



Val Vista Academy
An Arizona Ball Charter School
"Where Children Are the Priority"
4120 S. Val Vista Dr., Gilbert, AZ 85297
(480) 656-5555 • Fax (480) 480-689-5952
www.valvistaacademy.org

OFFICE USE ONLY

Grade	Teacher
Entry Date/Code	
PS Entry Date	
Withdrawal Date/Code	
SAIS #	
Residency Verified Date	

2019-2020
ENROLLMENT APPLICATION

Please print neatly. Give complete information.

Student Name _____
Last First Middle

Birth Date _____ **Gender:** Male Female
Month Day Year

Ethnic Group (Please circle one):

White Black Hispanic American/Alaskan Indian Asian/Pacific Islander/Oriental

Grade your student will be entering 2019-20 school year: _____

Parent/Guardian Name: _____

Circle all that apply: Mother Father Stepmother Stepfather Relative Guardian Other

Student lives with this parent/guardian? Yes No

Address _____ City _____ Zip _____

Home phone: _____ Cell _____

Primary contact Email: _____

Occupation: _____ Work phone: _____

Work Email _____

Parent/Guardian Name: _____

Circle all that apply: Mother Father Stepmother Stepfather Relative Guardian Other

Student lives with this parent/guardian? Yes No

Address _____ City _____ Zip _____

Home phone: _____ Cell _____

Primary contact Email: _____

Occupation: _____ Work phone: _____

Work Email _____

Do you have **siblings** enrolled or enrolling at Val Vista Academy for 2019-20: Yes No

Sibling Information that is **enrolled/enrolling with Val Vista Academy:**

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

Name _____ Age _____ Gender (M/F) _____ Grade entering _____

(Continued on other side)



Emergency Information

Contact (other than parent/guardian) _____

Relationship to student _____

Home phone: _____ Work/Cell _____

Doctor _____ Phone _____

Hospital _____

Custody Concerns: Yes No **If YES, Court document must be provided.**

Names of individuals allowed to pick up your child:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

****Names of people NOT allowed to remove your child. Please provide documentation****

Additional Student Information

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? _____

Has this student ever received special education services? Yes No

Is there a current IEP for this student? Yes No

Has this student received any of the following? ELL/ESL 504 Plan

Has this student been retained? Yes No If yes, what grade(s)? _____

Is this student presently suspended from another school? Yes No

If Yes, where _____

Has this student ever been expelled or been withdrawn while in the process of being expelled from another school? Yes No If yes, where? _____

Previous school attended _____

_____ Address City/State Zip Phone

Do you consider yourself homeless at this time? Yes No

Custodial Parent/Guardian Signature (required)

Date

Val Vista Academy does not discriminate regarding national or ethnic origin, income level, religion, disabling condition, or language proficiency of students regarding policies, admission or school-administered programs.