forfeit their rights to retain authority over the publication of photos taken.

Please fill out the form below to inform us of your wishes regarding publicity.

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

\_\_\_\_\_ I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in school publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television.

\_\_\_\_\_ I request that you do not interview or photograph my child.

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

Date \_\_\_\_\_

This form will be kept on file at your child's school. If a situation arises that may change your child's status regarding publicity, please notify the office in writing as soon as possible. New photo release forms will not be required each school year.

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# Records Request

In accordance with the Family Education Rights and Privacy Act of 1974 (PL93-380) and the Arizona State Law (ARS15-151), I hereby authorize the release of the following student records to the school named below.

Student Name	Birthday	SAIS ID	Grade
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Information requested from:

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone & Fax

Information to be released to:

Painted Desert Montessori  
Academy 2400 S. 247<sup>th</sup> Ave.  
Buckeye, AZ 85326  
Attention: Admissions  
or  
maritzak@pdmabuckeye.org  
Attention: Admissions

We are requesting the following records:

- Educational records
- Grades/progress reports to date of withdrawal
- Immunization records/Medical information
- Withdrawal notice
- Special education records
- Psychological reports
- Attendance reports
- All standardized test scores

Parent/Guardian Signature	Relationship	Date
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School Official Signature	Title	Date
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# Student Information Sheet

This Information Sheet is a quick reference guide for the teacher. Please include any information you would like the teacher to know about your child.

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

Birthday: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Siblings Attending PDMA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
E-Mail

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Challenges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information you should know about my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Medication Form

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**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
(Please print)

Painted Desert Montessori Academy has "Standing Orders". This means with your permission; we will be able to administer medications to your children. Annually we require all parents to sign and authorize for the administration of these medications.

**Health office personnel will dispense medications.**

Please place a mark in the appropriate field next to the medications that you would allow your child to receive at school.

- **Acetaminophen (Tylenol) for minor pain or fever** YES \_\_\_\_\_ NO \_\_\_\_\_
- **Ibuprofen (Motrin) for mild pain or fever** YES \_\_\_\_\_ NO \_\_\_\_\_

Is student currently under medical care? \_\_\_\_\_ NO \_\_\_\_\_ YES, if so please

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a parent/guardian or designated friend/relative cannot be reached, I hereby give authority to any hospital or medical professional to render immediate aid as might be required at this time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



# Military Service Identifier

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Is the student a dependent of a member of the United States military service in the Active-Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?

Yes ☐ No ☐ Decline to Answer

Is the student a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)?

Yes ☐ No ☐ Decline to Answer

Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)?

Yes ☐ No ☐ Decline to Answer