



# 2018/2019 Enrollment Packet

Thank you for choosing Gilbert Arts Academy to provide your child with a quality, well-rounded educational experience.

The attached forms are needed to complete the registration process. The office is able to make any necessary copies. Once all documentation is received you will be contacted via email to inform you of your student's acceptance to GAA.

Prior to the start of the school year, you can expect to receive a welcome letter from our principal, along with a student supplies list and details of our Orientation date and time. Information regarding our curriculum and standards, uniform dress code, school lunch program, after school Mustang Clubs, before/aftercare programs, drop off/pick up procedures, as well as other important information will be available at Orientation. Please feel free to contact the school office with any additional questions!

*Welcome to the Gilbert Arts Academy family!*





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

Grade: \_\_\_\_\_

**2018/2019**

**Enrollment Packet Checklist:**

**(All forms must be complete and signed)**

- Copies or originals of the following:
  - Proof of student's identity and age** (Birth Certificate, Application for Social Security Card, Baptismal Certificate or other documentation per A.R.S. 15-828)
  - Proof of Residence** (Utility bill, Purchase or Lease Agreement or other documentation per ARS 15-802(b)) or Affidavit of Residency if residing with friend or relative.
  - Current Immunization Records** or Exemption Form
  - Withdrawal Form from previous school
  - Individual Education Plan (IEP) or 504 Plan (if applicable)
  - Copy of Custody Papers/Legal docs (if applicable)
  
- Registration form
- Arizona Residency Documentation form
- PHLOTE form
- Medical History
- Consent for Medical/Dental Emergency
- Internet Use Policy is signed by student and parent
- Permissions Form
- Request for Release of Student Records
- Legal Documentation
- Parent/Student Compact signed by student and parent
- Transportation Release Form and copies of Parent IDs
- McKinney Vento/Student Residency Status
  
- Kinder only-** \$100 registration fee (supplies, graduation cap & gown, 2 field trips)

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date

For office use only

All documents received by: \_\_\_\_\_

Start Date: \_\_\_\_\_

STATE ID: \_\_\_\_\_



# GILBERT ARTS ACADEMY Registration Form 2018- 2019

BLUE OR BLACK INK. DO NOT USE WHITE OUT ON THIS FORM.

## STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name:	Age:	Grade:	Gender:
Ethnicity: (Please Mark Only One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (Please mark ONE or MORE of the following) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian		Student's email address:		
Date of Birth (Month/Day/Year) / /	Birth City	Birth State	Birth Country		Student's Cell Phone

## PREVIOUS SCHOOL INFORMATION

Name of Previous School Attended	Withdrawal Date	Previous School Location (City, State, Zip Code, if known)
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## PARENT/GUARDIAN/ADULT STUDENT (over 18) INFORMATION

Primary Contact: Name (Last, First)			<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings			Secondary Contact: Name (Last, First)			<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings		
Home Address						Home Address					
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Mailing Address (if different from above)						Mailing Address (if different from above)					
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Primary Phone			Work Phone			Primary Phone			Work Phone		
Relationship to Student:						Relationship to Student:					
Email Address:						Email Address:					

## IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY

Emergency Contact 1 Name (Last, First) - Person that can Pick up Student				Emergency Contact 2 Name (Last, First) - Person that can Pick up Student			
Primary Phone		Relationship to Student		Primary Phone		Relationship to Student	

### \*\*\*STUDENT BACKGROUND\*\*\* IMPORTANT!!!

If parents separated/divorced, who has legal custody? \_\_\_\_\_

Does the non-custodial parent have restricted visitation rights?  Yes  No  
 (If yes, a copy of the legal papers must be provided)

Does your child currently receive special services?  Yes  No  
 Special Education     504     ELL

### HOME LANGUAGE SURVEY (as required by Arizona Department of Education)

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 the student first acquired? \_\_\_\_\_

Special services information is requested solely for ensuring continuity of services and is not used for enrollment decisions.

### PLEASE LIST SIBLINGS

	Names (Last, First)	Age	School
Has your child ever been expelled from another educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.		
Is your child currently in the process of being expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.		
Is your child currently under a long-term suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No	3.		
Has your child ever been a Leona Group student before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE.  
 (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.  
 R.S. 13-2-107) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION

\_\_\_\_\_  
 PARENT / GUARDIAN / ADULT STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

THIS SECTION IS FOR OFFICE USE ONLY

Proof of Birth Documentation <input type="checkbox"/> checked	Entry Date: _____ / _____ / 20__	Entered into Synergy: _____ / _____ / 20__	Interviewer Initials: _____
Proof of Residency <input type="checkbox"/> checked	Entry Code: _____	Entered into Synergy by: _____	



**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)
  
- \_\_\_ 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  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the 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? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



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

# Medical History

(Check all that apply)

- Measles
- Convulsive Disorder
- Heart Condition
- TB
- Asthma
- Diabetes
- Mumps
- Vision Impairment
- Allergies
- Ear Infections
- Physical Handicap
- Other \_\_\_\_\_
- Chickenpox
- Hearing Impairment
- Scoliosis

Is your child taking any medication? (circle one)                      Yes                      No

Does your child require medication during the school day?    Yes                      No

If yes, name the medication(s) and conditions being treated:

***\*Medication may not be administered without a prescription release. An exception to this is a respiratory inhaler or epinephrine; however, we must have a physician's statement on file in the school office.***

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Is your child presently receiving treatment for any physical condition? Yes/No    If yes, please explain:

Is your child allergic to any foods or other substances?                      Yes\*                      No

Is your child subject to convulsions?                      Yes\*                      No

Is your child susceptible to infections?                      Yes\*                      No

Is there any physical condition that we should be aware of?                      Yes\*                      No

***\*If you answered yes to any of the above, please list any foods/ substances to be avoided and/or precautions to be taken. Additionally, please explain procedures to follow in the event of an allergic reaction or convulsion, etc.***

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

The above emergency and medical information is provided by:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT AND MEDICAL INFORMATION**

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, as listed on the Registration Form. In some circumstances, it may be necessary to seek medical treatment before guardians can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.

- Yes, I give permission for my child to receive emergency medical treatment by authorized personnel, as deemed necessary in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	

Please use this space to explain any special procedures or requests:

- No, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or requests:

**EMERGENCY CONTACT NAME AND PHONE NUMBER**

Alternate Emergency Contact: This person will be contacted **only if the primary and secondary guardians** are unavailable.

Emergency Contact Phone Number

**MEDICAL/ALLERGY INFORMATION**

Please list any existing medical problems:

Please list any known allergies:

**CONSENT FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATION**

The office staff may have some over-the-counter medication/first aid that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

- Yes, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. Neosporin, hydrocortisone cream, petroleum jelly, cough/throat lozenges, band aids, acetaminophen and ibuprofen).
- No, I do not give permission for my child to receive over the counter medication/first aid.

I understand that if my student needs medication, prescription or over-the-counter, I will provide: ***EITHER*** prescription medication in the original container with the pharmaceutical label clearly showing child's and prescribing doctor's names, ***OR*** over-the-counter medication in an unopened package, ***AND***, written directions to the school regarding how and when medication is to be administered and signed by the parent. **All medications shall be kept in the school office.** When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature		Date	
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Student Legal Name: \_\_\_\_\_

## Internet Use Policy

**PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:**

**Parent/Guardian:**

I give my permission for my student to participate in the use of the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that my student will receive instruction in the appropriate use of this resource.

I realize that although the school has safeguards in place to prevent access, the internet contains material that is inappropriate for school purposes. Unacceptable use of the network will result in the suspension of all privileges. I will not hold Gilbert Arts Academy accountable for unsuitable materials acquired by the student.

I acknowledge that I have read the Internet Use Policy.

Parent/Guardian's Name: (Please Print) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

**Student:**

I will abide by the Internet Use Policy. I understand that the Internet contains some material inappropriate for school use and I will not access this material. It is impossible for Gilbert Arts Academy to prevent access to all controversial material, and I will not hold them responsible for such materials found or acquired on the network. I understand if I break these rules, my computer privileges may be taken away, and appropriate school discipline may be taken.

Student Name: (Please Print) \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Grade: \_\_\_\_\_





PERMISSION FORM

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Permission to Participate in Off-Campus Activities

- I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities. Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.
Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.
Permission is granted if school vehicles are used for transportation.
Public transportation
Permission is granted to give student information to military recruiters

Permission to Release News Information

There may be times during the school year when the school, The Leona Group, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications ("School Related Media Information").

- I give my permission to the school, The Leona Group and designated school program partners to (i) provide School Related Media Information which may reference or depict my child to the general news media and (ii) utilize for display or in promotional materials such School Related Media Information in a variety of mediums.

Permission to Use Artwork

There may be times during the school year when the school, The Leona Group, news media or others wish to use the following information created or photograph of your student at the school to use in print, video, Internet or other communications

- I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

Student Name

Parent/Guardian Signature

Date



862 E. Elliot Road  
 Gilbert, AZ 85234  
 (480) 325-6100 phone | (480) 632-2077 fax

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Please forward the transcript(s) of: \_\_\_\_\_  
 (Student Name)

Date of Birth: \_\_\_\_\_ Enrolled in grade: \_\_\_\_\_ at Gilbert Arts Academy on \_\_\_\_\_.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records also.

Please send the following information:

- ★ AzMERIT student report data
- ★ Birth certificate
- ★ Report cards/Transcripts
- ★ Explanation of grading system. Please indicate symbols or letters designating accelerated classes.
- ★ Test scores (AZELLA scores – oral, reading & writing)
- ★ Official withdrawal form
- ★ Immunization records/health records
- ★ Hearing and vision screening results
- ★ Behavior Records
- ★ Special education records, including IEP's, psychological reports, etc.

***To be completed by Parents/Guardians:***

Name and address of last school attended:

\_\_\_\_\_  
 School Name

\_\_\_\_\_  
 Address

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

\_\_\_\_\_  
 School Phone # School Fax #

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

**\*State Law 15/828 Para. F States that NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.  
 \*New Federal Law 99-31 states No parent or signature required for educational records to be sent to another educational agency.**



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

## Legal Documentation

**Please check one of the following statements:**

\_\_\_\_\_ There are no court orders or parental custody issues that apply to the student named above.

\_\_\_\_\_ I have provided a copy of all documented court orders, restraining orders, etc., that apply to the student named above.

\_\_\_\_\_ I do not wish to provide Gilbert Arts Academy with a copy of the court orders, restraining orders, etc., and hereby waive Gilbert Arts Academy of any and all liability that may occur in regard to this matter for the above named student.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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

## Parent/School Compact

This Parent/School Compact has been developed through the combined efforts of the parents and staff of Gilbert Arts Academy. It outlines the goals, expectations, and shared responsibilities for the success of all our students.

### **School Environment:**

#### The School will:

- Provide a safe, secure environment on a closed campus.
- Employ highly qualified, certified teachers and well trained support staff.

#### Parents will:

- Contact the school with any concerns over attendance, behavior or academic completion.
- Contact their student during regular class hours only through the school office.

#### Students will:

- Accept the responsibility of maintaining a safe, secure learning environment by accepting this code of conduct.
- Not use, sell or participate in any illegal use of drugs, tobacco or alcohol.
- Avoid and refrain from all gang related activities, hand signs, clothing, jewelry, graffiti or any other actions or behaviors.
- Not gamble in any way shape or form.
- Not carry weapons, look-alikes, or replicas of weapons.
- Not carry phones, tablets, mp3's/music devices or similar electronics in class at any time.
- Not fight or participate in any confrontational behavior at any time with anyone.
- Attend classes on time and only leave campus during school hours when signed out by a parent or guardian.

### **Behavior and Participation:**

#### The School will:

- Maintain a safe climate with a positive atmosphere suitable for learning for all students.
- Provide students with a foundation for continuous learning.

#### Parents will:

- Reinforce mutual respect for all teachers, staff and other students.
- Reinforce appropriate dress for a learning environment (including clothing and jewelry).
- Promote and monitor their student's attendance for a goal of 100% attendance and minimal tardies/early departures.
- Reinforce positive student behavior and participation involving any and all activities, possessions and actions.

#### Students will:

- Show respect to all teachers, all staff and all students at all times. No racism, foul language, obscene gestures, harassment, poor attitude, cheating or inappropriate behavior.
- Use appropriate language at all times. No obscenities, threats, harassment, or any other verbal abuses.
- Show positive behavior at all times. Attendance, participation, respect, positive attitude, gestures and posture.

- Wear school uniform clothes, or dress down appropriate clothing for dress-down days earned (per dress code, handbook).

### **Academics and Curriculum:**

#### The School will:

- Provide a challenging curriculum that is aligned to the Arizona Common Core Standards.
- Promote student achievement and success addressing all learning styles and accommodations.
- Employ highly trained professionals (teachers, administrators and staff), who promote the highest quality in education.

#### Parents will:

- Support students in their learning and completion of all classes, assignments, homework and class activities.
- Assist their students in seeking and receiving any additional help in order to achieve.
- Have access to all curricular materials and their student's class work in order to monitor his or her progress.

#### Students will:

- Put forth 100% effort in all class activities, and assignments in order to meet the requirements for promotion to middle school.
- Ask for help on any assignments or concepts they do not understand in order to achieve their highest potential.
- Attend tutoring sessions or additional help classes suggested by their teacher in order to help them achieve.
- Complete all classes, assignments and homework honestly and to the best of their ability.

### **Goals and Achievement:**

#### The School will:

- Provide every opportunity for students to achieve academic success.

#### Parents will:

- Provide every opportunity for their student to achieve academic success.

#### Students will:

- Take responsibility to learn and achieve in every class and to work cooperatively and positively with their teachers to achieve mastery of the concepts and academic success.

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Administrator Signature: \_\_\_\_\_

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



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

SY \_\_\_\_\_

### Student/Transportation Release Form

Please specify and give permission for student's pick-up and transportation.

**Each eligible adult that will be responsible for my child's transportation must have a copy of their photo ID on file, including parent/guardian. Person's picking up must be 18 years or older.**

**If at any time during the school year someone other than those people listed below will pick up my child from school, I will notify the school in writing in advance.**

\_\_\_\_\_  
Parent/Emergency Contact 1

\_\_\_\_\_  
Parent/Emergency Contact 2

\_\_\_\_\_  
Emergency Contact 3

\_\_\_\_\_  
Emergency Contact 4

\_\_\_\_\_  
or

\_\_\_\_\_  
or

\_\_\_\_\_

#### Kinder-6<sup>th</sup> ONLY-----

My child has permission and will be walking/riding his/her bike to school each day:

YES \_\_\_\_\_ NO \_\_\_\_\_

My child has permission and will be riding public transport/Kindercare/Tutor Time van to and from school:

YES \_\_\_\_\_ NO \_\_\_\_\_

Daycare Center Location & Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, part, car or abandoned building
- In temporary or transitional foster care placement

According to the McKinney Vento Homeless Act, eligible students have rights to:

Immediate enrollment. Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)
- In Maricopa County, Thomas J. Pappas School.

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the students must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decisions, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.ade.az.gov/asd/homeless/> or contact:

Ms. Lauren Arnold Homeless Liaison Gilbert Arts Academy 862 E. Elliot Road Gilbert, AZ 85234 (480) 325-6100 Lauren.arnold@leonagroup.com	Mr. Frank Migali Homeless Education Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85004 (602) 542-4963 Frank.migali@azed.gov
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# Gilbert Arts Academy

## Student Residency Status McKinney-Vento Eligibility Questionnaire

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

This questionnaire is intended to address the McKinney Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_
2. Is your temporary address due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

**If you answered "NO" to both of these questions, you may stop here. Thank you.**

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Name of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is this student presently living? (Check one box.)

- Doubled up with relatives or friends
- In a motel
- In a shelter
- Moving from place to place
- In a place not considered traditional "housing" (campground, car, public place, etc.)

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

3. Are you a high school student who is currently living on your own? Yes \_\_\_\_ No \_\_\_\_

Unaccompanied youth also qualify for services under this law.