

Arizona Cultural Academy

**MONTESSORI STUDENT ENROLLMENT
CHECKLIST***

Dear Parent, Assalamu Alaikum

Thank you for your interest in Arizona Cultural Academy

To start your Montessori students' enrollment please fill out the following forms:

1. Student placement information: Fill out one form for each of your students
2. Montessori Balance Sheet; One form per family
3. A payment for the total amount due on the Balance Sheet
4. Authorization for Emergency Medical Treatment One form per family

Also down load the following blank form from other sections of this web site in order to complete your application

“Student placement information”

To complete your Montessori student registration, please stop by the office to check space availability and make tuition payment.

* No scholarship is available for Montessori students as per State law and limitation of funds.

ARIZONA CULTURAL ACADEMY

"Quality education is an Islamic mandate"

Student Placement Information *

Student's last name _____ **First & middle names** _____

Birth date _____ Age _____ Sex M _____ F _____ Last year's grade level _____

Student's primary spoken language _____ Secondary language _____

Parent/ guardian's Name _____ **Email address** _____

Mailing Address _____

City _____ State _____ Zip code _____ SSN _____

Driver's license number _____

Day time phone # _____ Evening phone # _____

Emergency contact (besides parent): Name _____

Phone # _____

Parent's/Guardian's Pledge: I the undersigned hereby apply for the enrollment of my student at Arizona Cultural Academy. I have read the Parent's Manual, and am familiar with the schools rules and regulations. I pledge to comply with these rules and regulations, and to cooperate with the school staff in order to optimize the education of my student as well as others. I hereby hold the Arizona Cultural Academy, its governing board, administration staff and volunteers harmless from any and all claims of liability. So help me Allah.

Parent / guardian's signature _____

Date _____

For official use only: Information verified by _____ **Date** _____

Student admitted by _____ **date** _____

Date of computer entry _____ **Computer entry by** _____

Account number _____

** Arizona Cultural Academy offers an equal educational opportunity to students without regard to gender, race, ethnicity, or other categories protected by the statutes governing non-profit religious organizations.*

Arizona Cultural Academy

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
Montessori**

For students named below

1. _____ Date of birth _____

2. _____ Date of birth _____

3. _____ Date of birth _____

4. _____ Date of birth _____

Parent or Guardian's Name _____

The parent or guardian of the above-named students hereby authorize the Arizona Cultural Academy to secure emergency medical treatment to my student when I

Am not available. **My** Daytime Phone number is:

(H) _____ (W) _____

Student's regular **physician's name** is _____

Physician's telephone number is

(O) _____ Pager _____

Other emergency contact, name _____

Phone number (H) _____ (W) _____

Parent's Name (print) _____

Signature _____ Date _____