



PIONEER
PREPARATORY
SCHOOL

Required Documents for Registration

Documentos Requeridos para Registración



– Original Birth Certificate (*Acta de nacimiento original*)

- A) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
Otro comprobante elegible es el acta de bautismo, aplicación del seguro social, registro original de la escuela anterior o carta notariada del por qué no puede presentar el acta de nacimiento.

- B) A letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law/ *Una carta del representante autorizado de una agencia que tiene la custodia del alumno de conformidad con el Título 8, Capítulo 2, que certifique que el alumno ha sido puesto bajo la custodia de la agencia según lo prescrito por la ley.*



– Proof of Address (*Comprobante de domicilio*)

Note: Proof of address must be under the name of the biological parent or legal guardian.

Nota: El comprobante de domicilio debe de estar a nombre del padre biológico o del tutor legal.



– Biological Parent or legal guardian ID (*identificación del padre o tutor.*)



– Immunizations / Shot records (*Vacunas, registros de vacunas.*)

Contact / Contacto:

Natasha Ramirez:

Phone #: 623-933-3733 Ext. 2000

Fax: 623-252-0022

natasha.ramirez@ppslions.org



ID# _____ Grade _____
SAIS ID _____
Received Date _____
Entry Date _____ Code _____
Enrollment Date _____
Initials _____
IEP _____ 504 Plan _____
ELL _____ Siblings _____

STUDENT INFORMATION - NAME AS SHOWN ON BIRTH CERTIFICATE (Required) INFORMACIÓN DEL ESTUDIANTE: NOMBRE COMO SE MUESTRA EN EL ACTA DE NACIMIENTO (Obligatorio)					
Student's Last Name/APELLIDO del Estudiante		Student's First Name/Primer Nombre		Student's Middle Name/Segundo Nombre JR, III, IV	Gender/Género M F
Date of Birth/Fecha de Nacimiento	Birth Country / País de Nacimiento		Birth City and STATE/Ciudad y estado de nacimiento		Nickname/Apodo .
ETHNICITY & RACE (REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION)/ETNICIDAD Y RAZA (REQUERIDO POR EL DEPARTAMENTO DE EDUCACIÓN DE EE. UU.)					
Ethnicity: (Check one)/Etnia: (Marque uno) ☐ Hispano o Latino ☐ Prefer Not to Say/no contestar ☐ No hispano o latino		Race: (Check one or more regardless of ethnicity)/Raza: (Marque uno. ☐ White / Blanco ☐ Asian/Asiático ☐ Native Hawaiian/Pacific Islander ☐ Prefer Not to Say / no contestar ☐ Black/African American ☐ American Indian/Alaska Native			
PREVIOUS SCHOOL INFORMATION (Required)/INFORMACIÓN ESCOLAR ANTERIOR (Obligatorio)					
Name of Previous School/Nombre de la escuela anterior	Last Day Attended/Último día asistido		Previous School address/Dirección anterior de la escuela		Grade / grado
PARENT/GUARDIAN - MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION (Required) PADRE/TUTOR: DEBE ESTAR INCLUIDO EN EL ACTA DE NACIMIENTO O DOCUMENTACIÓN DE CUSTODIA LEGAL (Obligatorio).					
Mother or guardian information / Información de la madre o tutor Last/Apellido First/Primer Nombre			Father or guardian information / Nombre de la padre/tutor Last /Apellido First/Primer Nombre		
Home address/Dirección			Home address/Dirección		
City/State/Zip Ciudad/Estado/Código Postal			City/State/Zip Ciudad/Estado/Código Postal		
Cell Phone/Celular: _____			Cell Phone/Celular: _____ Work Phone/ teléfono de trabajo: _____ Email/correo electrónico: _____		
Work Phone/teléfono de trabajo: _____					
Email/correo electrónico: _____					
Check All That Apply/Marque todo lo que corresponda Student lives with/Estudiante vive con: _____ ☐ Education Rights ☐ Contact Allowed ☐ Has Custody			Check All That Apply/Marque todo lo que corresponda Student lives with/Estudiante vive con: _____ ☐ Education Rights ☐ Contact Allowed ☐ Has Custody		
Does the student depend on a member of the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard? Check: YES____, NO ____			¿Es el estudiante dependiente de un miembro del servicio militar de los Estados Unidos en el Ejército, la Armada, la Fuerza Aérea, la Infantería de Marina o la Guardia Costera en servicio activo? Marque: SÍ _____ NO _____		
Communication: Preferred language for messages/mailings: Comunicación: idioma preferido para mensajes/correos ☐ English/Inglés ☐ Spanish/Español ☐ Other/Otro _____					
EMERGENCY CONTACT: (The following person(s) other than Parent/Guardian have permission to pick up my child & may be notified in an emergency) (Required) CONTACTO DE EMERGENCIA: (Las siguientes personas, además del padre/tutor, tienen permiso para recoger a mi hijo y pueden ser notificadas en caso de emergencia) (Obligatorio)					
Name/nombre		Relation to Student Relación con el estudiante		Cell Phone/Celular	
1.					
2.					
3.					
4.					
I certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. Certifico que soy el padre o tutor legal del niño y que la información que he proporcionado anteriormente es verdadera y correcta a mi leal saber y entender.					
Signature of Parent/Guardian Firma del padre_o tutor:			Date/fecha:		



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Additional Student Educational Information

Información Educativa Adicional del Estudiante

Student Name/ Last Name _____ Grade _____
Nombre y apellido del estudiante *Grado*

Does your child currently receive Special Educational Services? YES _____ NO _____
¿Su hijo recibe actualmente servicios educativos especiales? *si* *no*

If Yes please check all that apply:

Si su respuesta fue sí, marque todo lo que corresponda:

_____ **Special Education/ IEP** _____ **Speech Services** _____ **ELL or LEP** _____ **504**
Educación Especial *Servicios del Habla* *Estudiante de idioma inglés*
Plan de Educación individualizado *Dominio limitado del inglés*

Has the student been retained? Yes _____ No _____ Grade Retained _____
¿Ha repetido algún grado? *si* *no* *grado repetido*

Has your child ever been expelled from another school? Yes _____ No _____
¿Alguna vez su hijo ha sido expulsado de otra escuela? *si* *no*

Is your child currently under a long term suspension? Yes _____ No _____
¿Está su hijo actualmente bajo una suspensión a largo plazo *si* *no*

Does your child have any medical diagnosis? Yes _____ No _____ (Doctor's note required)
¿Tiene su hijo algún diagnóstico médico? *si* *no* *(no es requerida nota del doctor)*

If Yes, what is the medical diagnosis? _____
si la respuesta es sí, ¿cuál es el diagnóstico médico?

Is your child allergic to any food or substance? Yes _____ No _____ (Doctor's note required)
¿Su hijo es alérgico a algún alimento o sustancia? *si* *no* *(no es requerida nota del doctor)*

If Yes, describe symptoms _____
describa los síntomas

How did you hear about Pioneer Preparatory School? _____
¿Cómo se enteró de la Escuela Preparatoria Pioneer?

Parent/ Guardian Signature: _____ **Data:** _____
Firma del padre o tutor: **Fecha:**



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) 1535 West Jefferson Street • Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



PIONEER
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Student Residency Questionnaire

Cuestionario de Residencia Estudiantil



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. La información contenida en este formulario es confidencial y se utiliza para determinar si un niño o joven cumple la definición de persona sin hogar según la Ley McKinney-Vento. La educación para niños sin hogar y Programa para jóvenes (EHCY) según lo autorizado en virtud del Título VII-B de la Ley McKinney-Vento de asistencia para personas sin hogar(42 U.S.C. 11431 et seq. Tenga en cuenta que las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.

Section A

Today's date: _____
Fecha de hoy

Name of the individual completing this form: _____
Nombre de la persona completando este formulario

Phone Number: _____ Email: _____
Número de teléfono correo electrónico

Name of the Student _____
Nombre del estudiante

Last School Attended: _____ Current grade: _____ Birth Date: _____
Última escuela que asistió Grado Actual Fecha de Nacimiento

Do you have additional children attending school in our district? Yes _____ No _____
¿Tiene niños adicionales que asisten a la escuela en nuestro distrito? Si No

Do you have preschool children? Yes _____ No _____
¿Tiene hijos en edad preescolar? Si No

Please provide information about additional children attending school in our district or preschool age.
Proporcione información sobre niños adicionales que asisten a la escuela en nuestro distrito o en edad preescolar.

Full Name Nombre completo	Grade Grado	School Escuela	District Distrito

Address of where the student slept last night: _____
Dirección donde durmió el estudiante anoche
Is this address based on a temporary living arrangement? Yes _____ no _____
¿Esta dirección se basa en un acuerdo de vivienda temporal? Si No



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Student Residency Questionnaire

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Section B

Name of the parent/guardian or adult caring for the Student: _____

Nombre del padre/tutor o adulto que cuida al estudiante

Relationship with the student: _____

Relación con el estudiante

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 _____

Si la dirección que proporcionó en la sección A se basa en un acuerdo de vivienda temporal, ¿se debe a la pérdida de vivienda o a dificultades económicas?

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

Por favor coloque una "X" en cada casilla que mejor describa dónde duerme el estudiante por la noche.

- ☐ In a place that does not have windows, running water, heat, electricity or overcrowded.
En un lugar que no tenga ventanas, agua corriente, calefacción, electricidad o hacinamiento.
- ☐ 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) Quedarse con un amigo o familiar debido a la pérdida de vivienda, dificultades económicas o motivos similares (ejemplo: desalojo, ejecución hipotecaria, incendio, inundación, pérdida de trabajo, divorcio, violencia doméstica, expulsión de los padres, huir de casa)
What date did you begin staying here? _____
¿En qué fecha empezaste a quedarte aquí?
- ☐ In a shelter/transitional housing program (name of agency): _____
En un programa de refugio/vivienda de transición (nombre de la agencia):
- ☐ What date did you begin staying here? _____
¿En qué fecha empezaste a quedarte aquí?
- ☐ In an unsheltered location (e.g. Tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
En un lugar no protegido (por ejemplo, tienda de campaña, vehículo, edificio abandonado, calles, campamento, parque, estación de autobús/tren o lugar similar)
- ☐ Provide the main cross streets of this sheltered location: _____
Indique las calles principales de este lugar protegido:
- ☐ In a Hotel/Motel (name of the Hotel/Motel & address) _____
En un Hotel/Motel (nombre del Hotel/Motel y dirección)
What date did you begin staying here? _____
¿En qué fecha empezaste a quedarte aquí?
- ☐ With an adult that is not a parent or court appointed legal guardian
Con un adulto que no sea uno de los padres o un tutor legal designado por el tribunal
- ☐ Alone, not in the care of a parent or court appointed legal guardian
Solo, no bajo el cuidado de un padre o tutor legal designado por el tribunal
- ☐ None of the about (Please Explain) Nada de eso (por favor explique) _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment. La siguiente firma certifica que la información proporcionada anteriormente es exacta. Las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.

Signature of Person Providing information Parent/Legal guardian/caregiver/student
Firma de la persona que proporciona la información Padre/tutor legal/cuidador/estudiante

Date
Fecha

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
- ☐ Double-up
- ☐ unsheltered/FEMA/Substandard
- ☐ Hotel/Motel

Unaccompanied youth: Yes _____ No _____

Transportation to School of origin needed: Yes _____ No _____

Date received by
Homeless Liaison

MIGRANT EDUCATION PROGRAM PARENT OCCUPATIONAL SURVEY



School District: _____ Date Completed: _____

Number of Children in Household: _____ Age(s) of Children: _____

Name(s) of the School(s) the Children Attend: _____

Name of Parent(s)/ Caregiver(s): _____

Current Address: _____

City / State / Zip Code: _____ Contact Number: _____

Race/Ethnicity of the Children (select all that apply):

- ☐ American Indian or Alaska Native (If selected, please provide tribal affiliation: _____)
- ☐ Latino/a ☐ Black/African American ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Asian

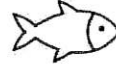
1. Have your children participated in the Migrant Education Program in Arizona or any other state?

☐ Yes ☐ No If yes, please indicate the date and state where your children received services: _____

2. In the last three years, has your family moved to search or work in another city, county, or state?

☐ Yes ☐ No If yes, on what date did your family arrive in the city you reside in at this time?: _____

3. Has anyone in your immediate family worked in one of the occupations listed below as a seasonal or temporary employee (less than 12 months)? (select all that apply)

☐ Agriculture (harvesting/picking vegetables or fruits such as lettuce, tomatoes, broccoli, strawberries, dates, lemons, etc.) 	☐ Dairy/Livestock/Poultry (herding, handling, feeding, branding, slaughtering, deboning, etc.) 
☐ Planting (Planting seeds, growing or cutting trees, preparing the land, etc.) 	☐ Meatpacking/ Meat Processing (skinning, hanging, cutting, trimming, freezing, etc.) 
☐ Processing/Packing agricultural products (cleaning, weighing, cutting, sorting, freezing, packing, etc.) 	☐ Fishing/ Seafood (scaling, cutting, freezing, enclosing raw product in container) 
☐ Personal Subsistence (Family consumes the crops, dairy products, or livestock they produce or the fish they catch) 	☐ Other agricultural or fishing occupation Please specify: _____

Additional Questions

- Did you lose housing due to an eviction, inability to pay rent or mortgage due to economic hardship, conflict, abuse, or damage to your previous home? ☐ Yes ☐ No
- Is your family staying with a friend/relative because of loss of housing, economic hardship, or similar reason? ☐ Yes ☐ No
- Is your family staying in an unsheltered location (e.g., storage unit, tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)? ☐ Yes ☐ No
- Are you temporarily caring for a child or youth (ages 3-21) that has recently lost housing (e.g., their parent has moved away unexpectedly, their parent can no longer financially support them)? ☐ Yes ☐ No

Please return this form to the school as soon as possible



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Pioneer Preparatory School

6510 W. Clarendon Ave.

Phoenix, Az.85301

office(623)933-3733

fax(623)252-0022

Request for Student Records

Solicitud de Expediente del Estudiante

School Name/ Nombre de la Escuela

Address/ Dirección

Phone Number/ Numero de telefono

Fax Number/ Numero de Fax

Student Legal Name/ Nombre Legal del Estudiante

Last Name/Apellido

First Name/Nombre

M.I./Segundo Nombre

D.O.B/Fecha de Nacimiento

Grade/ Grado

Parent signature:

Date

Firma del Padre o tutor

fecha

Please Fax or Email the Following information requesting to
(623)252-0022 — natasha.ramirez@ppslions.org

- | | |
|---|---|
| ☐ Transcripts or report cards | ☐ 504 plan Ell Testing and Results |
| ☐ Test data / standardized test scores | ☐ Discipline Records |
| ☐ English Language (EL) test score | ☐ Immunization Records |
| ☐ List of courses and grades at time of withdrawal | ☐ Health / Medical Records |
| ☐ Attendance Records | ☐ Sports physical documentation |
| ☐ IEP (Individual Education Plan) | ☐ 45 day Screening report |
| | ☐ Copy of Birth Certificate |

School Office use ONLY:

1st Request Date: _____ Email _____ Fax _____

2nd Request Date: _____ Email _____ Fax _____

3rd Request Date: _____ Email _____ Fax _____



PIONEER
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MEDIA RELEASE FORM

FORMULARIO DE PUBLICACIÓN PARA LOS MEDIOS

Student's Name: _____
Nombre del Estudiante

Grade: _____
Grado

Teacher: _____
Maestro

I hereby give Pioneer Preparatory School the right and permission to publish and use photographs or video, and/or audio recordings of my child, a student enrolled in Pioneer Preparatory School. *Por la presente doy a Pioneer Preparatory School el derecho y permiso para publicar y utilizar fotografías o videos y/o grabaciones de audio de mi hijo, un estudiante inscrito en Pioneer Preparatory School.*

I understand that such reproductions could be used to publicize or promote the school system, and/or my child's school through its own media productions (Pioneer's Website, social media, printed and/or online brochures, reports, promotional videos, etc.) or through commercial media (televisión, radio, internet, or print). *Entiendo que dichas reproducciones podrían usarse para publicitar o promover el sistema escolar y/o la escuela de mi hijo a través de sus propias producciones de medios (sitio web de Pioneer, redes sociales, folletos impresos y/o en línea, informes, videos promocionales, etc) o a través de medios comunicación televisión, radio, internet o impresos).*

I waive any right to inspect and/or approve the finished product and release Pioneer Preparatory School from any liability by virtue of distortion by processings. I further agree that these items may be used for publication, broadcast, or reproduction without limitation or any fee. *Renuncio a cualquier derecho de inspeccionar y/o aprobar el producto terminado y liberó a Pioneer Preparatory School de cualquier responsabilidad en virtud de distorsión por procesamiento. Además, acepto que estos artículos se puedan utilizar para publicación, transmisión o reproducción sin limitación ni pago alguno.*

My child's written school work or written articles can be published and used in the school news, local newspaper, ConnectCFA national magazine, PPS-CFA'S website or Facebook and Instagram pages; or any video that may appear on TV or the website. *El trabajo escolar escrito o los artículos escritos de mi hijo se pueden publicar y utilizar en las noticias de la escuela, el periódico local, la revista nacional ConnectCFA, el sitio web de PPS-CFA o las páginas de Facebook e Instagram; o cualquier video que pueda aparecer en la televisión o en el sitio web.*

→ Please mark one of the following / *por favor marque uno de los siguientes*

- ☐ I UNDERSTAND AND AGREE / *ENTIENDO Y ACEPTO*
☐ I DO NOT GRANT PERMISSION / *NO DOY PERMISO*

→ Please mark one of the following / *por favor marque uno de los siguientes*

- ☐ I DO GIVE PERMISSION FOR MY CHILD TO BE IN PIONEER'S YEARBOOK / *SI DOY PERMISO PARA QUE MI HIJO/A ESTÉ EN EL ANUARIO DE PIONEER.*
☐ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE IN PIONEER'S YEARBOOK / *NO DOY PERMISO PARA QUE MI HIJO/A ESTÉ EN EL ANUARIO DE PIONEER.*

Parent/Guardian Signature: _____ Date/Fecha: _____
Firma del Padre/Tutor

Parent/Guardian Name: _____



ADHS
LICENSING

CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing**

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: ☐ male ☐ female

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

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

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.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*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.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____