



**Renee Gagliano - Registrar**  
11050 N. 96th St., Scottsdale, AZ 85260  
Tel: 480-699-4950 ext. 0  
Fax: 480-314-3346  
www.farm.missionmontessori.com

**Charter School Checklist**

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

New Placement: \_\_\_\_\_  
Office Use Only

2021 – 2022 **Grade:** \_\_\_\_\_

**New Student**

- 1. Application ~ARS 15-184(A) \_\_\_\_\_
- 2. Parent Information Addendum \_\_\_\_\_
- \* 3. Proof of Residency **ALL STUDENTS**  
See Arizona Residency Documentation Form  
~ARS15-802(B) \_\_\_\_\_
- 4. Emergency Form \_\_\_\_\_
- 5. Allergy Questionnaire Form \_\_\_\_\_
- 6. Permission/Release Form \_\_\_\_\_
- \* 7. Updated Immunizations/Exempt Form  
~ARS 15-872 ~ARS 15-872(C) ~ARS 15-873 \_\_\_\_\_
- 8. Primary Home Language (PHLOTE)  
~ARS 15-184(A) \_\_\_\_\_
- 9. Exceptional Student Services Form \_\_\_\_\_
- 10. Family-School Partnership \_\_\_\_\_
- 11. Extended Day Registration \_\_\_\_\_
- **Joyful Giving Program**
- 12. Community Investment \_\_\_\_\_
- 13. Annual Tax Credit Program \_\_\_\_\_
- \* 14. Birth Certificate or document as prescribed by ~ARS15-828(A) \_\_\_\_\_  
A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:  
1. A certified copy of the pupil's birth certificate.  
2. 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.  
3. 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.
- 15. Authorization to Release Confidential Information ~ARS 15-828(G) \_\_\_\_\_

**\* Please provide these documents**

Pursuant to ARS 15-184(I), Mission Montessori Schools, Mission Montessori Academy, and the Farm at Mission Montessori Academy does not admit any pupil who has been expelled from another educational institution, or who is in the process of being expelled from another educational institution.



Mission Montessori Academy's Middle Years Program Renee  
 Gagliano - Registrar  
 11050 N. 96th St., Scottsdale, AZ 85260 Tel: 480-699-4950 ext. 0  
 Fax: 480-314-3346 www.farm.missionmontessori.com

**Middle Years Program  
 Enrollment APPLICATION  
 for Charter  
 2021 – 2022**

Current School Yr. Start  
 Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Extended Day \_\_\_\_\_  
 3:30 p.m. – 6:00 p.m.

1<sup>st</sup> Year of Charter Enrollment: \_\_\_\_\_

Grade for Fall Enrollment: \_\_\_\_\_

Student Information

Current Teacher: \_\_\_\_\_ New Placement: \_\_\_\_\_  
 Office Use Only

State of Birth: \_\_\_\_\_ SAIS #: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

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

Date of Birth: / / Primary Language Spoken: Student: \_\_\_\_\_ Parents: \_\_\_\_\_

Ethnic Origin (please circle): American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Asian  
 African-American or Black Hispanic or Latino

Mother's/Guardian's Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Living with Child Yes No
Allow Release Yes No
Active Military Yes No

Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip

Home Tel No.  
 ( ) \_\_\_\_\_  
 Work Tel No:  
 ( ) \_\_\_\_\_  
 Cell Tel No:  
 ( ) \_\_\_\_\_

Father's/Guardian's Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Living with Child Yes No
Allow Release Yes No
Active Military Yes No

Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip

Home Tel No.  
 ( ) \_\_\_\_\_  
 Work Tel No:  
 ( ) \_\_\_\_\_  
 Cell Tel No:  
 ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Previous School Attended \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

If remaining capacity is insufficient to enroll all pupils who submit a timely application, the charter school shall select pupils through an equitable selection process such as a lottery except that preference shall be given to siblings of a pupil selected through an equitable selection process such as a lottery. ~ARS- 15-184(E)



**Parent/Guardian Information Addendum**

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Mother/Guardian**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Fax

\_\_\_\_\_  
Work Email

**Father/Guardian**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Fax

\_\_\_\_\_  
Work Email



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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## ALLERGY QUESTIONNAIRE

The purpose of the questionnaire is to gather information about potentially severe and/or life-threatening allergies that your child may have. This information will help provide appropriate care while your child is at school.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does your child have a known or suspected food-allergy?  Yes  No

If yes, please check ALL foods that apply.

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Peanuts (includes peanut butter and peanut oils)    | <input type="checkbox"/> Soy       |
| <input type="checkbox"/> Tree Nuts (walnuts, almonds, pecans, cashews, etc.) | <input type="checkbox"/> Wheat     |
| <input type="checkbox"/> Milk or Dairy                                       | <input type="checkbox"/> Fish      |
| <input type="checkbox"/> Eggs  | <input type="checkbox"/> Shellfish |

List any others: \_\_\_\_\_

2. Could your child's allergy be life-threatening?  Yes  No

Please indicate past symptoms of your child's food allergy.

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Tingling/swelling of lips, tongue, mouth | <input type="checkbox"/> Itching  | <input type="checkbox"/> Hives    |
| <input type="checkbox"/> Swelling of face or extremities          | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Tightening/ swelling of throat           | <input type="checkbox"/> Cough    | <input type="checkbox"/> Cramps   |
| <input type="checkbox"/> Weakness                                 | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Other – Please explain _____             |                                   |                                   |

3. Has your child ever been treated by a health care provider for an allergic reaction?  Yes  No

4. Does your child require medication for an allergic reaction?  Yes  No  
If yes, please list \_\_\_\_\_

If your child requires an Epi-pen (emergency dose of epinephrine), do you have a current prescription to provide to the school to be kept in case of an allergic reaction?  Yes  No

5. Is your child on any prescription medication(s)?  Yes  No  
If yes, please list the medications below:

<u>Medications</u>	<u>Reason</u>

I give permission for any employee of the school to have my child's medical information.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone number \_\_\_\_\_

## Permission/Release Form

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher's Name

### **Emergency Treatment Permission**

I give Mission Montessori Schools permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Mission Montessori Schools will begin immediate attempts to contact parents/guardian while child is in transport.

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

\_\_\_\_\_  
Date

**WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION!**

### **Sunscreen /Bug Spray Application Permission**

I give Mission Montessori Schools staff permission to apply sunscreen of SPF 15+/Bug Spray that I will provide, to my child's face, arms and legs.

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

\_\_\_\_\_  
Date

### **Photo/Film/Audio/Website Release**

I release any claim towards Mission Montessori Schools concerning the use of any film, photograph, or audio recording, which contains or may contain my child's image or voice. Mission Montessori Schools has explicit permission to use any such film, photo or audio recordings as they see fit for the purpose of historical record, marketing, social media, website or classroom use without limitation or compensation.

\_\_\_\_\_ I do give permission

\_\_\_\_\_ I do NOT give permission

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

\_\_\_\_\_  
Date

### **Immunization Notice**

Please be advised that all immunization requirements must be met in the time specified by the Arizona Health Department. A 15 day notice will be given to parents whose children have not met the requirements. If proof of immunization shots is not provided, Arizona law states that the child must be suspended from school until all requirements are met.

Please sign indicating that you have read and understand the above notice.

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

\_\_\_\_\_  
Date



## Arizona Department of Education

Office of English Language Acquisition Services

### 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?**

\_\_\_\_\_

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 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)





## Mission Montessori Academy-Exceptional Student Services Form

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Is your child enrolled in a gifted program? Yes/No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
2. Is your child receiving special education services, under IDEA, and has an IEP (Individual Education Plan)? Yes/No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is the IEP current? \_\_\_\_\_  
What was the eligibility determination? (Speech and Language, Learning Disability, Emotionally Disturbed, Hard of Hearing, Visually Impaired, or other  
\_\_\_\_\_  
\_\_\_\_\_
3. Is your child under a 504 Plan covered by the American's with Disabilities ACT? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
4. Has your child been identified or is receiving services for an ELL (English Language Learners) program? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
5. Has your child been dismissed from any of the above mentioned program? If so, when \_\_\_\_\_
6. Has your child ever been diagnosed with ADHD or ADD or had difficulties with attention, dyslexia, autism or any other learning differences? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
7. Has your child had difficulties with his peers or with authority figures? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
8. Has your child ever exhibited aggressive behavior? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
9. Has your child ever been expelled? Yes/No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_



## **The Mission Montessori Family-School Partnership (MMFSP)**

To be completed one time only. This will remain in effect for the duration of your child(ren) attending Mission Montessori Schools.

Mission Montessori, in alignment with the educational philosophy of Maria Montessori, realizes that the partnership between school and family is instrumental in helping a child develop his or her full potential. We recognize that effective partnerships have these characteristics in common: open communication, mutual respect and a commitment to working together with a shared vision for the realization of goals.

### **Mission Montessori Schools are committed:**

- To presenting to prospective parents our program and practices, philosophy and policies making all efforts to clarify the expectations and goals of both school and parents;
- To ensuring that teachers and administrators are accessible to parents, engaging in clear, open communication, always seeking and valuing the parents' perspective on their child.
- To actively seeking the knowledge, skills and resources of our parents in ways such as parent surveys, Parent Task Forces and the Mission Montessori Family-School Partnership, which will involve them when considering major decisions that affect the school community;
- To keeping the parents well informed on school and classroom activities, offering support in gaining a deeper, clearer understanding of the Montessori educational philosophy and methods in a variety of ways, including mass emails, an informative website, parent-education meetings, systematic reports, conferences, publications and informal conversations.

### **The \_\_\_\_\_ Family is committed:**

(PRINT Family Name Here)

- To selecting a school offering programs and services congruent with the goals and philosophy of the family and fitting the needs of the child(ren);
- To demonstrating respect for school policies, procedures and support for school stability:
  1. by attending required programs and events such as conferences, Parent Education opportunities and optional programs such as classroom and school fundraising events, and special child-centered events;
  2. by making timely tuition and fee payments; and participating in fundraising.
  3. by arriving in a timely manner for drop-off and pick-up each day;
  4. by offering **15 hours of service per child enrolled** during the current school year to the school/classroom/MMFSP (or a contribution of \$150 in lieu of volunteer hours paid to Mission Montessori Schools).
  5. **By not scheduling family vacations during school days as it reduces state funding per students absences.**
- To valuating the teacher/school's perspective on the child(ren), always seeking information directly from the classroom Lead Teacher.
- To providing any medical or personal information that may be needed to best serve your child(ren) and the family, such as keeping all immunization records, custodial papers, addresses and phone numbers updated at all times.

**Parent Communication/Conferences/Progress Reports**

Mission Montessori sends **mass emails** for general school information, posts **monthly newsletters** on each teacher's blog, and **maintains a working general calendar** on our website to keep parents informed of school and classroom activities and special events. **Two parent conferences** are scheduled during each academic school year. You may schedule additional conferences at anytime you feel that one is necessary. However, during class time, the teachers' full attention must be with her/his class, so even if you would like to see a teacher just for a few minutes, please arrange your meetings in advance, preferably before or after school.

**Progress reports will be sent home four times a year for all students in both private and charter schools.**

**Parent Education**

Parents are requested to attend parent education seminars designed to enhance your understanding of your child's Montessori education. The Montessori classroom atmosphere and approach to education differs from traditional public school. The more you know, the more you are able to support your child's learning experience. Participation fulfills Volunteer Hours.

The MMFSP also sends mass emails to communicate with parents about FSP specific events, meetings, volunteer opportunities, and other useful school information. **If you do not wish to be included in the FSP email list (shared with FSP representatives), or if you have additional emails you would like to add to the list, please indicate below:**

I do not want my email included on the class communication list, please take it off.  
(Please write email so we can double check it is not included)

\_\_\_\_\_

I want to add an additional email to the class communication list:

\_\_\_\_\_

**PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S**

**NAME: Student:**

**Teacher: 2021-2022 (If Known)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRINT PARENT NAME**

**PARENT SIGNATURE**

**DATE**

**PRINT PARENT NAME**

**PARENT SIGNATURE**

**DATE**



**Mission Montessori FSP - 15 hours of service**

If you are able to, Mission Montessori Academy's Middle Years Program appreciates 15 hours of family service per child enrolled, or a contribution of \$150 per child in lieu of volunteer hours, paid to Mission Montessori Schools. Special projects designated by the teacher, field trips, fundraising activities and school events are great ways to become involved. Ice Cream Social, Book Fair, Movie Night, International Day, Thanksgiving Feast, Golf Tournament, Parent Education Nights, Room Parent and Art Masterpiece are all school events that will offer volunteer opportunities.

We welcome all parents as guest speakers to share their special talents, hobbies, experiences and careers. Classroom parties and Park Day do not count for volunteer hours.

\_\_\_\_\_ **Will volunteer 15 hours of service per child**

\_\_\_\_\_ **Will contribute \$150 in lieu of volunteer hours per child**  
**Check \_\_\_ or Credit Card \_\_\_** *(Please Complete Credit Card Authorization Form)*

\_\_\_\_\_ **Will need to forgo both the volunteer hours and the \$150.**

**PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHERS NAME:**

Student:

Teacher: 2021-2022 (If Known)

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**PRINT PARENT NAME**

---

**PARENT SIGNATURE**

---

**DATE**

---

**PRINT PARENT NAME**

---

**PARENT SIGNATURE**

---

**DATE**

## Mission Montessori Credit Card Authorization Form

Mission Montessori accepts Visa, MasterCard and Discover. If you would like to pay Mission Montessori by credit card, please fill out this authorization form and return it to the site manager of your campus. By filling out and signing this form, you are giving Mission Montessori permission to process your credit card for payment.

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

Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

### Credit Card Information

Cardholder Name \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

CVC Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_



**Extended Day Registration Form**  
**Full-Time Enrollment only**  
**(NOT FOR HOURLY DROP-INS)**  
**Held at the 96th Street Campus**

- Before school and after school program is to be paid annually, bi-annually or monthly.
- Payment Options: Academic Year (10 Months) \$3,000 Bi-Annually \$1,500 Monthly \$320
- Holidays are not included in the monthly price (examples: Fall Break, Veterans Day, etc.)
- Cancellations are by written notice only to the school office at least a week prior to the new pay period, otherwise full payment is required.
- Hours of operation: 3:30 p.m. – 6:00 p.m.
- Families with 2 or more children:
  - Oldest pays full price
  - 25% discount for each additional child
- Late fees: \$1.00 per minute after 6:00 p.m.

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**Registration Form**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact – Name & Number

Check \_\_\_\_\_ or Credit Card \_\_\_\_\_ *(Please Complete Credit Card Authorization Form)*

\_\_\_\_\_  
Parent/Guardian/ Cardholder Signature



## **JOYFUL GIVING PROGRAMS**

### **Mission Montessori Academy's Middle Years Program**

Mission Montessori is a nonprofit tax-exempt 501(c) 3 corporation.

All contributions are voluntary donations and tax deductible, as allowed by law.

#### **I. Community Investment Fund:**

For the past years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education.

Mission Montessori Academy's Middle Years Program is an excelling "A" rated charter school. It has served hundreds of students and their families since 2011. Our students have consistently and substantially outperformed other local and state-wide high quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our educational mode, as follows:

- (1) It supports the quality of the Educational Model by adding assistants in each classroom to reduce the student/teacher ratio and allow extended time for individualizes instruction; and,
- (2) It supports Extra-Curricular activities that are vital for our Montessori whole child educational model.

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1500 per child. This can be paid in one lump sum or monthly payments over the school year.

#### **II. Annual Tax Credit Program:**

This annual tax credit is an opportunity that gives you the choice of where your tax dollars will be used and you can use these dollars as credit to pay your Arizona state taxes. This is a "dollar for dollar" tax credit for families and anyone who pays Arizona state taxes. You may give up to \$200 if you are single or up to \$400 if you are married and filling jointly. These tax credit dollars help a school pay for their specials programs.

**We appreciate the participation of all our families, because your contributions make us exceptional.**



## Community Investment Fund

2021-2022

For the past few years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education.

**Mission Montessori Academy's Middle Years Program is an Excelling and "A" rated charter school.** It has served hundreds of students and their families since 2011. Our students have consistently and substantially outperformed other local and state-wide high quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our *educational model and growth*, as follows:

- (1) It supports the quality of the Educational Model by adding an assistant in each classroom to reduce the student/teacher ratio which allows extended time for individualized instruction. The Community Investment funds assistants' salaries which the State of Arizona does not pay for.
- (2) Our Extra-Curricular Classes; Art, Music, Spanish, P.E., Gardening, Sustainable Systems, Global Studies, Choir, Strings, Band and Musical Theater are only made available to our students due to the Community Investment Fund. It also pays for the extra-curricular teachers' salaries and supplies them with materials.

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1500 per child. This can be paid in one lump sum or monthly payments over the school year.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Please check one of the following payment plan (starting as of **May 1, 2021**):

One time (\$1500)     3 months (\$500 x 3=\$1500)     5 months (\$300 x 5=\$1500)

Check #: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Credit Card  (Please Complete Credit Card Authorization Form)

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





11050 N. 96th St., Scottsdale, AZ 85260 Tel: 480-699-4950 ext. 0  
Fax:480-314-3346 www.farm.missionmontessori.com

### Authorization to Release Confidential Information and Records

\_\_\_\_\_  
Student Name    Date of Birth    Date of Request

Confidential Information/Records Requested By:

Renee Gagliano  
Name of Authorized Requester

The Farm at Mission Montessori Academy  
Name of District or School

Registrar  
Title

11050 N. 96th St.  
Street Address

Email: rgagliano@missionmontessori.com

Scottsdale, AZ 85260  
City/State/Zip

Requesting Confidential Records From:

\_\_\_\_\_  
School/Agency/Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
City/State/Zip

I authorize the release of all medical, educational, psychological and social information that has been made a part of the confidential records of the above-named student to the requesting party. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with the Family Educational Rights and Private Act. I understand that my consent is voluntary and that the transfer of this information to the receiving school does not require my consent.		
_____ Signature	_____ Relationship to Student	_____ Date

#### Notice to Sending School:

*Pursuant to ARS 15-828 (3f) "Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of the transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829."*



## Authorization to Release Confidential Information and Records from Current and Previous Schools

\_\_\_\_\_  
Student's Name

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

\_\_\_\_\_  
Parent's Signature

Requesting Confidential Records from all schools student has attended:

Current School: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Kindergarten: \_\_\_\_\_  
School Phone No.

1<sup>st</sup> Grade: \_\_\_\_\_  
School Phone No.

2<sup>nd</sup> Grade: \_\_\_\_\_  
School Phone No.

3<sup>rd</sup> Grade: \_\_\_\_\_  
School Phone No.

4<sup>th</sup> Grade: \_\_\_\_\_  
School Phone No.

5<sup>th</sup> Grade: \_\_\_\_\_  
School Phone No.

6<sup>th</sup> Grade: \_\_\_\_\_  
School Phone No.

7<sup>th</sup> Grade: \_\_\_\_\_  
School Phone No.

8<sup>th</sup> Grade: \_\_\_\_\_  
School Phone No.

**Mission Montessori Schools 11050 N. 96th St., Scottsdale, AZ 85260**  
**Tel: 480-699-4950 ext. 0 Fax: 480-3143346 [www.farm.missionmontessori.com](http://www.farm.missionmontessori.com)**



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

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

School District or Charter Holder \_\_\_\_\_

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.



**State of Arizona  
Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

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

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

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 reside with me at my residence, described as follows:

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

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

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, Veteran's Administration, Arizona Department of Economic Security)

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

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

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20 ,  
By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_