

PVA registration

To enroll a student in Payson Virtual Academy as a Ninth-grade (freshman) enrollment:

You may need to provide proof of promotion from the previous year to enroll your child in a school entering the ninth grade (freshman level).

10th- , 11th- and 12th-grade enrollment:

You may need to provide transcripts (unofficial) from the high school your child previously attended if not a Payson school. Also, juniors and seniors who have attended an Arizona school may need to provide their AIMS test scores.

Entering a Payson school for the first time, a parent or guardian should provide the school:

- **A certified copy of the child's birth certificate**
- **The child's [immunization](#) records***
- **Proof of residency in the state of Arizona**
(i.e. utility bill, such as a gas, electric, water, telephone bill; or a house payment receipt, rent receipt or lease agreement.)

You will also be asked to provide an emergency contact name / phone number and your child's doctor's name / phone number for the student's registration card.

Preferred primary contact with parent is an email address for access to Curriculum Parent Portal.



Payson Virtual Academy
 902 W. Main St. (PO Box 919)
 Payson, AZ 85547
 Phone: (928) 472-5800
 Fax: (928) 472-2008
 Email: PVainfo@pusd.com
 Web Address: www.pusd.k12.az.us/

For Office Use

Date Received: _____
 Time: _____
 Office Initials: _____

Payson Virtual Academy REGISTRATION FORM

PLEASE PRINT

Applying for the school year: _____

PRIMARY DATA

Student Full Legal Name:	Grade level you are registering for: <input type="checkbox"/>
Last: _____ First: _____ Middle: _____ (Preferred _____)	
Ethnic Group: <i>For statistical information only. PVA does not discriminate with respect to admissions or employment.</i>	
One of the following options must be chosen. <i>Is this student Hispanic/Latino? (Choose only one)</i> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino <i>(A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)</i>	
What is the student's race? <i>(Choose one or more)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Sex: _____	SAIS #: _____ E-Mail: _____
Student Cell Phone Number: _____	

PHONES AND ADDRESSES (Parent/Guardian Information)

(LEGAL CUSTODY #1):

Last Name: _____ First Name: _____ Middle: _____

Please circle one
 Dr. Mr. Mrs. Ms. Relationship to student (Mother? Father? Guardian?, etc.): _____

Mailing Address: _____ Number _____ Street _____ City _____ State _____ Zip _____

Residence Address: _____ Number _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email Address _____ Other Phone _____ Other _____

(LEGAL CUSTODY #2):

Last Name: _____ First Name: _____ Middle: _____

Please circle one
 Dr. Mr. Mrs. Ms. Relationship to student (Mother? Father? Guardian?, etc.): _____

Mailing Address: _____ Number _____ Street _____ City _____ State _____ Zip _____

Residence Address: _____ Number _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email Address _____ Mobile Phone _____ Other _____

The following documents are **required** with submission of this registration form:
Immunization Records ---- Birth Certificate ---- Previous High School Transcripts

EDUCATIONAL BACKGROUND

Please list current, previous and online schools attended

Name of School: _____ **Phone:** _____ **Current Grade/Completed** _____

Street Address: _____ **City:** _____

State: _____

Name of School: _____ **Phone:** _____ **Highest Grade Completed** _____

Street Address: _____ **City:** _____

State: _____

Has the student ever been in Special Education Classes? YES NO

If yes, what was the category & service type? _____

If no, skip next question.

Is the Student currently in **Special Ed**? YES NO

If yes, attach current IEP

If no, date exited _____

Has the student ever been in a **Gifted** or **Honors** Program? _____ YES NO

If yes, explain _____

Has the student ever been expelled/suspended from school? Date: _____ YES NO

If yes, explain: _____

Has the student any pending disciplinary action from their previous school of attendance? YES NO

If yes, please explain: _____

Use your imagination, tell us how you see yourself contributing to the Payson Virtual Academy Community?

List any sports in which you have participated.

List any clubs or organizations with which you have been involved.

List any Community Service you have done.

List any awards or recognition you have received.

EMERGENCY INFORMATION

Student Name:	
Doctor Name:	Phone:
If parent/guardian cannot be contacted; Person to call in case of injury or sudden illness:	
Relationship to Student:	Phone:
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. I understand that the expense of this service will be accepted by me.	
	Initial:
Parent Signature	Date
Insurance Company	

Student Health History

Please indicate whether your child has ever had or now has any of the following conditions:

	Yes	No	Date		Yes	No	Date
Allergy				Joint Pain			
Anemia				Kidney Trouble			
Ankle injury				Knee Injury/Surgery			
Arthritis				Knocked Out			
Asthma				Loss of Conscious.			
Back Pain				Menstrual Cramps			
Concussion				Migraine Headaches			
Diabetes				Mononucleosis			
Eczema				Neck injury			
Elbow Injury				Rheumatic Fever			
Emotional Problems				Scoliosis			
Epilepsy (seizures)				Spine Injury			
Fainting				Sinus Trouble			
Fractures				Sore Throat (chronic)			
Hearing Trouble				Sprains/Dislocations			
Heart Murmur				Tuberculosis			
Hepatitis				Valley Fever			
Hernia (rupture)				Wrist Injury			
Hives				Other			

Recent

Operations?

Nature of Operation

Year

Nature of Operation

Year

Allergies? Severity?

Yes?

No?

If yes, please list: _____

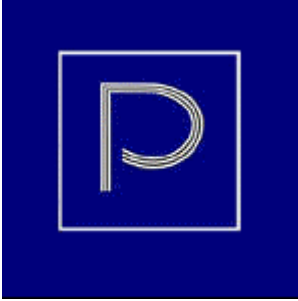
Taking Any Medications?

Yes?

No?

If yes, please list: _____

Additional information: _____



I understand that all Payson schools are alcohol, drug, and tobacco free schools. Students must refrain from using alcohol, tobacco or illegal drugs 24 hours a day, 365 days a year. Failure to do so may mean dismissal from the school. I will abide by this policy at all times.

Parent Signature

Date

Student 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 I.D. _____

Date of Birth _____ SAIS I.D. _____

Parent/Guardian Signature _____ Date _____

District _____ School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.
1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

STUDENT / PARENT SIGNATURE PAGE

The student handbook describes important information about PVA. I understand that I should consult the Administrator regarding any questions not answered in the handbook. (You may download a copy of the student handbook from the school website, www.pusd.com). _____

Since the information and policies described are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify or eliminate existing policies. _____

I understand that it is my responsibility to read and comply with the policies contained in the student handbook and any revisions made to it. I have read and understand the following policies. _____

Please initial the areas below and return with completed application packet. Thank you.

Student/Parent (Both Must Initial)

		Administering Medicines to Students
		Approved School Campus Attire
		Student Safety – Weapons Including pocket knives
		Right to Search
		Drug Free Zone
		Electronic Information Services (EIS) Agreement
		Four digits for student’s computer password
		Release of student contact information for military, school directory and/or scholarships
		Academic Honesty/Plagiarism Policy
		Cell Phone Restrictions

Please check one:

Yes , No PUSD may release demographic information on my student.

Yes , No PUSD may use any recordings, pictures, or videos of my student for press release.

Registration Check List

Name: _____ Grade Entering: _____

- Registration Form filled out entirely (Governing Board Requirement)
- Home Language Survey (Arizona State Statue requirement)
- Immunization/Vaccinations or Exemption form up-to-date (Arizona State Statue Requirement)
- Birth Certificate or Passport (Arizona State Statue Requirement)
- Proof of guardianship court documents, custody papers etc. (Arizona State Statue Requirement)
- Discloser of special education (Arizona State Statue Requirement)
- Withdrawal form from previous instate public/charter high school (Arizona State Statue Requirement)
- Is student homeless – student/parent signature page (Federal and Arizona State Statue Requirement)
- Transcripts from previous high school(s) if applicable. Student will enter PVA as a freshman if not supplied (Governing School Board Requirement)
- Parent/Guardian attend a freshman orientation meeting Date Attended: _____
- Identification of parent/guardian (photo copy for records) (Governing Board Requirement).
- Was student expelled/suspended or have pending disciplinary action from previous school?
 - If so what school: _____
- Student/Parent Signature Page signed & initialed by both student and guardian agreeing to follow the student handbook guidelines & school policies (Governing Board Requirement)

STUDENT/S NAME (printed): _____ SIGNATURE: _____ Date: _____

PARENT'S NAME (printed) _____ SIGNATURE: _____ Date: _____

Failure to complete items on the above checklist may result in the student's registration being rejected or delayed.