



# Charter School Enrollment Checklist 2024-2025

---

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

- Enrollment Form \*
- Home Language Survey
- Emergency Information Card
- AZ Proof of Residency Form and Documentation \*
- Original Birth Certificate or Acceptable Alternative \*  
See AZ State Law 15-828 for a list of acceptable proof of identity and age alternatives.
- Immunization Records \*  
An Immunization Exemption Form may be requested from the office.
- In Town Permission Slip
- Media Release Form
- Records Request Form
- Student Information Sheet

\*Items due on initial enrollment date

---

**MISSION STATEMENT:** We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.



# Patagonia Montessori Elementary School, Inc.

500 N. 3<sup>rd</sup> Ave. ♦ PO Box 628 ♦ Patagonia, AZ 85624

(520)394-9530 ♦ fax (520)394-2864

patagoniamontessori@gmail.com ♦ www.patagoniamontessori.org

## 2024 - 2025 Charter School Enrollment Form

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

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

### Last School Attended:

Name: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

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? \_\_\_\_\_

Special Education Category and Service Type (if applicable): \_\_\_\_\_

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 Information:**

Parent / Guardian #1 Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Parent / Guardian #2 Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

### **Family Information:**

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

Siblings and their ages: \_\_\_\_\_

I hereby request enrollment of the child named above at Patagonia Montessori Elementary School, Inc. for the 2024-2025 school year, subject to the terms and conditions of the Patagonia Montessori Elementary School, Inc. handbook for parents.

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

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

Enrollment Date: \_\_\_\_\_ Date Entered into ISS: \_\_\_\_\_



MISSION STATEMENT: We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.



## 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?**

---

**2. What language does the student speak *most* of the time?**

---

**3. What language did the student first speak or understand?**

---

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)



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

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

**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
-----------------

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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
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:



## 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.



## Patagonia Montessori Elementary School, Inc.

500 N. 3<sup>rd</sup> Ave. ♦ PO Box 628 ♦ Patagonia, AZ 85624 ♦ (520)394-9530 ♦ fax (520)394-2864 ♦ [www.patagoniamontessori.org](http://www.patagoniamontessori.org)

# **FY25 In Town Walking/Van Permission Slip**

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

Event Date: 2024-2025 School Year

Location: Patagonia

Transportation Plan: Walking or traveling by school van

My child has my permission to leave campus and explore in the town of Patagonia with the staff of Patagonia Montessori Elementary School, Inc. as part of his/her education program.

I do also consent to Medical Treatment in case of a medical emergency away from school premises.

I hereby release Patagonia Montessori Elementary School, Inc. and all staff and chaperones from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this fieldtrip or activity, or in traveling to and from such fieldtrip destinations.

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

**MISSION STATEMENT:** We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.



# Media Release Form

---

Patagonia Montessori Elementary School 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.

---

MISSION STATEMENT: We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.





# 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	Grade
--------------	----------	-------

Information requested from:

Information to be released to:

---

School

---

Address

---

City, State, Zip

---

Phone & Fax

Patagonia Montessori Elementary School  PO Box 628  Patagonia, AZ 85624  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
---------------------------	--------------	------

---

School Official Signature	Title	Date
---------------------------	-------	------

---

MISSION STATEMENT: We believe education is a drawing forth of the child's innate being. In a structured and nurturing environment, we provide tools for successful living and learning: respect, responsibility, confidence, discovery and joy.



# 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 PMES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b><u>Parent/Guardian Information</u></b>
_____
Name
_____
Primary Phone
_____
E-Mail

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Additional information you should know about my child/our family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_