



# Da Vinci Tree Academy

2024-2025 Registration Form

**Thank you for your interest in our school.**

### Documents included in this package:

- Commitment to Success (signed)
- 2024-2025 DaVTA Registration Packet (completed, signed, and dated)
- ESSA (also known as NCLB) Guidelines to Determine Eligible Students
- PHLOTE Form (completed, signed, and dated)
- Arizona Residency Documentation Form (completed, signed, and dated)
- iPad Parent Agreement/iPad Policy Manual

### Required Documents (see page 11 for more information):

- Arizona Residency Verification (only provide a copy of one)
  - Valid Arizona driver's license, Arizona identification card
  - Valid Arizona motor vehicle registration
  - Valid United States passport
  - Property deed
  - Mortgage documents
  - Property tax bill
  - Rental agreement or lease (including Section 8 agreement)
  - Utility bill (water, electric, gas, cable, phone)
  - Bank or credit card statement
  - W-2 wage statement
  - Payroll stub
  - Certificate of tribal enrollment or other identification issued by an Indian tribe
- Must also include only one of the following: Copy of Birth Certificate, Baptismal Record, Social Security Number Application or Original School Records

### Other Requested Documents Required for Attendance (can be submitted after enrollment):

- Copy of Immunization Records or Exception Waiver (Required)
- Withdrawal form from previous Arizona school (if applicable)
- Legal Custody Documentation (optional if applicable)

### OFFICE USE ONLY (Verify student name Per A.R.S 15-828)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 SAIS ID#: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 ENTRY DATE \_\_\_\_\_ CODE \_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_ CODE \_\_\_\_\_



## Student Information

-As it appears on Birth Certificate-

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

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

Home Phone Number / Primary Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Present Age: \_\_\_\_\_

State/Province of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

## Parent/Guardian Information

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Lives With

Legal Custody

Guardian/Foster Parent

Lives With

Legal Custody

Guardian/Foster Parent

Order of Contact (circle): 1st 2nd 3rd

Order of Contact (circle): 1st 2nd 3rd

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Guardian Relationship to Child (optional): \_\_\_\_\_

Guardian Relationship to Child (optional): \_\_\_\_\_

# SCHOOL EXCURSIONS

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, hereby grant permission to DaVinci Tree Academy to allow my child to participate in school-sponsored excursions for the current 2024-2025 school year under the supervision of school personnel. I understand that permission slips will be sent home prior to each excursion (with the exception of repeat excursions students walk to such as Skate Country visits and Pantano Wash Walks) to obtain my permission for transportation arrangements.

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

\_\_\_\_\_  
Date

## Other Siblings At Home

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N

## Student Demographics

**A parent or guardian may choose to complete the demographic section after enrollment has been accepted. It is not required for enrollment.** Otherwise, it can also be completed on this form prior to enrollment. We are required by the State of Arizona to report the following race and ethnicity information for all students.

### Student's Race

Check all that apply. If two or more are checked, please circle the option you would like DaVTA to list on the state survey. Arizona only allows us to report one category per student.

- White
- Asian
- Black/African American
- Pacific Islander or Native Hawaiian
- American Indian/Alaskan Native

### Student's Ethnicity

Check one box only.

- Hispanic or Latino
- Not Hispanic, Not Latino



## Special Education Information

**A parent or guardian may choose to complete the Special Education Information section after enrollment has been accepted.** Otherwise, it can also be completed on this form prior to enrollment. Students are admitted to Da Vinci Tree Academy regardless of whether or not they have an Individual Education Profile (IEP) or 504 plan. Once students are admitted, parents are required to complete a questionnaire that informs the school of any and all accommodations the student requires currently or in the past.

Is the student currently enrolled in programs such as Special Education, Gifted programs, Etc.?

Yes  No

If yes, please state which and for what specific area(s): \_\_\_\_\_

Has the student previously been enrolled in Special Education, Gifted programs, Etc.?

Yes  No

If yes, please explain: \_\_\_\_\_

Does the student have a serious or disabling condition that may require accommodation or evaluation for Special Education?

Yes  No

If yes, please explain: \_\_\_\_\_

## General Information

Has the student ever been expelled at previously attended schools?

Yes  No

Does the student have one or both parents/guardians on active duty with the US Military?

Yes  No

**How did you learn about Da Vinci Tree Academy?**

Google  Facebook  Storybook Cottage  Radio  Kids First on 22nd  
 Family/Friends  GreatSchools.com  Other: \_\_\_\_\_

My signature below certifies all of the following: (1.) I am the parent or Legal guardian of this student; (2) This student resides with me; (3) All information given above is correct to the best of my knowledge; (4) DaVTA has my permission to obtain school records from the previous schools attended.

Parent Guardian Signature: \_\_\_\_\_

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



# Student Emergency Card

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

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

Home Phone Number / Primary Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Student (Optional): \_\_\_\_\_

Relation to Student (Optional): \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

DaVTA will make every effort to contact the above-mentioned persons in the event of an emergency. I hereby authorize Da Vinci Tree Academy to obtain medical care in the event that an emergency occurs.

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

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

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

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

### Medication Permission

I, \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, grant permission to DaVinci Tree Academy to administer Tylenol and/or Ibuprofen to my child not to exceed the recommended dosage.

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

\_\_\_\_\_  
Date

# Arizona Department of Education Residency Documentation Form

**Student:** \_\_\_\_\_ **School:** Da Vinci Tree Academy K-8  
**School District or Charter Holder:** Science Technology Engineering and Math Arizona

**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:

**Please mark and provide ONLY ONE:**

- 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, or 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.

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

\_\_\_\_\_  
 Date

### Homeless Form

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If this information does not apply to you; please write your student' s name, parent signature, and check the DOES NOT APPLY box.

**DOES NOT APPLY**

Student Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Homeless Information:** If you are homeless, please complete the following.

Type of housing (check options which apply):

**Publicly Operated Shelter**

Specify: \_\_\_\_\_

**Privately Operated Shelter**

Specify: \_\_\_\_\_

**Temporary Housing with Relatives or Friends**

**Public Lands, Streets, Campgrounds**

**Other**

Specify: \_\_\_\_\_

**Children/Youth Information:**

First Name	Last Name	Grade	Age	Sex	Ethnicity	Attend School?	School Name

## SCHOOL DAILY TRANSPORTATION

I, the parent of \_\_\_\_\_, authorize DaVinci Tree Academy to release my child after school hours with the following condition:

**With parents/guardians or authorized person (please list all authorized persons if any)**

Name	Phone Number	Relationship to Student

**If your student has permission to walk home, or meet you outside the gates please mark the box and sign below.**

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

\_\_\_\_\_  
Date

## STUDENT INSURANCE INFORMATION

(Optional)

Please complete the bottom portion of this page and return to the office.

My student \_\_\_\_\_ has health insurance coverage through the following provider: \_\_\_\_\_.

Student's primary care physician name \_\_\_\_\_

Physician's phone # \_\_\_\_\_

Physician's office street address:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date







State of Arizona  
Department of Education

Office of English Language Acquisition Services



**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ 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 indicate the student's home or primary language.

**Diane M. Douglas, Superintendent of Public Instruction**  
1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-5460 • [www.azed.gov](http://www.azed.gov)



## Migrant Agricultural Form

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If the information on this form applies to you please complete this form; if this information does not apply to you, please fill in your student's name, parent signature, and check the "Does Not Apply" box.

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

\_\_\_\_\_  
Student Signature

**Does Not Apply**

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

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

Parent(s) Names: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Has your family moved in the last 3 three years to seek agricultural work?  Yes  No

Are you a dependent of an agricultural worker?  Yes  No

## PHOTOGRAPH RELEASE

I, \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, grant permission to DaVinci Tree Academy to allow my child to have his/her picture taken at school for the current 2024-2025 school year for the following events:

- Yearbook**
- School Newspaper**
- School Website**
- School Brochures and Promotional Materials**

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

\_\_\_\_\_  
Date

# Legal Disclosures

**Required Documents.** In compliance with A.R.S. § 15-184 (A), parents and legal guardians are not required to provide documentation other than residency documentation and documents that confirm basic information (such as name and date of birth) in order to complete enrollment.

**Sandra Day O'Connor Civics Celebration Day.** Out of a love of America, a pride in the state of Arizona and her citizen's accomplishments, and a desire to comply with A.R.S. § 15-710.01, every September 25th (or the nearest Monday or Friday whenever the 25th falls on a weekend) is hereby dedicated to educating our students on American Civics. This is in honor of Arizona citizen Sandra Day O'Connor, the first woman to serve on the United States Supreme Court.

**Suicide Prevention.** All of Da Vinci Tree Academy's teaching staff in grades 6-8 have been provided suicide awareness and prevention training. Each person who is required to receive this training receives it at least once every three years in accordance with A.R.S. §15-120.

**Prohibited Employees.** Da Vinci Tree Academy does not employ any instructional employees (either certified or uncertified) who have been prohibited from employment at a school district or charter school. These prohibitions are put in place by the State Board of Education in accordance with H.B. 2024, 55th Legislature, First Regular Session (2021).

**Military Identifier.** On page four of this application Da Vinci Tree Academy asks whether or not the student has a parent or guardian on active duty within the US Armed Services. This Military Identifier is included in our application to comply with the Every Student Succeeds Act (ESSA). The stated purpose of this identifier is to allow the government to anonymously track the academic welfare of the children of active duty service members to supply additional supports and resources when necessary.

**Proof of Immunization.** Parents or legal guardians are required to submit documentary proof of immunization, or evidence of statutory exemption, prior to attendance but shall not be required to submit such documentation as a condition of enrollment. In other words, the school can enroll your student without immunization documents but the student can't start classes until we receive them. This is in accordance with A.R.S. §15-872 and A.R.S. §15-873.

**Immunization Documents.** Parents or legal guardians may provide one of several documents as proof of immunization including, but not limited to, an immunization record. This is in accordance with A.R.S. §15-872 and A.R.S. §15-873.

**Admissions and Admission Capacity.** Da Vinci Tree Academy shall enroll all eligible pupils that submit timely applications. The school shall not deny a student admission unless the number of applications exceeds our capacity or the student has a prior or pending expulsion from another school. This is in accordance with A.R.S. §15-184(A) and A.R.S. §15-184(E).

## Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
  - School officials with legitimate educational interest
  - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks
  - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school
  - Other schools to which a student is seeking to enroll
  - Specified officials for audit or evaluation purposes
  - Appropriate parties in connection with financial aid to a student
  - Organizations conducting certain studies for or on behalf of the school
  - Accrediting organizations
  - To comply with a judicial order or lawfully issued subpoena
  - Appropriate officials in cases of health and safety emergencies
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-5901

Arizona Department of Education  
Exceptional Student Services  
1535 W. Jefferson, BIN 24  
Phoenix, AZ 85007

This notice is available in English and Spanish on the ADE website at [www.ade.az.gov/ess/resources](http://www.ade.az.gov/ess/resources) under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.



## Commitment to Success

Da Vinci Tree Academy (DaVTA) is dedicated to inspiring students in the areas of Science, Technology, Engineering, and Math (STEM) while highlighting how these fields intersect with the Liberal Arts. Students can't fully benefit from these areas until they have a strong set of literacy skills and a healthy work ethic. That is why we require all of our students and parents/guardians to sign the following commitment to success.

### Student Commitment to Success

- I will do my best by paying attention in class and completing my homework.
- I will respect my teachers and the other adults at school.
- I will let my teachers know if I don't understand something or if I need help.
- I will follow school rules and teacher instructions, since I know that they are there to keep me safe and to help me learn.

---

Student Signature

---

Date

### Parent/Guardian Commitment to Success

- I will set my student up for success by keeping an open line of communication with my child's teachers when necessary, either in-person or over the phone.
- I will help my student complete their homework by providing them with a quiet work space at home and/or allowing them to stay after school for study hall.
- I will respect the staff of Da Vinci Tree Academy and to addressing my questions and concerns to my child's teachers and/or school administration.
- I will help my child follow school rules by providing them with dress code appropriate clothing. If I am unable to do so, I will privately let the school administration know so that arrangements can be made.

---

Parent/Guardian Signature

---

Date

