



# Masada Charter School

## Re-enrollment/Information Update



Masada Charter School is updating school records and other information for the coming school year. Please take a few minutes to fill out the following information to ensure that your students can be enrolled for the coming school year.

### \* Parent Contact Information \*

Father: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Phone Home#: \_\_\_\_\_  
     Work#: \_\_\_\_\_  
     Cell#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Mother: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Phone Home#: \_\_\_\_\_  
     Work#: \_\_\_\_\_  
     Cell#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Address

Mark here if the Mothers Address is the same as the Fathers.

Mailing: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Mailing: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to inform you:  Mail  E-mail  Both

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### \* Emergency Contact Information \*

#### Emergency Contact #1

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

### \* Health Care Provider Contact Information \*

Provider's Name: \_\_\_\_\_

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

### \* Student Re-Enrollment \*

Please list the students who wish to attend Masada for the next school year, \_\_\_\_\_

Kindergarten: \_\_\_\_\_  
 First: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Third: \_\_\_\_\_  
 Fourth: \_\_\_\_\_

Fifth: \_\_\_\_\_  
 Sixth: \_\_\_\_\_  
 Seventh: \_\_\_\_\_  
 Eighth: \_\_\_\_\_  
 Ninth: \_\_\_\_\_

❁ **Free & Reduced Lunch Information** ❁

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following Fiscal Year 2017 Income Guidelines for determining the eligibility of students between the ages of 5 and 17, who attend public school(s). Eligibility is used to determine if a student qualifies for certain Federal Funds. The majority of Federal funds available to schools provide direct supplemental services to students who are at risk of not meeting Arizona's content and performance standards. **The school holds all information given in strict confidence.**

**Guidelines to Determine Funding Allocations for Certain Federal Programs**

Current Income Guidelines (2017-2018)

<b>FREE</b>			
<u>Family Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
1	\$15,301	\$1,276	\$295
2	20,709	1,726	399
3	26,117	2,177	503
4	31,525	2,628	607
5	36,933	3,078	711
6	42,341	3,529	815
7	47,749	3,980	919
8	53,157	4,439	1,223
For Each Additional Family Member			
Add	+5,408	+451	+101

<b>REDUCED</b>			
<u>Family Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
1	\$21,775	\$1,815	\$419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For Each Additional Family Member			
Add	+7,696	+642	+148

**ELIGIBILITY**

Based on the guidelines above, is your family at or below the current income guidelines?

[ ] FREE    [ ] REDUCED    [ ] NO

Please complete the following information for all of your school age children.

<u>CHILD'S NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Thank you for your assistance and the opportunity for us to serve you and your students'.





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

Student/s attending the Masada Charter School District:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Legal Guardian \_\_\_\_\_

As a Parent/Legal Guardian of the following student/s, I attest that I am a resident of the State of Arizona and submit in support of this attestation **a copy of one of the following documents** that displays my name and residential address or physical description of the property where the student/s resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid U.S. passport
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address
- \_\_\_\_\_ Documentation from a state, tribal, or federal government agency (*Social Security Administration, Veteran's Administration, Arizona Department of Economic Security*)

\_\_\_\_\_ 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



State of Arizona

**Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed from the Residency Documentation Form reside with me at my residence:

\_\_\_\_\_  
Location of my residence (physical address)

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 U.S. passport
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, phone bill
- \_\_\_\_\_ Bank or credit card statement
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- \_\_\_\_\_ 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 \_\_\_\_\_.

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

My Commission Expires:  
\_\_\_\_\_