Mohave Accelerated Learning Center
625 Marina BLVD Bullhead City, AZ 86442
2026-2027

Student Information

Student's Name:_____

Address:_____

New Address Yes No (circle one)

Mailing Address:_____

Student's Ph. Number:_____ Student Driver Yes No

Parent Information

Parent's Name:_____ Lives with Student Yes No

Ph. Number:_____ Email:_____

New Number Yes No (circle one) **New Email Yes No (circle one)**

Parent's Name:_____ Lives with Student Yes No

Ph. Number:_____ Email:_____

New Number Yes No (circle one) **New Email Yes No (circle one)**

Have you activated your ParentVUE Account? **Yes No (circle one)**

Emergency Contact other than Parent

1st Emergency Contact:_____ Relationship:_____

New Contact Yes No (circle one)

Ph. Number:_____ Secondary Number:_____

2nd Emergency Contact:_____ Relationship:_____

New Contact Yes No (circle one)

Ph. Number:_____ Secondary Number:_____

Is there someone currently listed who needs to be removed **YES NO (circle one)**

_____

_____

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Student Residency Questionnaire (SRQ)

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐
(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____

☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

☐ With an adult that is not a parent or court appointed legal guardian

☐ Alone, not in the care of a parent or court appointed legal guardian

☐ None of the above (Please explain): _____

_____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

_____ _____

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received by Homeless Liaison

_____

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PATRIOTS
625 Marina Blvd • Bullhead City, AZ 86442 • 928-758-MALC (6252)

Addendum to Student Handbook 2026-2027

The Mohave Accelerated School Board has approved a policy change in the beginning of 2026-2027 school year.

Water Bottles/Drinks- Once the school day begins, no drinks are allowed other than clear water. Exceptions may be made during lunchtime.

Food Deliveries– Monday, Tuesday, and Wednesday, outside food deliveries, including restaurant delivery and third-party delivery services such as DoorDash, Uber Eats, Grubhub, pizza places and similar services, will not be accepted for students during the school day unless approved in advance by school administration. Parent/guardian meal drop-off must be delivered to the appropriate school office. Deliveries will not interrupt instructional time.

Parent/Guardian Name	Student Name
Parent/Guardian Signature	Student Name Signature

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ELECTRONIC INFORMATION SERVICES
USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services. When the signed agreement is returned to the school, the user may be permitted to use EIS resources.

Terms and Conditions

_____ INITIALS

Acceptable use. Each user must:

Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the Mohave Accelerated Learning Center (MALC).

- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations including but not limited to music and videos.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employees.
- Not use the EIS for commercial purposes.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security or content filtering systems.
- Devices may only be used to access computer files or internet sites which are relevant to the classroom curriculum.
- Students shall not record, transmit, or post photos or videos of people or people on campus during school hours or during school activities, unless otherwise allowed by a teacher.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action.
- Understand that student's Internet activity will be filtered and monitored. The student gives up their right to privacy when using MALC devices and any device brought onto our campus.

_____ INITIALS

Dual Enrollment Students only. DE students will have college level access to the Internet. They will still be held to the same standard as other students. Abusing this privilege can lead to the student not being able to finish assignments at school and possibly having to drop the DE course.

_____ INITIALS

Devices. This agreement includes all devices on campus, including those brought on campus by students and staff. MALC is authorized to collect and examine any device that is suspected of causing technology problems or was the source of a network attack or virus infection. Any device collected in such a way will have the device unlocked if needed.

_____ INITIALS

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without MALC authorization.*

_____ INITIALS

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others including but not limited to downloading/streaming large files, music, or videos without permission from a teacher.

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- *Observe the following considerations:*
  - Strive to use correct spelling and make messages easy to understand.
  - Use short and descriptive titles for articles.
  - Post only to known groups or persons.

MALC specifically denies any responsibility for the accuracy of information. While MALC will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name (printed) _____

Signature _____ Date _____

School _____ Grade _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above-named student, I have read this agreement and understand it. I understand that it is impossible for MALC to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by use of electronic information services (EIS). I also agree to report any misuse of the EIS to a MALC administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use electronic information services.

Parent or Guardian Name (print): _____

Signature: _____

Date: _____

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THIS MUST BE SIGNED AND RETURNED TO SCHOOL

MOHAVE ACCELERATED LEARNING CENTER
2026-2027

I HAVE READ AND UNDERSTAND THE RULES IN THE MALC HIGH SCHOOL HANDBOOK

_____ _____
Student **Parent/Guardian**

This form, and all other enrollment forms, must be turned into the Administrative Offices.

ESTA FORMA DEBE SER FIRMADA Y RETORNADA A LA ESCUELA

MOHAVE ACCELERATED LEARNING CENTER
2026-2027

HE LEIDO Y ENTENDIDO EL LIBRO DE LOS REGLAMENTOS DE LA MOHAVE ACCELERATED LEARNING CENTER

_____ _____
Alumno/Estudiante **Padre/Guardian**

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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.

2026 - 2027 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

C. Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X _ _ _ _ **Check if no SSN** ☐

STEP 4 Contact information and adult signature **Mail Completed Form to: MALC 625 Marina BLVD Bullhead City, AZ 86442**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form | Today's date

Printed name of adult completing the form | Daytime Phone and Email (optional)

Street Address (if available) | Apt # | City | State | Zip

OFFICE USE ONLY

❑**Error Prone**

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: ____________ **Date:** ________

❑**Case # Application** ❑**Foster Application** ❑**Directly Certified: Date of Disregard:** ________

❑**Income Application** ❑**Homeless/Migrant/Runaway**

Household Size: ______

Total Income: ______ Per: ❑Week ❑Bi-Weekly (Every 2 Weeks) ❑2x Month ❑Monthly ❑Annual

❑ **Selected For Verification:** Confirming Official's Signature: ____________ Date: ________

Follow-Up Official's Signature: ____________ Date: ________

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INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	**Examples**
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons *outside* the household	A friend or extended family member *regularly* gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/ Alimony/Child Support**	**Pensions/Retirement/All Other Income**
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) **If you are in the U.S. Military:** - Basic pay and cash bonuses *(do not include combat pay, FSSA, or privatized housing allowances)* -Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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