



**Greenway Academy**  
**Student Registration Form**  
**Academic Year 2023/2024**

GREENWAY ACADEMY  
greenway.uica@gmail.com



zelle®



**Student Details**

1. Child's First and Last Name:
2. Date of Birth:
3. Place of Birth:
4. Gender:
5. Enrolling Grade:
6. Spoken Languages:

PLEASE NOTE: Registration fee for each child is \$50. This fee is non-refundable and is necessary to secure your seat. We appreciate your commitment and understanding.

**AMOUNT PAID:**

Parent/Guardian Full Name:
Address:
Contact Numbers:
o Home Phone:
o Cell Phone:
o Work Phone:
o Email :
Signature of Parent/Guardian:
Please Print Name:

**ADMINISTRATION USE:**

AMOUNT RECEIVED: \$
AMOUNT RECEIVED BY:
SIGNATURE: <span style="float: right;">DATE:</span>



## GREENWAY ACADEMY Enrollment Checklist:

- 1. Student Registration Form**
- 2. Enrollment Packet**
- 3. Emergency Contact and Medical Information Form**
- 4. Home Language Survey Form**
- 5. Media Release Form**
- 6. Student Record Transmittal Request**
- 7. Arizona Residency Documentation Form or Affidavit of Shared Residency**
- 8. Copies of the Students' Proof of Identification**
- 9. Immunization Records**
- 10. Custody Information if needed (e.g joint or sole decision making custody)**
- 11. Medical Alert (e.g physician's instructions for severe health conditions)**
- 12. Legal Alert (e.g custody or restraining order documentation), if applicable.**

All forms must be completely filled out, signed, and submitted to the school for the student to be registered. Arizona Residency Documentation: A.R.S. § 15-802(B) requires school districts to obtain and maintain verifiable documentation of Arizona residency upon enrollment. Students with out-of-state or international addresses at the time of application may complete the application process. Applicants who are offered enrollment must provide proof of residency in the state of Arizona no later than the first day of the 2023-24 school year.

PHONE: 602-565-1538

WEBSITE:[www.greenwayacademy.org](http://www.greenwayacademy.org)



# GREENWAY ACADEMY ENROLLMENT PACKET:

## Student Information:

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Gender:  Male  Female Birth Date: \_\_/\_\_/\_\_ State: \_\_\_\_\_

Race:

- White  Native Hawaiian/ Other Pacific Islander  Black or African American  Asian  American Indian or Alaskan Native

## Parent Guardian Information

Parent/ guardian Name (1) _____ Relationship to students: _____ Cell Phone _____ Home/ Work Phone _____ Address _____ Apt # _____ City _____ Zip _____ Email Address: _____	Parent/ guardian Name (2): _____ Relationship to students: _____ Cell Phone: _____ Home/ Work Phone _____ Address _____ Apt # _____ City _____ Zip _____ Email Address: _____
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**Emergency Contact:** List below additional names of people who can be called in case of Emergency. |

**AUTHORIZE the following individuals to pick up my student on my behalf.**

Name	Relationship	Cell Phone	Home Phone	Work Phone
Name	Relationship	Cell Phone	Home Phone	Work Phone
Name	Relationship	Cell Phone	Home Phone	Work Phone

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**Student Records:**

\_\_\_\_\_  
What is the student's Graduating Class                      Last grade level completed

Is the student currently enrolled in another school?  Yes  No

\_\_\_\_\_  
Name of last School Attended    City                      State                      ZIP

Last attendance date? \_\_/\_\_/\_\_

Has the student been expelled?  Yes  No

If yes, please explain:

\_\_\_\_\_  
Parent/Guardia Printed Name                      Parent/Guardian signature                      Date

\_\_\_\_\_  
Students Printed Name                      Student Signature                      Date

Please attach the Following:

- Student proof of identity copies  
(Birth Certificate, Passport, Adoption records)
- Immunization records
- Student
- Student Record Transmittal Request

If Applicable:

- Medical information
- Custody information (Legal alerts related Documents)

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:** \_\_\_\_\_

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**Arizona Department of Education**  
**Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

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, Veterans Administration, Arizona Department of Economic Security)
  - Temporary on-base billeting facility (for military families)
  - Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.
- 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.

State of Arizona  
Affidavit of Shared Residence  
Student Name: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below resides with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

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I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- 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, Veterans Administration, Arizona Department of Economic Security)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

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## **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?

\_\_\_\_\_

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)

Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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### **Publication of School Photo/Video Release/ Student Work**

As parent or guardian of a student at Greenway Academy, I hereby grant permission for my student to be photographed or videotaped in any school-related article, brochure, video production or other publication.

Yes  No

\_\_\_\_\_  
Parent/Guardian Printed Name      \_\_\_\_\_  
Parent/Guardian signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name      \_\_\_\_\_  
Student Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### **Student Handbook Acknowledgment**

Greenway Academy is committed to providing families and students with the most up-to-date information about its schools, programs, activities, and student behavior expectations.

It is the responsibility of students and families to read and follow the guidance contained in the handbook. Questions about the handbook can be forwarded to your school's administrators.

Please see your school's office staff to request a paper copy of the Student Handbook. By checking this box:

I acknowledge Greenway Academy that the Student Handbook is available to read online.

\_\_\_\_\_  
Parent/Guardian Printed Name      \_\_\_\_\_  
Parent/Guardian signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name      \_\_\_\_\_  
Student Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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### **Medication Information**

Please check off any medical condition the student may have

- Food Allergies (Please list):
- Asthma
- Diabetes
- ADHD
- Seizure Disorder
- Other Conditions or health concerns (Please list):

Does your student wear Glasses?  Yes  No

Does your student take medication?  Yes  No If yes, what type/ Name:

\_\_\_\_\_

Doctor (**Print Name**)

\_\_\_\_\_

(**Office phone**)

What type of insurance does your student have?

- Private Insurance
- Social Security Insurance
- Medicaid
- Employment Insurance
- AHCCCS
- Other \_\_\_\_\_

If Medical care is necessary, call:

Health Care

Provider\*

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.

### **Consent for Medical Treatment and Release of Medical Information**

I give my permission to the school Nurse, or the employee designated by the school principal, to provide the student with the first aid as needed, to give him/ her the medicines marked above, as needed, during the entire enrollment of the student at Greenway academy.. I give permission for the school to release the student's medical information as appropriate.

\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

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### **Military students Identifier**

Every Student Succeeds Act (ESSA), includes a requirement to identify any military- connected students in schools.

Military connected students are defined as those with a parent or guardian who is a member of the armed forces on active duty. Please indicate below if the student’s parent and/or guardian is an active-duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corps, Coast Guard) including full-time Reserve or National Guard duty?

- ❖ “Is the student dependent on a member of the United States military service in the Active-Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?”

**Check:**  Yes  No or  decline to answer.

- ❖ Is the student dependent on a full time member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).”

**Check:**  Yes  No or  decline to answer.

- ❖ Is the student dependent on a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).”

**Check:**  Yes  No or  decline to answer.

Student’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **SCHOOL-PARENT COMPACT**

Greenway Academy, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) Participating students, agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help students achieve the State's high standards. This school-parent compact is in effect during the school year 2023-2024.

### **REQUIRED SCHOOL-PARENT COMPACT PROVISIONS**

#### **School Responsibilities**

Greenway Academy will:

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating students to meet the State's student academic achievement standards.**
  - Implement researched based strategies for instruction.
  - Implement a challenging and relatable curriculum that will focus on the state's content standards.
  - Maintain a highly qualified staff.
  - Ensure an environment that is safe and conducive to learning.
2. **Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual student's achievement.**
  - Once in the fall and once in the spring semester.
  - At any other time, the teacher or parent feels a conference is necessary.
3. **Provide parents with frequent reports on the student's progress.**
  - Report cards will be sent home at the end of the quarter.
  - Grades, attendance, and discipline reports may be accessed by setting up parent meetings with the administration.
4. **Provide parents with reasonable access to staff.**
  - Before and after school.
  - By setting up appointments with administration. .
5. **Provide parents opportunities to volunteer and participate in their student's classes**
  - Assist with special events by serving on special committees, field trips, etc.

#### **Parent Responsibilities**

**We, as parents, will support our student's learning in the following ways:**

- Support the discipline policies and school-wide rules of the teachers and administrators.
- Monitor our student's attendance.
- Assist with homework and ensure it is completed and returned
- Stay involved with the student's school.

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- Respond to phone calls and letters sent home with our students/students.
- Keep the line of communication open to discuss each day's school activities.
- Provide the student with appropriate school supplies.
- Promote positive use of students' extracurricular time.

## **ADDITIONAL PROVISIONS**

### ***Student Responsibilities***

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards.

- Do assigned homework and ask for help when I need it.
- Give parents or guardians all notices and information as soon as possible.
- Be an example to others by exhibiting proper conduct.
- Obey all school and classroom rules.
- Follow the school dress code.
- Respect myself, respect others, and respect my school and community.

### **Additional Required School Responsibilities**

The Greenway Academy will:

1. Involve parents in the planning, reviewing, and improving of the school's Family/Community Engagement policy in an organized, ongoing, and timely way.
2. Hold an annual meeting to inform parents of the school's participation in Title I, Part A programs and to explain the Title I, Part A requirements and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time for parents and offer a flexible number of additional Family/Community Engagement meetings. The school will invite to this meeting all parents of students participating in Title I, Part A programs (participating students) and will encourage them to attend.
3. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
4. Provide to parents of participating students information on time about Title I, Part A programs that include a description and explanation of the school's curriculum, the forms of academic assessment used to measure student's progress, and the proficiency levels students are expected to meet.
5. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions and participate, as appropriate, in decisions about their student's education. The school will respond to any such suggestions as soon as practicably possible.
6. Provide each parent a student report about their student's performance on the State assessment in at least math, language arts, and reading.
7. Provide each parent timely notice when their student has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

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## Transfer Request Form

### 1. Student Information:

- Student's Full Name:
- Grade Level:
- Date of Birth:
- Parent/Guardian's Name:
- Parent/Guardian's Phone Number:
- Parent/Guardian's Email:
- Current School Name:
- Current School Address:
- Current School Phone Number:

### 2. Transfer Details:

- Requested Transfer Date:
- Reason for Transfer:
- Transfer to School Name:
- Transfer to School Address:
- Transfer to School Phone Number:
- Is transportation required? (Yes/No)
- If transportation is required, please specify pick-up and drop-off locations:

3. Acknowledgement: I acknowledge that by submitting this transfer request, I am requesting a transfer for my child to a different school within the charter school system. I understand that the transfer is subject to approval by the charter school administration and that any changes to the transfer request must be communicated to the school administration as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

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

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

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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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.

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

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

## **Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

## **Medical Information**

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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