



**Thank you for your interest in Champion Schools!**

After completion of the application,  
please return to our South Mountain location.

7900 S. Jesse Owens Parkway  
Phoenix, AZ 85042  
Office: (602)341-6527  
Fax: (602) 341-6529

Regular School Office Hours:  
Monday-Thursday 7:30 am - 4:00 pm  
Friday 7:30 am - 2:00 pm

**Required documents for enrollment:**

- Original Birth Certificate
  - Immunization Card
- Parent(s) Drivers License (ID)
  - Most Recent Report Card
- Attendance Record of previous/current school year
- Disciplinary Record of previous/current school year  
(If student does not have any disciplinary records, please have the school write a letter stating so)
  - State Testing Scores (for enrolling 3rd-8th graders)
    - Proof of Residency

**Applicable documents:**

- IEP
- Custody Court Paperwork

\*\*\*Please Note: If enrollment packet is not complete when turned in, or is missing any required documents, it will be considered incomplete and will not be reviewed until all required documents have been turned in.



## 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
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_ 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.



Departamento de Educación de Arizona  
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante \_\_\_\_\_ Nombre de Escuela \_\_\_\_\_

Distrito Escolar o Escuela Chárter \_\_\_\_\_

Padre/Tutor Legal \_\_\_\_\_

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- \_\_\_ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- \_\_\_ Pasaporte válido de los EE. UU.
- \_\_\_ Escritura inmobiliaria o documentos de hipoteca
- \_\_\_ Recibo de pago de impuestos sobre la propiedad
- \_\_\_ Contrato de renta de casa/residencia
- \_\_\_ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- \_\_\_ Factura de tarjeta de crédito o de banco
- \_\_\_ Copia de la forma W-2 sobre declaración de ingresos
- \_\_\_ Talón del cheque de paga
- \_\_\_ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- \_\_\_ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

\_\_\_ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

\_\_\_\_\_  
Firma del padre/tutor legal

\_\_\_\_\_  
Fecha

Nombre impreso del declarante: \_\_\_\_\_

Firma del declarante: \_\_\_\_\_

**Acknowledgement**

**Estado de Arizona**  
**Condado de Maricopa**

Lo anterior fue reconocido ante me este \_\_\_\_ día de \_\_\_\_\_, 20\_\_\_\_,

Por \_\_\_\_\_.

\_\_\_\_\_  
Notario Publico

Mi comisión se vence: \_\_\_\_\_



## 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)



# McKinney-Vento Eligibility Questionnaire

### Dear Parent/Guardian:

The purpose of this form is to identify and support students who may be eligible to receive services under the McKinney-Vento Act 42 U.S.C. 11435. All information on this form is **confidential**. Eligibility must be reviewed and reevaluated every school year.

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**1. The student lives with: (Check ONE)**

- Parent/Legal Guardian (In a house or apartment, in Section 8 housing, or military housing)
- An adult who is not the parent/legal guardian
- No adult; student is unaccompanied youth

**2. Check ALL that apply.**

Section A
<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> <b>Temporarily</b> living with relatives or friends <i>due to loss of housing, traumatic event, economic hardship, or similar reason</i> (not personal choice or convenience) <input type="checkbox"/> Living in a motel <input type="checkbox"/> In a place not ordinarily used for sleeping (park, car, abandoned building etc.)

**\*\*\*If you did not check a box in Section A, you do NOT need to complete Section B\*\*\***

### Section B

Please Print

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Grade: \_\_\_\_\_

Names of siblings attending Champion: \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Temporary/ Current Address \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

McKinney-Vento School Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_



## Cell Phone Policy

Please review and discuss with your student the Champion Student Cell Phone and/or any other Communication Device Policy for the safety and accountability of all students. Cell phones are to remain in the off position and in backpacks or in the teacher designated area during the School Day. Additionally, cell phones may not be used while on campus. We have school phones available if a student needs to contact a parent/guardian.

-Revise y discuta con su estudiante el telefono celular Champion estudiante y/o cualquier otra politica de dispositivos de comunicacion para la seguridad y la responsabilidad de todos los estudiantes. Los telefonos celulares deben permanecer en la posicion de apagado y en las mochilas o en el area designada por el maestro durante el dia escolar. Ademas, los telefonos celulares no pueden usarse mientras se encuentre en el campus. Temenos telefonos escolares disponibles si un estudiante necesita contactar a un padre/tutor.

**1<sup>st</sup> Offense:** Cell phone confiscated, and parent must pick it up in the office. Student will be assigned 30 minutes of Campus Community Service.

*1<sup>ra</sup> ofensa: Telefono celular sera confiscado y los padres deben recogerlo en la oficina. Al estudiante se le asignara 30 minutos de servicio comunitario en el campus.*

**2<sup>nd</sup> Offense:** Cell Phone confiscated, and student will receive a 1 day in school suspension.

*2<sup>da</sup> ofensa: Telefono celular confiscado, y el estudiante recibira 1 de suspension en la escuela.*

**3<sup>rd</sup> Offense:** Parent and Student will meet with administration to discuss further action.

*3<sup>ra</sup> ofensa: El padre y el estudiante se reuniran con la administracion para discutir acciones adicionales.*

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*Student Name / Nombre de Estudiante*

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*Grade / Grado*

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*Student Signature / Firma de Estudiante*

I understand that if my son or daughter uses the cell phone in a way not specified in the policy that he or she may face disciplinary actions and the cell phone will be confiscated.

*Entiendo que si mi hijo/a usa el telefono celular de una manera no especificada en la politica, el o ella pueden enfrentar acciones disciplinarias y el telefono celular sera confiscado.*

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*Parent Name / Nombre de Padre*

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*Parent Signature / Firma de Padre*

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*Date / Fecha*



## ***Champion Schools-Student-Family Accountability Contract***

When you joined the Champion Schools Community, you joined a team. The goal of this team is getting our students/children the education they deserve. To achieve our goal, we must work together. We all need to have a full and clear understanding of the responsibilities of the members of this team. By signing this Student-Family Accountability Contract it means you have reviewed the Champion Schools Student and Parent Handbook and have a clear understanding and acceptance of the procedures and policies within it.

*Cuando te uniste a la Comunidad de Champion Schools, te uniste a un equipo. El objetivo de este equipo es que nuestros estudiantes/hijos reciban la educacion que se merecen. Para lograr nuestro objetivo, debemos trabajar juntos. Todos necesitamos tener una comprension complete y clara de las responsabilidades de los miembros de este equipo. Al firmar este Contrato de Responsabilidad de Estudiantes y Familias, significa que ha revisado el Manual de Padres y Estudiantes de Champion Schools y tengo un claro entendimiento y aceptacion de los procedimientos y politicas dentro de el.*

*\*The Champion Schools Student and Parent Handbook can be accessed online at [championsouthmountain.org/home](http://championsouthmountain.org/home) by selecting the About (tab) on the main menu bar and then selecting Handbook.*

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**Parent Name**

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**Date**

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**Parent Signature**

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**Student Name**

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**Date**

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**Student Signature**





## *Clear Backpack Policy*

In an effort to improve the safety measures currently in place, Champion Schools requires all students to use clear backpacks. Students participating in varsity sports, are permitted to carry non-transparent bags to store their items, such bags will need to remain in the coach's offices in the gym. If your student's backpack rips, a one-week grace period will be given to replace the backpack.

By signing below, you acknowledge that you understand our clear backpack policy.

*En un esfuerzo por mejorar las medidas de seguridad actualmente vigentes, Champion Schools require que todos los estudiantes usen mochilas transparentes. Los estudiantes que participan en deportes varsity pueden traer bolsas que no sean transparentes para mantener sus cosas, tales bolsas deberan permanecer en las oficinas de los coaches en el gimnasio. Si la mochila de su estudiante se rompe, se le otorgara un periodo de gracia de una semana para reemplazar la mochila.*

*Al firmar a continuacion, usted reconoce que comprende nuestra politica clara de mochila.*

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*Student Name/Nombre de estudiante*

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*Student Signature/Firma de estudiante*

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*Date/Fecha*

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*Parent Name/Nombre de padre*

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*Parent Signature/Firma de padre*

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*Date/Fecha*