



FOR OFFICE USE ONLY

Grade: _____

Date Registration Information

Entered into SIS: _____

Enrollment Date: _____

First Date Marked Present in SIS: _____

Withdrawal Date: _____

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CASA Academy is an equal opportunity provider.

In accordance with Arizona law (ARS 15-183F), CASA Academy keeps on file the resumes of all current and former employees who provide instruction to pupils at the charter school. Resumes include an individual's educational and teaching background and experience in a particular academic content subject area. CASA Academy informs parents and guardians of the availability of the resume information and makes the resume information available for inspection on request of parents and guardians of pupils enrolled at the charter school. This subsection does not require any charter school to release personally identifiable information in relation to any teacher or employee, including the teacher or employee's address, salary, social security number or telephone number.

In accordance with National School Lunch Program regulations, parents are required to provide new yearly income information each year if they want to participate in the National School Lunch Program. This information will be distributed starting on July 1st, 2024. It is the parent's responsibility to submit this information between July 1st, 2024 and within 30 days of the first day of school for the 2024-2025 school year if they wish to verify their eligibility for free or reduced meals. CASA scholars will have 30 days after the first day of school to correctly submit an application that will retain their eligibility status (reduced or free lunch); if an application supporting eligibility status is not submitted within 30 days of the first day of school, the scholar will automatically move to paid lunch until an application is submitted.

Student Name: _____

- Complete registration packet with all signatures (check thoroughly)
- Immunization Records (Documentary proof of immunization including, but not limited to, an immunization record in accordance with A.R.S. § 15-872 (C) unless the pupil is exempted from immunization pursuant to A.R.S. § 15-873). This is required for attendance only, not for enrollment.
- Proof of the pupil's identity and age in accordance with A.R.S. 15-828(A). You have 30 days from the day of enrollment to provide proof of identity and age.
- Proof of Residency
- Records from previous school- CASA Academy will request within 5 days of enrollment
- Afterschool program: \$50.00 for current or upcoming quarter for afterschool program or \$200.00 for year (if applicable)
- NSLP Form (can be collected after 7/1/2024)
- Download the Reachwell application on parents' phone



CASA Academy Registration Form 2024-2025

Student Information				
Student First Name:	Middle Name:	Last Name:	Student State ID #:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Current Address:			What grade level will your child be in for the 2024-2025 School Year? KG 1 2 3 4 5 6 7	
City:	State:	Zip Code:		
Birth City:	Birth State:			

Student Demographics (optional)
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian
Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Contact Information					
Parent/ Guardian (Primary)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
	Name:	Primary Phone:	Secondary Phone:		
	Address:		City, State:	Zip Code:	
	Email:				
Parent/ Guardian (Secondary)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
	Name:	Primary Phone:	Secondary Phone:		
	Address:		City, State:	Zip Code:	
	Email:				

Are you a single parent? YES NO

Who has legal custody? (check all that apply)

- Mother Father Step-Mother Step-Father Aunt/Uncle Grandparents
- Legal Guardian Other: _____

Does the other parent have visitation rights? Yes No

(Please note: You are responsible for providing CASA Academy with the necessary legal custody papers.)

Did child's mother graduate from high school? Yes No

Did child's mother graduate from college? Yes No

Did child's father graduate from high school? Yes No

Did child's father graduate from college? Yes No

Military Connected Scholar Indicator

(check all that apply)

- Scholar is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty
- Scholar is a dependent of a member of the Arizona National Guard (Army, Air Guard, or state Guard)
- Scholar is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard)
- None of the above

Siblings in Home

Sibling Name	School Name & Grade Level	Birthdate	Age

Student Primary Method of Transportation

Please tell us the primary method your child will get to and from school each day:

- Car
- Walking (with someone over the age of 18)
- CASA Academy School Bus (must sign permission slip)
- Other (please describe) _____

Do you intend to enroll your child in the afterschool program? (The program costs \$50 per quarter or \$200 for the year.) If yes, please pay \$50 or \$200 with your enrollment application.

- Yes No

Record of Special Education Programs

Does your child have an Individualized Education Plan (IEP)? This question is requested solely for purposes of ensuring continuity of services upon enrollment, and it will not be considered in making enrollment decisions.

Yes **No**



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 05-2023)