Mission Statement

Freedom Academy will provide each student an equal education that will equip them for the future by teaching character with integrity, honor, leadership, the desire to be lifelong learners, and become positive contributors and participants within their families and their communities.

Vision

To promote the love of learning through integrity, honor and leadership.

ARS Compliance

Freedom Academy operates an open-enrollment public charter school, which does not charge tuition and does not administer entrance exams. Freedom Academy follows the admissions requirements for charter schools set forth in ARS 12-184 and 20 USC 7221i(1)(H). Enrollment is based on a fair and equitable system, which provides for an Enrollment Period on a first come, first serve basis and then a wait list.

www.freedom-academy.com
2019-2020 School Year Required Documents for Enrollment

Complete Enrollment Applications are accepted on a first come, first served basis and are date stamped in the order they are received.

The following items must be attached for the packet to be considered complete. Packets that are incomplete will not be considered for enrollment.

- Enrollment Form
- One of the following:
  - A certified copy of the pupil’s birth certificate.
  - 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.
  - 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.
- Current and up-to-date Immunization Records
- Arizona Residency Documentation Form and proof of residency document.
ENROLLMENT FORM 2019-2020

STUDENT INFORMATION:  (Legal name as it appears on birth certificate or legal document).

STUDENT’S NAME: ________________________     _______     ________________________     _______   GRADE: __________

(LAST)                                                 (FIRST)                             (MIDDLE)

(2019-2020)

Physical Address: _____________________________ City: ______________ State: ______ Zip: ____________

Mailing Address:  _____________________________ City: ___________________ State: ______ Zip: ____________

(If Different Than Physical Address)

Male _____ Female _____ AGE: _______ Date of Birth __/__/____ Place of Birth ________________

Name of Previous School: ____________________________ How were you referred to Freedom Academy? ____________________________

Ethnic Origin: Must complete both Part A & B

Part A: Is student of Hispanic/Latino ethnicity? (Choose only one)  Yes _____ OR  No _____

Part B: What is student’s race?  (Choose ALL that apply)
American Indian or Alaska Native (Tribal Name required for American Indian) ______  Black or African American ______  White ______
Asian (including: India, Pakistan, Philippine, Vietnam) ______  Native Hawaiian or other Pacific Islander ______

Mother's Contact Information:

MOTHER’S NAME: ______________________________ Cell #: ___________ Home #: ______________________

Address: ____________________________________ City: ______________ ST: _______ ZIP: _________

(If Different than Student's Address)

Employer: __________________ Work #: __________________ Email: __________________

Father's Contact Information:

FATHER’S NAME: ______________________________ Cell #: ___________ Home #: ______________________

Address: ____________________________________ City: ______________ ST: _______ ZIP: _________

(If Different than Student’s Address)

Employer: __________________ Work #: __________________ Email: __________________

1. What is the primary language used in the home regardless of the language spoken by the student? ____________________________

2. What is the language most often spoken by the student? ____________________________

3. What is the language that the student first acquired? ____________________________

PARENT INFORMATION: The school must have a copy of any guardianship documents and/or custody agreements if someone other than parent is guardian.

LEGAL CUSTODY  (PLEASE CHECK)  Natural Living Mother □  Natural Living Father □  Divorced/Separated □

Other □  Student Not Allowed Contact with Mother □  Student Not Allowed Contact with Father □

If student is not allowed contact with mother or father, we must have the MOST CURRENT COURT DOCUMENTATION on file.
If we do not have these documents we are not able to enforce the “no contact request”.

The undersigned parent/legal guardian conurs and agrees that enrollment of this child constitutes this child’s complete education program and that all information provided above is true.  The school is under no obligation to hold or reserve a place for any student who is in the enrollment process.  Your enrollment will be confirmed in writing.

Parent/Guardian Signature: __________________________________________ Date: __________________
REQUEST FOR RECORDS

Freedom Academy
3916 E. Paradise Lane
Phoenix, AZ  85032
Office: 602-424-0771

Student’s Name: __________________________________________________________ Date of Birth: ________________

Name of Previous School Attended: ________________________________________________________________________________

Address of Previous School: ______________________________________________________________________________________

City: __________________________________________________________________________ State: __________ Zip: __________

Phone Number of Previous School: __________________________ Fax Number: ________________________________________________________________________________

Dates Attended: __________________________________________________________________________ Grades Completed: __________________________________________________________________________

Name of Previous school if above school was attended less than two years:

Name of Previous School Attended: ________________________________________________________________________________

Address of Previous School: ______________________________________________________________________________________

City: __________________________________________________________________________ State: __________ Zip: __________

Phone Number of Previous School: __________________________ Fax Number: ________________________________________________________________________________

Dates Attended: __________________________________________________________________________ Grades Completed: __________________________________________________________________________

☐ Transcript of Grades  ☐ Health & Shot Records  ☐ Student’s Withdrawal Form

☐ Hearing & Vision Screening  ☐ Achievement Test Scores  ☐ Attendance Records

☐ Disciplinary Records  ☐ Special Education Records  (Including IEP, MET, Psych. Eval)

Email records (preferable):  frontoffice@freedom-academy.com

Mail records:  Freedom Academy - Address above

Fax records:  602-424-0773

In order to assist in the provision of an appropriate educational plan for my child, and in accordance with the Family
Education Rights and Privacy Act of 1974 and the Arizona State Law, I hereby authorize the release to
Freedom Academy, Inc. to obtain ALL of my child’s records.

Parent/Guardian Signature: __________________________________________ Date: ________________

1st Records Request Date: ______  2nd Records Request Date: ______  3rd Records Request Date: ______  Referred to ADE Date: ______

Date Records Received: __________________________
Arizona Department of Education Arizona
Residency Documentation Form

Student __________________________________________ School __Freedom Academy Charter School

School District or Charter Holder ______ Freedom Academy, Inc.________

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)
___ 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.
Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?**
2. **What is the language most often spoken by the student?**
3. **What is the language that the student first acquired?**

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 indicate the student’s home or primary language. (Revised 01-2019)

Office of English Language Acquisition Services
1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas
# Guide to Arizona Immunizations Required for School Entry Grades K-12

Immunization requirements by age and grade for school attendance. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies in most situations.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>4-6 Years Old Kindergarten or 1st grade</th>
<th>7-10 Years Old</th>
<th>11 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B (Hep B or HBV)</strong></td>
<td>3 doses</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>3 doses acceptable if dose #3 was received at or after 24 weeks of age; otherwise 4 doses are required with the final dose at or after 24 weeks of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Poliomyelitis/Polio (IPV or OPV)</strong></td>
<td>4 doses</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>3 doses acceptable if dose #3 was received on or after 4 years of age. Students who received 3 or 4 doses (with 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 have met the requirement. The final dose of polio administered ON or AFTER August 7, 2009 must be given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polio is not required for students who are 18 years of age or older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps and Rubella (MMR or MMR-V)</strong></td>
<td>2 doses</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>Minimum recommended age for dose #1 is 12 months. A 3rd dose will be required if dose #1 was given more than 4 days before 1st birthday.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMR and Varicella must be given on the same day or at least 28 days apart</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (chickenpox) (VAR or MMR-V)</strong></td>
<td>1 dose</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>Minimum recommended age for dose #1 is 12 months. 2 doses are required if the 1st dose was given at 13 years of age or older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMR and Varicella must be given on the same day or at least 28 days apart</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, and Pertussis</strong></td>
<td>5 doses of DTaP, DTP or DT</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>4 doses acceptable if last dose was given on or after 4 years of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A 6th dose is required if 5 doses have been given before 4 years of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quadrivalent Meningococcal (MenACWY or MCV4)</strong></td>
<td>4 doses of DTaP, DTP, DT, Tdap or Td</td>
<td>7-10 Years Old</td>
<td>11 Years and Older</td>
</tr>
<tr>
<td></td>
<td>3 doses acceptable if first dose was given on or after 1st birthday.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1 dose of Tdap is required. Students must have a minimum of 3 doses of tetanus/diphtheria vaccine which may include 1 Tdap.</td>
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<tr>
<td></td>
<td>If Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus-containing vaccine.</td>
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</tr>
<tr>
<td></td>
<td>1 dose of quadrivalent meningococcal ACWY is required. A dose administered at 10 years of age will meet the requirement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please see reverse for additional information and exceptions and conditions to the rules.

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120
Phoenix, AZ 85007 • (602) 364-3630

Last revision: April 2019