



**Mission Montessori Schools**  
 Renee Gagliano - Registrar  
 11050 N. 96th St., Scottsdale, AZ 85260  
 Tel: 480-699-4950 ext. 0  
 Fax: 480-314-3346

Private/Kindergarten/Charter Kindergarten School Checklist

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

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

Current Teacher: \_\_\_\_\_

2023-2024 Program: \_\_\_\_\_

New Placement: *(office use only)* \_\_\_\_\_

**Returning Student**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1 Application - \$285 Payment _____<br/>~ARS 15-184 (A)</li> <li>2 Fee Schedule &amp; Enrollment Agreement _____</li> <li>* 3 Proof of Residency <b><u>KINDER ONLY</u></b><br/>See Arizona Residency Documentation Form<br/>~ARS 15-802 (B)</li> <li>4 Emergency Form _____</li> <li>5 Allergy Questionnaire _____</li> <li>6 Permission/Release Form _____</li> <li>* 7 Updated Immunization Records <b>ALL STUDENTS</b><br/>ARS 15-873</li> <li>8 Family-School Partnership (Volunteer Hours) _____</li> <li>9 Tuition Payment Form _____</li> <li>10 Annual Tax Credit Program _____</li> <li>11 Primary Home Language (PHLOTE) ~ARS 15-184(A)<br/><b><u>KINDER ONLY</u></b></li> </ul> | <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> |
|---|---|

**\* 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.



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St. Anthony \_\_\_\_\_ St. Apkar \_\_\_\_\_

Infant Transition Toddler  
 Primary Kindergarten

Current School Yr. Start Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Infant 5FDEXaaa Transition 5FDEX Primary 5HD 5FD 5FDEX  
 Toddler 5HD 5FD 5FDEX Kindergarten 5HD 5FD 5FDEX

Enrollment Application **2023-2024**

Current Teacher: \_\_\_\_\_ Pgy Placement: (Office Use Only)

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Sex: M F State of Birth: \_\_\_\_\_

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

Ethnic Origin (please circle): Hispanic or Latino American Indian or Alaska Native Asian Black or African American  
 optional/not required as a condition of enrollment. Native Hawaiian or Other Pacific Islander White

**Mother's/Guardian's Information**

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

Address: New Address (ONLY) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip \_\_\_\_\_

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

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Father's/Guardian's Information**

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

Address: New Address (ONLY) \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip \_\_\_\_\_

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

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Email: \_\_\_\_\_

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)



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**2023-2024**

**Fee Schedule & Policies**

Tuition is based on a ten month academic year (approximately 185 days of instruction). Tuition payments are due bi-annually, July 1<sup>st</sup> and November 1<sup>st</sup>. An alternative payment plan is offered in ten monthly installments, however a twenty dollar per installment fee will be added.

<u>Program</u>	<u>Time</u>	<u>Yearly / 10 Installments</u>	
<b><u>Kindergarten</u></b>			
Charter Kindergarten Half Day	8:00 AM to 10:15 AM	No Fee	
Lunch Hour and Recess	10:15 AM to 12:30 PM	\$2,350	\$255
Full Day	10:15 AM to 2:45 PM	\$4,900	\$510
5 Full Days & Extended Care	7:30 AM to 8:00 AM and 10:15 AM to 5:30 PM	\$7,300	\$750
<b><u>Primary 3 to 6 Years Old</u></b>			
5 Half Days	8:30 AM to 12:30 PM	\$8,750	\$895
5 Full Days	8:30 AM to 2:45 PM	\$9,600	\$980
5 Full Days & Extended Care	7:30 AM to 5:30 PM	\$11,550	\$1,175
<b><u>Toddlers 24 to 36 Months</u></b>			
5 Half Days	8:30 AM to 12:00 PM	\$9,750	\$995
5 Full Days	8:30 AM to 2:45 PM	\$10,800	\$1,100
5 Full Days & Extended Care	7:30 AM to 5:30 PM	\$12,250	\$1,245
<b><u>Transition Room 14 to 24 Months (year round program)</u></b>		<b><u>Monthly</u></b>	
5 Full Days & Extended Care	7:30 AM to 5:30 PM	\$1,350	
<b><u>Infants 3 to 14 months (year round program)</u></b>		<b><u>Monthly</u></b>	
5 Full Days & Extended Care	7:30 AM to 5:30 PM	\$1,350	

**Sibling Discount:** Parents with two or more children enrolled in the Infant, Toddler or Primary **extended day program** receive \$250 per family discount over the course of the school year.



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**Enrollment Agreement for 2023-2024**

This enrollment agreement is made by and between the undersigned parents or guardians of the herein named child, hereinafter referred to as "parent" and the MISSION MONTESSORI SCHOOL, hereinafter referred to as "school". The parent hereby enrolls the child named below according to the following terms and conditions.

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

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

Birth Date: \_\_\_/\_\_\_/\_\_\_

		<b>If Mailing:</b> <b>CHECKS MAIL TO:</b> MISSION MONTESSORI SCHOOLS 5550 E MERCER LN. SCOTTSDALE, AZ 85254
Registration Fee: A non-refundable registration fee of \$285 must be turned in with packet	\$285.00 Yearly	Tuition is for the academic school year (10 Months). Payment options are: *Bi-Annually (1st Payment July 1st, 2nd Payment Nov. 1st)  *Monthly Installments: 1st Monthly Installment July 1st 2nd Monthly Installment Sep. 1st
Specials / ODE Enhancement Project	\$500.00 One Time	A 5-day grace period is given and a late charge of \$25.00 will automatically be applied to your account for payment not received by the 5 <sup>th</sup> of each month. There is a \$35.00 charge for each returned check.
Tuition: Please check PMT plan Monthly Installments _____		Monthly Installments 1 <sup>st</sup> PMT - July 1 <sup>st</sup> 2 <sup>nd</sup> PMT - September 1 <sup>st</sup>
Tuition: Please check PMT plan Bi-Annually _____		Bi-Annually 1 <sup>st</sup> PMT - July 1 <sup>st</sup> 2 <sup>nd</sup> PMT - November 1 <sup>st</sup>

**TUITION:** Toddler through Kindergarten tuition is an annual fee for the academic school year from August through May as per school calendar (approximately 185 days) and excludes holidays, weekends, spring break, and winter break. Infant and transition room tuition is due by the 1st of each month year round.

**PAYMENTS:** Installment payments are due by the 1<sup>st</sup> of the month unless specified otherwise in the billing statement. A late fee of \$25.00 will be charged for the fees not received by the 5<sup>th</sup> of each month. There is a \$35.00 charge for each returned check. A child will not be admitted if the tuition has not been received by the 10<sup>th</sup> of the same month.

**CHANGES IN RATES:** In order to maintain an educational standard of excellence or any changed circumstances the school has the right to raise tuition and fees upon thirty days' notice.

**ABSENCE, WITHDRAWAL, DISMISSAL AND REFUNDS:** There are no refunds or reduction of tuition for the absence of children from school due to illness or any other reason. Thirty day written notice is required to withdraw a child from the school. Failing to give a 30 day written notice will result in full payment for 30 days from the date of written notice, whether or not the child attends the school during the 30 day period. There are no refunds for mandatory school closures. A child may be dismissed by the school without prior notice, if in the sole opinion of the school, it is in the best interest of the child or the school to do so. If a child is dismissed from school, prepaid tuition shall be refunded from the date of dismissal.

**EXTENDED DAY:** Before school and after school program are to be paid with tuition. 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 are 7:30am- 8:30am & 2:45pm-5:30pm. Holidays are not included in the price (examples: Spring Break, Winter Break, Columbus Day, President's Day, etc.)  
 Late fees: \$1.00 per minute after 5:30pm

**SIGN IN AND OUT POLICY:** All children enrolled in infant, transition, toddler, primary, and kindergarten programs are required by the school and The Department of Health to sign in and out with correct time and legible signature with first initial and last name, on a daily basis. The school reserves the right to charge a penalty of \$25.00 per day for **unsigned days**, due to penalties imposed by the AZ Dept of Health. There will be a \$1 per minute charge for pick-ups after 5:30 pm.

**DAILY INSPECTION FOR ILLNESS:** The child shall not be admitted to the school on any day when the child has obvious symptoms of illness or is believed to have been exposed to a contagious disease. There is a 24-hour return policy for any child who has a fever. See **Parent Handbook**.

**RIGHTS OF DEPARTMENT OF CHILD PROTECTIVE SERVICES:** The Arizona State Department of Child Protective Services or licensing agency shall have the authority to interview children, or staff and to inspect school records of any child without prior consent. The Department shall also have the authority to observe the physical condition of children, including conditions, which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine children.

**LIEN ON STUDENT RECORDS CLAUSE:** Parents recognize, agree and consent to the fact that all student's records are property of the school and that no records shall be released until all sums due hereunder are paid in full, and withdrawal notice is complete.

Parent acknowledges that he/she has read this **ENROLLMENT AGREEMENT** and has received a true copy. Parent also acknowledges receiving a copy of the "**PARENTS' SCHOOL POLICY HANDBOOK**" which contains: the school's admission, withdrawal policies and procedures, information concerning the school's activities, services, regular hours of operation, fees, procedures to be followed should child become sick or injured while in school, sign in and out procedure, and the school's inspection for illness procedure. Additional conditions and guidelines per the "School Policy Handbook." \*

**Signatures of parent(s) or legal guardians(s) financially responsible for the above child.**

\_\_\_\_\_  
Mother's Name Please Print                      Phone #                      Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Name Please Print                      Phone #                      Date

\_\_\_\_\_  
Father's Signature

**\* School Policy Handbook is available on our website at [missionmontessori.com](http://missionmontessori.com)**



## 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)



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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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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## Mission Montessori Schools 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 authorize the use by Mission Montessori Schools of my child's voice, photograph, recordings, or likeness, as well as any material created by my child as part of a School project, for any purpose in any medium, including but not limited to the school's website and social media platforms. I understand the School will not compensate me or my child for these uses. I understand if I do not wish for my child to be included in any of the aforementioned mediums, I must e-mail [media@missionmontessori.com](mailto:media@missionmontessori.com) to withdraw consent.

\_\_\_\_\_  
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

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

Mission Montessori requires 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 Payment Form)*

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

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

**Student:**

**Teacher: 2023-2024 (If Known)**

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
<b>PRINT PARENT NAME</b>	<b>PARENT SIGNATURE</b>	<b>DATE</b>

_____	_____	_____
<b>PRINT PARENT NAME</b>	<b>PARENT SIGNATURE</b>	<b>DATE</b>

## 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. There is a 3% processing fee to pay by credit card.

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

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

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

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



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**Credit Card Payment Form 2023-2024**

Pay your monthly bill by credit card. We accept Visa, MasterCard, and Discover. Upon request, we can automatically charge your credit card on/or before the 5<sup>th</sup> of every month. If you would like to take part in this program, Please fill out the following form.

**(Please note: if you already take part in this program, you will still need to fill out a new form for the current school year.)**

Name printed on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

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

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

One Time Charge for \$ \_\_\_\_\_

Itemized Charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Automatically charge my card every month for Tuition in the amount of \$ \_\_\_\_\_

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

**CREDIT CARD CHARGES ARE SUBJECT TO A 3% SERVICE FEE**



**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

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# MISSION MONTESSORI ACADEMY

## ★ Annual Tax Credit Campaign

**YOUR** voice **WILL** be heard!  
**YOU** control where **YOUR** tax dollars go!

*Remember your money is returned in full upon filing.*

1. Send your donation along with this form to: mailing address: 11050 N. 96th St Scottsdale, AZ 85260 You can also drop it off at your child's campus main office. Online Payments Email [JMartin@MissionMontessori.com](mailto:JMartin@MissionMontessori.com)
2. Receive your tax receipt.
3. Complete your state tax return.



We need 100% participation from our families.  
Donations from \$5 to \$400 are credited back to you on your Arizona State Income Tax return.  
Any extra is greatly appreciated.

**Your contribution goes directly to:**

**Gardening, extra assistants in classroom to reduce student/teacher ratio, Music Program, P.E., Spanish, Sustainable System, and more!**

**Tax credits up to \$200 for single, head of household or filing individually; \$400 if filing jointly.**

**\*\*Many employers have matching programs. Please check with your HR Department to see if your employer will match your contribution. Return your corporate matching form with your donation\*\***

For more information please visit: [www.revenue.state.az.us](http://www.revenue.state.az.us)

Child/ren's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Select Payment Method:

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Credit Card: Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ In the amount of \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Your name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Pay online at [www.missionmontessori.com/donate](http://www.missionmontessori.com/donate) or email [jmartin@missionmontessori.com](mailto:jmartin@missionmontessori.com)