



PO Box 2987, Florence, AZ 85132-3057

APPLICATION FOR ADMISSION-REGISTRATION

Please complete and return this Application Form along with the **\$250 non-refundable processing and testing 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. **[Returning students are charged an annual (non-refundable) \$100 registration fee only].**

Return the completed Application Form and attachments to:

Three Hierarchs Academy, PO Box 2987, Florence, AZ 85132-3057.

APPLICATIONS MUST BE MAILED OR HAND DELIVERED.

Faxed or emailed applications will not be accepted.

Academy Non-Discrimination Statement:

The Three Hierarchs Academy admits students of any race, color, disability, familial status, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Academy does not discriminate on the basis of race, color, disability, familial status, national and ethnic origin in administration of its educational policies, admissions policies, hiring policies, financial aid / tuition scholarship and loan programs, and athletic and other school-administered programs.

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 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
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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 (circle one)

Current Grade: _____ Applying for Grade: _____

Current School: _____

Current School's Address and Phone: _____

Student's Primary Language: _____

Other Languages Spoken: _____

	Father/Guardian 1	Mother/Guardian 2
Full name		
Address		
Primary Phone		
Secondary Phone		
E-mail		
Religion		
Occupation		

Parents / Family status (check the applicable box):

Married	Seperated	Divorced	Widowed	Single
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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 & Stepmother	<input type="checkbox"/>	Mother	<input type="checkbox"/>
Mother & Stepfather	<input type="checkbox"/>	Guardian/Other (_____)	<input type="checkbox"/>

Who has legal custody: _____

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

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

Will the family be in need of before and/or after-school student care (check one)? Y N

NOTE: The Academy can provide care form 7:00 am to 6:00 pm

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 \$500 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 2018-2019 school year are:

- Kindergarten: \$6,900/yr [see parent-student manual for payment arrangements]
- 1st-8th Grades: \$7,900/yr [see parent-student manual for payment arrangements]



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➤ Books / supplies \$500 [due at registration completion]

Emergency Contact Form

Please complete this and ensure it is maintained accurately as changes occur. The Academy recommends that parents re-visit this data 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 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 a 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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Note to Parents/Guardians:



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

- a. In case if 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

Signature of Parent or Legal Guardian Date Printed Name

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

Signature of Parent or Legal Guardian Date Printed Name
