ROSE ACADEMIES

Honor the Promise of Education™

Annual Re-Enrollment Form 2020-2021

Canyon

AM

Circle Your School: **CRA** **CRA-East** **DRA** **MRA** **PRA**

Circled Your Preferred Session: **AM / PM / EVE**

Student Name: _____ **Date of Birth:** _____

Student Cell Phone Number: _____ **Student Email:** _____

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard? ☐ Yes ☐ No

Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)? ☐ Yes ☐ No

Proof of Residency & Information Change Form

Do you have any changes to report about your address or the names and contact information we have on file for parent/guardian/other contacts?

- ☐ **No** Your signature affirms that you /your student's current address has not changed since last school year.
- ☐ **Yes** Please complete an Information Change Form, an Arizona Residency Form, & provide Proof of Residency.

Medical Authorization Form

Do you have any changes to report about your student's medical condition, physician, preferred medical treatment facility, or amount of Ibuprofen/Acetaminophen administered?

- ☐ **No** Your signature below affirms that there are no changes to report.
- ☐ **Yes** Please complete a Medical Authorization Form.

No Child Left Behind Act of 2001 Eligibility Form

Number of Family in Household _____

(if student is 18 or older, include dependents of student and/or individuals with an income in the household)

Monthly Family Income:

0-1860

Student & Parent Handbook/Discipline Procedures / Acknowledgement and Verification

By signing/electronically signing this form, you are verifying and acknowledging that you take the responsibility to review with your child the Rose Academy's student discipline policies, matrix, definitions and procedures contained in the Student Handbook. Additionally, you are acknowledging that you take responsibility to abide by the AzMERIT and Rose Assessment policies set forth by Rose. Lastly, by signing below you are agreeing to the Rose Technology Use Agreement. Violations of the Tech Use Agreement will result in disciplinary and, if necessary, legal action.

_____ _____

Parent/Guardian Signature Date Student Signature Date

☐ Student is 18 years or older

For any Re-Enrollment Questions you answered "Yes" to, please complete and provide your school staff with the necessary forms no later than August 6, 2020. Please call or email the front desk for additional forms.

Student Services Department Use Only

Date Entered in SM _____ Clerk Initials _____

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