

Three Hierarchs Academy

9772 North Diffin Road, Florence, AZ 85132
(520)222-6358

APPLICATION FOR ADMISSION-REGISTRATION 2023-2024

Please complete and return this Application Form along with the **\$400 non-refundable books and supplies fee**. The application fee covers all necessary admission administration costs and cannot be applied towards the tuition upon acceptance of a student. This fee additionally covers all applicable first-year registration costs, upon the student's acceptance.

Return the completed Application Form and attachments to:

Three Hierarchs Academy, 9772 E Diffin Rd, Florence, AZ 85132.

APPLICATIONS MUST BE MAILED, EMAILED OR HAND DELIVERED.
Faxed will not be accepted.

The following documents are required for your application to be considered complete. You must submit a hard copy along with the application. Incomplete or inaccurate information will be grounds for rejection of the applicant or dismissal of a student.

- Birth Certificate
- Last two years of end-of-year report cards (with teacher comments)
- Current report card (with teacher comments)
- Most recent end-of-grade test results, achievement test results, and other standardized test scores
- Copies of testing, evaluations, psychological reports, curriculum modifications, and individualized education plans, if applicable
- Copy of all custody papers, if applicable

NOTE TO PARENTS/ GUARDIANS:

*We know that any information families send us is important and private. We treat that information, whether it comes to us on this application or in follow-up documents, with the ultimate in protections for **confidentiality** and **security**. We are committed to protecting your information across all areas of interaction. All document handling is performed in secure facilities. Documents are stored in safe vaults. Electronic copies of the documents are stored for use while applicants are in school.*

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Student's Name:

LAST	FIRST	MIDDLE

Current Age _____ Date of Birth ___/___/_____ Male Female

Current Grade: _____ Applying for Grade: _____

Current School: _____

Current School's Address and Phone: _____

Student's Primary Language: _____

Other Languages Spoken: _____

Parent/Family Status (check the applicable box):

Married <input type="checkbox"/>	Seperated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
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With whom does the student live primarily (check the applicable box):

Both parents <input type="checkbox"/>	Father <input type="checkbox"/>
Father and Stepmother <input type="checkbox"/>	Mother <input type="checkbox"/>
Mother and Stepfather <input type="checkbox"/>	Guardian/Other (_____)

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Who has legal custody: _____

Signature of parent/legal guardian 1: _____ **Date** _____

Signature of parent/legal guardian 2: _____ **Date** _____

The following will be scheduled by the school once this Application is complete and all relevant supplemental documents have been received.

- Admissions testing (it will be scheduled as soon as possible upon receipt of the application).
- Classroom visits are recommended.
- Admission Interview to be attended by the student and both parents/legal guardians. The interview is our opportunity to get to know one another and to determine the extent of a good match between the school and the student.

Upon receipt of all required documents and the completion of student testing, a family interview will be scheduled. Notification of the student's acceptance status will be made as soon as testing, interview, and file reviews are complete. The Academic Committee will determine final acceptance and grade level placement of students.

Within 48 hours of acceptance of a student for admission (or upon commencing a return student registration), a non-refundable \$400 enrollment fee will be required to place the student on the roster for the upcoming year. Upon enrollment, the fee will be credited for the student's annual costs. These costs for the 2023-2024 school year are to be determined.

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Emergency Contact Form

Please complete this and ensure it is maintained accurately as changes occur. The Academy recommends that parents re-visit this information at least twice per school year and provide updated information, as changes become necessary.

[at least two contact persons are required]

The following individuals are authorized to collect my child from the Academy in case of emergency or if I cannot be contacted. I am responsible to review this data and maintain this contact information updated and accurate with 3HA.

	Emergency Contact 1	Emergency Contact 2
Full name		
Relationship to the Child		
Primary phone		
Secondary phone		
	Emergency Contact 3	Emergency Contact 4
Full name		
Relationship to the Child		
Primary phone		
Secondary phone		

If medical care becomes necessary, please call:

Health care Provider	Name	Phone

Signature of Parent(s) of Legal Guardian(s)

Signature of Parent or Legal Guardian

Date

Printed Name

Signature of Parent or Legal Guardian

Date

Printed Name

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Student Immunization Exemption

(A separate form must be submitted for each Academy child within the same family)

The purpose of this document is to affirm that the following child is exempt from standard vaccination for the following reasons (*please circle the appropriate one*):

- A. Due to the child's health condition, the child may be adversely affected by one or more of the required vaccine doses.
- B. A child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached.
- C. The child has a history of Varicella (chicken pox) disease.
- D. The parent or guardian has received information about immunizations provided by the Arizona Department of Health Services and understands the risks and benefits of immunizations and the potential risks of non-immunization and due to personal beliefs, the parent(s) or guardian(s) do not consent to the immunization of the pupil (*per ARS 15.873—both parents/guardians must sign on page 2*)

Child's Name: _____ **DOB** _____

To be completed by a physician or a registered nurse practitioner (as applicable) to exempt a child from immunization requirements.

Name of Physician or Nurse _____

Signature _____ **Date** _____

Please list each vaccine included in the exemption and state the reason:

Please indicate whether this is:

Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>
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[The following needs to be acknowledged by both parents/guardians]

- a. In the case the State or County health department declares an outbreak of vaccine-preventable disease for which I cannot provide proof of immunity for, my child will not be allowed to attend the Academy until the risk period ended.
- b. Additional information is available from any local county health department and the Arizona Department of Health Services: www.azdhs.gov/phs/immunization/index.htm

Signature of Parent or Legal Guardian	Date	Printed Name
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Signature of Parent or Legal Guardian	Date	Printed Name
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Non-Immunization Due to Personal Beliefs

[Per the provisions of ARS 15-873]

[The following needs to be acknowledged by both parents/guardians]

I/we have received information about immunizations provided by the department of health services and understand the risks and benefits of immunizations and the potential risks of non-immunization and that due to personal beliefs, I/we as parent(s) or guardian(s) do not consent to the immunization of the pupil.

Signature of Parent or Legal Guardian	Date	Printed Name
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Signature of Parent or Legal Guardian	Date	Printed Name
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FOOD AND MEDICAL ALLERGIES FORM

Child's Name: _____ Date: ____ / ____ / ____

Please complete this form and return with the registration packet.

- **ALLERGIES:**

- **Foods (Please list below):**

- **Medications (please list below):**

- **Latex: Type I (anaphylaxis) OR Type IV (contact dermatitis)**

- **Stinging Insects (please list below):**

- **Other (please list below):**

Parent Name and Date:

Parent Signature:

Contact Number:

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MEDICAL CONSENT FORM

Student Name: _____ Grade: _____ DOB: _____

Medical History

Has your child had the Chicken Pox? Yes No

Does your child wear glasses or contacts? Yes No

Medical condition your child is being treated for: (check one or more)

NONE Asthma Diabetes Heart Condition Seizures Hearing Loss

Other Medical Conditions: _____

Medications taken and why: _____

Severe allergies and their symptoms: _____

Other allergies: _____

Information which will help us understand your child physically and emotionally:

Physician Information

Please list the name of a physician to be called in case your child becomes ill or has an accident and you cannot be reached.

Physician Name: _____ Phone Number: _____

Prescription Medication to be administered by school (to be filled out only if student is on routine medication that must be administered during school hours)

Name of Medication: _____ Rx#: _____

Dose: _____ To be administered at: _____

Possible side effects to watch for: _____

Over-the-counter Medications:

Occasionally your child may need an over-the-counter medication, of which, our office maintains a limited supply. Please indicate below any listed medications your child may receive during the school day. Dosage will be consistent with the child's weight and/or age as indicated on the medication package. An OTC medication taken daily needs a doctor's consent. Physician forms can be picked up at the office.

Please select below:

OK to give ALL

No medication to be given

Only checked items to be given

Acetaminophen (Tylenol)

Cortisone Cream (Itch)

Ibuprofen (Motrin)

Tums (antacid)

Antibiotic Ointment/ Burn Cream (cuts)

Cough Drops

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MEDICAL CONSENT FORM (continued)

I, the undersigned hereby authorize Three Hierarchs Academy to give the medication checked above to my child and do hereby authorize the school to contact directly the health providers named above to render such treatments as may be deemed necessary in an emergency for the health of said child. In the event that persons named on the school registration form cannot be contacted, school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for the health of the said child. In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal guardian can be contacted. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal court-ordered guardian.

Parent/ Guardian Name (print):

Parent/ Guardian Signature:

Date: _____