



Victory Collegiate Academy
3535 N. 63rd Ave., Phoenix, AZ 85033
Phone: (623) 810-9781 Fax: (623) 926-2748

FOR OFFICE USE ONLY	
Enter Date _____	Enter Code _____
Grade _____	Teacher Name _____ Room # _____
AZ SAIS ID Number _____	
Data Entry Date _____	By Whom _____

Student Enrollment Form

****Please Print****

Student Information

First Name: _____ Middle: _____ Legal Last Name: _____
Student Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Gender: Male Female
Grade: _____ Date of Birth: _____ State of Birth: _____ Country of Birth: _____
Last School Attended: _____ Address: _____ Phone #: _____

Student Background

Does your child have or has your child ever had/received any of the following:

Special Education Services: Yes No Disciplinary Action: Suspension Expulsion Attendance
504 Plan Services: Yes No
Has your student ever been held back a grade? Yes No If yes, what grade? _____

This information requested is solely for the purpose of ensuring continuity of services upon enrollment and is not considered in making enrollment decisions. By signing below, consent is given to Victory Collegiate Academy to receive school records from previous and current schools. We reserve the right to assess your student and place them in the appropriate grade/class.

By signing below, I acknowledge and comprehend the above statement:

Parent/Guardian Signature: _____ Date: _____

***In accordance with Federal Law, Victory Collegiate Academy does NOT discriminate on the basis of race, color, religion, age, gender, gender expression, gender identity, sexual orientation, citizenship, disability, national or ethnic origin in administration of its admissions policies or educational programs.**

FERPA Acknowledgement

FERPA (Family Educational Rights and Privacy Act) is a Federal Law that protects the privacy of student education records. I understand that this information can be found online on the Victory Collegiate Academy website.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Information (1):

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Does the student live with Parent/Guardian (1)? Yes No
Does the Parent/Guardian (1) have legal custody of the student? Yes No
Is Parent/Guardian (1) in the military? Yes No

Parent/Guardian Information (2):

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Does the student live with Parent/Guardian (2)? Yes No
Does the Parent/Guardian (2) have legal custody of the student? Yes No
Is Parent/Guardian (2) in the military? Yes No

Legal Guardian/Other Information Legal Guardian Step-Parent Foster Care

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Does the student live with Legal Guardian/Other? Yes No
Does the Legal Guardian/Other have legal custody of the student? Yes No
Is Legal Guardian/Other in the military? Yes No

Emergency Contacts

Emergency Contact 1:

First Name: _____ Last Name: _____ Relationship to student: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact 2:

First Name: _____ Last Name: _____ Relationship to student: _____

Cell Phone: _____ Other Phone: _____

Additional person/people that may pick my student up from school:

*Name must match legal form of identification

Full Name: _____ Relationship: _____ Home/Cell Phone: _____

Full Name: _____ Relationship: _____ Home/Cell Phone: _____

Full Name: _____ Relationship: _____ Home/Cell Phone: _____

The following person(s) may NOT pick my student up from school:

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Student Transportation

How will your student be getting home from school?

Parent Pick Up Walk/Bike Bus

I give permission for my student to WALK or RIDE their bike to and from school. In consideration for my student to be allowed to walk or ride their bike to and from Victory Collegiate Academy, I release from liability and waive my right to sue Victory Collegiate Academy and/or their employees from any and all risks that may happen while my student is in transit.

Parent/Guardian Signature: _____ Date: _____

Additional Parent/Guardian Acknowledgements and Consents

I give permission for:

- Yes No My student's name, address, phone number, parent/guardian names to be included in the school's Student Directory.
- Yes No Student's name, photo, or school work to be included in school-related media such as, but not limited to the website, Facebook, newsletters, and/or newspapers.
- Yes No Parent/Guardian names, phone numbers, email addresses, and physical addresses to be given to the school's PTO/PTSO, allowing them to contact me regarding events, information, activities, fundraisers, etc.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that the Victory Collegiate Academy Parent/Student Handbook is available on the Victory Collegiate Academy website. I agree to read, understand, and follow all policies within the student/parent handbook.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that I've been informed that Teacher Resumes are available to view upon request at the Front Office.

Parent/Guardian Signature: _____ Date: _____

By signing below, I affirm that everything I have stated in this enrollment application is to the best of my knowledge and believed to be true, correct, and complete. I understand that any misrepresentation or false information may result in the immediate withdrawal of my student(s) from Victory Collegiate Academy.

Parent/Guardian Signature: _____ Date: _____



Medication Administration Form

The parent or responsible adult **MUST** bring the medication(s) to the office in its original prescription bottle or packaging. Medications will not be accepted or administered if the student brings it in and/or if the medication is not in the original prescription bottle or packaging. Any over the counter medications, for example, cough drops, must be kept in the health specialists office for the safety of all students. A guardian permission form for the administration of these over the counter medications must be signed and on file with the health office. Please note that it is against school policy for students to carry any prescription or over the counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office and will be kept in the health specialist's office.

Parent/Guardian Signature: _____ Date: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Preferred Hospital: _____ Health Insurance Company: _____

Does your student have any chronic health conditions? If yes, please explain. _____

Does your student have any physical impairments or special conditions? If yes, please explain. _____

Does your student have any other health concerns? (heart, diabetes, asthma, hearing, vision, etc.) If yes, please explain. _____

Does your student have any allergies? (food, animals/insects, etc.) If yes, please explain. _____

Does your student take any daily medications? Yes No
If yes, does the medication need to be given at school? Yes No

Medication Name: _____ Dose: _____ Time of day to be administered: _____

Medication Name: _____ Dose: _____ Time of day to be administered: _____



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)