



DESERT STAR ACADEMY
Enrollment Form
5902 Hwy 95 Fort Mohave AZ, 86426
928-770-4523



School Year: 20____ - 20____

Scholar Information

Last Name: _____	First Name: _____	MI: _____	Gender: _____	Grade: _____
Date of Birth: _____	City of Birth: _____	State: _____	Home Phone# _____	
Street Address: _____	City: _____	State: _____	Zip: _____	
Mailing (if different): _____	City: _____	State: _____	Zip: _____	

Previous School History

Scholars Previous School: _____	City: _____	State: _____
Has your scholar ever been expelled from a school district? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____		

Home Language

Responses to the following statements will be used to determine weather the student will be assessed for English Language Proficiency (ELL):

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? _____

Please answer both of the following optional questions regarding ethnicity:

Race (optional) :	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>		
Ethnicity (optional):	White <input type="checkbox"/>	Native American <input type="checkbox"/>	Asian <input type="checkbox"/>	African American <input type="checkbox"/>

ESEA (Title I) Income Eligibility

Charter schools must clearly state that completion of the income eligibilty form is voluntary and that income level is not a consideration for enrollment.

****Official Use Only****

1. Immunization Record: <input type="checkbox"/>	3. Transcript: <input type="checkbox"/>	5. Student ID#: _____	7. Enrollment Code _____
2. Birth Certificate: <input type="checkbox"/>	4. Proof Residency: <input type="checkbox"/>	6. Grade: _____	* _____

Data Entered into SMS by: _____

Data Entry Date: (mm/dd/yy): _____

Parent / Guardian Information

Mother / Guardian: _____ Mom ☐ Stepmom ☐ Legal Guardian ☐

Living with Scholar? ☐ Yes ☐ No Physical Address: _____

Email: _____ Cell # _____ Home # _____

Place of Employment: _____ Work # _____

Father / Guardian: _____ Dad ☐ Stepdad ☐ Legal Guardian ☐

Living with Scholar? ☐ Yes ☐ No Physical Address: _____

Email: _____ Cell # _____ Home # _____

Place of Employment: _____ Work # _____

Is your address a temporary living arrangement? Yes ☐ No ☐

If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes ☐ No ☐

Emergency Contacts

I authorize the following individuals to pick-up my scholar from school in case of emergency or if I cannot be contacted:

Name/Relation: _____	Phone: _____
Name/Relation: _____	Phone: _____
Name/Relation: _____	Phone: _____

Military Connected Scholar

- ☐ 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 Texas National Guard (Army, Air Guard, or State Guard)
- ☐ Scholar is a dependent of a member of a reserve force in the United States military.
- ☐ None of the above.

***If this scholar has siblings currently attending one of the following schools please circle that school:**

DESERT STAR ELEMENTARY

DESERT STAR MIDDLE SCHOOL

DESERT STAR HIGH SCHOOL

Name(s) of siblings: _____

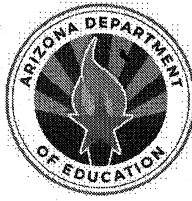
Person enrolling scholar is: ☐ Legal Parent ☐ Relative w/ Guardianship ☐ Foster Parent (temp)
☐ Court Appt. Guardian ☐ Court Appointed Guardian ☐ Other: _____

Signature of Scholar

Print Scholar Name

Signature of Parent / Guardian

Print Parent / Guardian Name



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)



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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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.

Confidential McKinney-Vento Homeless Education Assistance Program Eligibility Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. **All information is confidential.**

1. Is the scholar's home address a temporary living arrangement? Yes ____ No ____
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ____ No ____

•If you answered YES to BOTH of the above questions, please complete the remainder of the form.

•If you answered NO to BOTH of the above questions, you may STOP here. Thank you.

Where is the scholar currently living?

____ In a motel

____ In a shelter (e.g., Catholic Charities Shelter, Transitional Housing, etc.)

____ Temporarily staying with one or more families in a residence

____ Moving from place to place

____ In a place not designed for ordinary sleeping accommodations such as a car, park, campsite or the desert

____ In a place without electricity, heat, or water.

Name of scholar: _____ School: _____ Grade: _____

Other children in the family:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

The undersigned Parent/Guardian certifies that the information provided is correct. False claims about living situations may affect enrollment.

Name of Parent(s) / Guardian(s) _____

Physical Address: _____

Telephone Numbers (cell, home, work or contact): _____

Signature of Parent/Guardian _____ Date: _____

Official Use Only

____ Does not qualify under McKinney-Vento Homeless Act

____ Qualifies under McKinney-Vento Homeless Act

School Official Signature _____

Date: _____

Desert Star Academy Emergency Form

Scholar's Name:	Grade:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		
Parent/Guardian Name:	Cell# Email:	
Parent/Guardian Name:	Cell# Email:	

I authorize the following individuals to pick-up my scholar from school in case of emergency or if I cannot be contacted:

Name:	Relation:	Phone#
Name:	Relation:	Phone#
Name:	Relation:	Phone#

MEDICAL INFORMATION:

If your scholar needs daily medication during school hours, please complete the Medical Consent Form available at the school office.

May your scholar be given Acetaminophen? No ☐ Yes ☐

Can we give Benadryl? No ☐ Yes ☐

Is your scholar allergic to any food or other substances? If yes, list allergies:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your scholar subject to convulsions / seizures?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is there any physical condition that we should be aware of? If yes, please provide Medical Documentation.	

**The following individual(s) may NOT remove my scholar from school.
Without paperwork we cannot prevent a parent from picking up their scholar.**

Name:	Relationship to scholar:
Name:	Relationship to scholar:

*Custody papers have been provided and are on file in the front office No ☐ Yes ☐

Parent/Guardian PRINTED Name: _____ Signature: _____ Date: _____

School Health Emergency Form

Scholar Name: _____ Sex (M/F) _____ Birthday: _____ Grade: _____

Mothers Name: _____ Phone: _____

Fathers Name: _____ Phone: _____

Health History: Please indicate if your child has any of the following health problems:

Allergies: ☐ YES ☐ NO Allergic to: _____

Bee Stings: Has your child ever been stung ☐ YES ☐ NO Reaction: _____

Asthma: ☐ YES ☐ NO Triggers _____ Treatments _____

Bleeding Disorders: ☐ YES ☐ NO Disorder? _____

Diabetes: ☐ YES ☐ NO Insulin dependent ☐ YES ☐ NO Protocol _____

Ear Issues: ☐ YES ☐ NO _____

Hospitalizations: ☐ YES ☐ NO Reason _____ Dates _____

Surgeries: ☐ YES ☐ NO Reason _____ Dates _____

Muscular Disorders: ☐ YES ☐ NO _____

Neurological Disorders: ☐ YES ☐ NO _____

Scoliosis: ☐ YES ☐ NO Treatment _____

Seizures/Epilepsy: ☐ YES ☐ NO Precautions needed? _____

Speech Problems: ☐ YES ☐ NO Therapy? _____

Vision Problems: ☐ YES ☐ NO **Glasses** ☐ YES ☐ NO **Contacts** ☐ YES ☐ NO Other _____

Medications taken at home? _____

Does your child have any health problems that could prevent full participation in Physical Education?

☐ YES ☐ NO Reason: _____

Parent Signature _____ Date _____

DESERT STAR ACKNOWLEDGMENT / PERMISSIONS FORM

Parent/Guardian: (Your signature signifies your agreement to the following policies) I understand that I may access the school handbook on our school website and that I will review the documents with my scholar who enrolled at the school. By signing this form, I understand all rules and policies given therein. Please read all the information below.

- **Acceptable Use of Technology Resources in Electronic Information Services.**

School's Strategy

The school employs a number of strategies in order to maximize learning opportunities and reduce risk associated with the internet. This AUP applies school-wide.

- Internet sessions will always be supervised by a teacher or other authorized adult.
- The school will monitor scholars' Internet usage.
- Uploading and downloading of non-approved software will not be permitted.
- Virus protection software will be used.
- The use of personal storage devices in school is prohibited unless authorized by teacher permission.
- Scholars will treat others with respect at all times and will not undertake any actions that may bring the school, teacher(s), other scholars or the public in general into question.
- Changing computer settings (including backgrounds and languages) is not permitted.

World Wide Web

- Scholars will not intentionally visit Internet sites that contain obscene, illegal, hateful or otherwise objectionable materials.
- Scholars will report accidental accessing of inappropriate materials immediately to classroom teacher.
- Scholars will use the Internet for educational purposes only. (Streaming music, videos, etc. is not considered an educational purpose.)
- Scholars will never disclose personal information.
- Scholars will not copy information into assignments as their own from the internet. (plagiarism and copyright infringement)
- Downloading by scholars of materials or images not related to their assignments is a direct breach of the A.U.P
- Scholars will be aware that Internet usage will be monitored.

Email

- Scholars will use only approved class email accounts under supervision or permission of the teacher.
- Scholars will not send or receive any material that is illegal, obscene, and defamatory or that is intended to annoy or intimidate another person.
- Scholars will not reveal their own or other person's personal details, such as addresses, telephone numbers or pictures.
- Scholars will not send or receive email attachments without teacher permission.

Consequences:

First Offense: The scholar will lose computer privileges for a specific amount of time and the scholar's parent(s) will be notified. The scholar is still responsible to complete any assignments or projects during that time.

Second Offense: The scholar will lose computer privileges for up to two weeks and the and the parents will conference with the teacher and/or principal to discuss the rule violation(s). Limited access to the computers and/or Internet may be enforced. The scholar is still responsible to complete any assignments or projects during that time.

Third Offense: The scholar will lose computer privileges for the remainder of the grading period. The scholar, parent(s) and principal will meet to develop an improvement plan for continued technology use.

The school retains the right to report illegal activity to the appropriate agencies.

Parents will be responsible for equipment intentionally damaged or destroyed by inappropriate use of technology.

Scholar Name: _____ Scholar Signature: _____ Date: _____

Parents Name: _____ Parent Signature: _____ Date: _____

- **Permission of School Survey(s):**

This consent form is intended to inform you and to request permission for your student to take the following educational surveys:

- | | | |
|--------------------------------------|-----------------------------|-------------------------------|
| •CTE/Perkins Placement Senior Survey | •National CTE Survey | •AdvancED Student Survey |
| •21CCFLC Interest Survey | •Course and Schedule Survey | •PBIS (School Climate Survey) |
| •Students' Needs Assessment Survey | •Arizona Youth Survey | •Student Council Surveys |
| •Classroom Survey | •Student Needs Assessment | |

_____ I, as Parent/Guardian, *GRANT* permission for my student to participate in educational surveys.

----- I, as Parent/Guardian, *DO NOT GRANT* permission for my student to participate in educational surveys

- **Photo / Personal Information Release:**

Pictures of scholars can be taken throughout the school year for various reasons. As you are aware, there are potential dangers associated with the posting of personal identifiable information on a website or in the media since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools want to celebrate your scholar and their work. The law requires that we ask for your permission to use information about your child. Personal identifiable information includes scholars names, photo or image, residential address, email addresses, phone numbers and locations and times of class trips. We are asking all parents/guardians to sign this waiver to request permission for your scholar's photo/image and personal identifiable information to be published on the school website and/or used in social media posts, network or cable television broadcast. By signing this release you are giving the school permission to take and use your scholars' photo and/or personal information. If you, as the parent or guardian, wish to rescind this agreement you may do so at any time in writing by sending a letter to the principal of your scholars school and such recession will take effect upon receipt by the school.

_____ I, as Parent/Guardian, *GRANT* permission for my scholars photo(s) / personal information to be used.

----- I, as Parent/Guardian, *DO NOT GRANT* permission for my scholars photo(s) / personal information to be used.

- **Locker Agreement and Expectations:**

Carefully read the following guidelines as you accept a locker from Desert Star Middle/High School. Remember that having a locker is a privilege and not a right. Lockers are assigned only if the scholar and parent/guardian agree to these rules. Violation of these rules will result in the loss of the privilege of having a locker.

Lockers at Desert Star High School are new and are the property of Desert Star Academy. The use of the locker is free and a lock will be provided, only the school issued combination locks will be permitted on the lockers. If the scholar loses or misplaces the lock another will be provided for a \$20.00 charge.

1. The school assumes no responsibility for the loss or damage to personal or school items in an unlocked or locked locker.
2. Desert Star Middle/High School reserves the right to search lockers at any time.
3. Valuables must not be left in lockers, bring at your own risk.
4. Scholars should keep only items necessary for school in the lockers (i.e textbooks, school supplies)
5. The storage of food and drinks in the locker is not allowed; however, scholars may store contained lunches. Food items are to be removed by the end of the school day.
6. Scholars are solely responsible for the contents of their locker and should not share their lockers with other scholars; nor divulge combinations to other scholars.
7. Lockers must be in the same condition at the end of the school year, as they were in the beginning of the school year. Scholars are not to write, place stickers, or vandalize lockers in any matter, Scholars guilty of such infractions will be charged to the fullest extent allowed by Desert Star Academy scholar discipline.
8. Scholars may not use lockers without permission during class time.
9. Being tardy to class due to going to a locker is not acceptable.

My signature below indicates I read, understood and agree to comply with these policies.

Scholar Name: _____ Scholar Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____



Academic Achievement

Alternative Form for Income-based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2025 Income Guidelines for determining income eligibility for a variety of federal funding programs. This form should be utilized as an alternative means to collect income eligibility information from the student's household and organizations should retain completed forms for a period of five years.

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines schedule?

Yes, Income Eligibility 1 (Indicator 1 in AZEDS):	<input type="checkbox"/>
Yes, Income Eligibility 2 (Indicator 2 in AZEDS):	<input type="checkbox"/>
No:	<input type="checkbox"/>

If your household qualifies, please complete the following information for each student:

<u>Student's Name</u>	<u>Name of School</u>	<u>Grade</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature: _____ Date: _____



Academic Achievement

Income Eligibility Guidelines: July 1, 2024- June 30, 2025

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
Each Additional Member Add:	+\$6,994	+\$583	+\$292	+\$269	+\$135

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,966	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each Additional Member Add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion



21st Century Community Learning Centers (21st CCLC) Desert Star Academy Registration Form

Dear Parents/Guardians,

Your scholar is encouraged to attend the 21st CCLC program at Desert Star Academy. These programs are designed to help your scholar succeed. All programs are offered during the non-school hours and there is no charge.

21st CCLC enrichment and academic programs are offered to scholars before school and after school (Monday - Thursday), Friday School (8:00am - 12:00pm) and Summer Enrichment Camp. See the school calendar for Friday School and Summer Enrichment dates.

Not only will academic tutoring be offered so will technology, science, fine arts and intramural sports and much more. A flier will be sent home with your scholar on the days and times programs will be available.

Please complete the information below and return this form to the front office.

Scholar Name: _____ Grade: _____

Home Address: _____

Home/Cell Number: _____ Work Number: _____

Emergency Contact: _____ Phone Number: _____

Please list any allergies, medications, behaviors or other important information we need to know about you scholar.

How will your scholar leave school (Note: Contact the school office if this changes)

____ Walk ____ Scholar Pick-up and by Who? _____

Can we use your scholar's photograph in a promotion? ____ Yes ____ No

I understand that the 21st CCLC programs offered are academic/recreational and that they are not childcare. I understand that the programs are supervised during the specific days and times they take place. I also understand that participation is optional, however any violation of the program or school rules may result in suspension/removal from a program

Parent/Guardian Signature

Date

The Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) Title IV-B afterschool program is funded by a federal grant from the U.S. Department of Education and administered by the Arizona Department of Education. For more information visit: <http://www.azed.gov/21stcclc/>

Desert Star Academy

Address: 5744 Hwy 95 Fort Mohave, AZ 86426

Phone: (928) 770-4523



<input type="checkbox"/> DSA Elementary Kim DeArmond kim.dearmond@dsak12.org	<input type="checkbox"/> DSA Middle School Lupita Sanchez lupita.sanchez@dsak12.org	<input type="checkbox"/> DSA High School Megan Demmer megan.demmer@dsak12.org
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REQUEST FOR STUDENT RECORDS

Name of Previous School: _____

Street Address: _____

City, State and Zip Code: _____

School Phone # _____ Fax # _____

I hereby give my permission for the above named school to release my child's:

- Cumulative Records including: School Test Scores, Grades and Attendance
- Health Records Including: Birth Certificate & Shot Records
- Special Education IEP/MET and Records
- Discipline Records
- Any other information needed for making the appropriate educational placement to Desert Star Academy

Send Copies only - DO NOT SEND ORIGINALS

Name of Student

Date of Birth Present Grade School Year

Name of Parent or Guardian

Signature of Parent/Guardian or School Representative Date

1st Request _____ 2nd Request _____ 3rd Request _____ 4th Request _____