

# AZ GRAD Enrollment Application Checklist

## Basic Application Requirements for Non-Scholarship Applicants

- Enrollment Application
- Parent/Guardian's Photo ID (Can use student ID if the student is an adult)
- Program fee (Unless student receives a scholarship)

## Requirements for Individuals interested in paying privately

- \$350.00 payment (Full or 5 partial payments are allowed)

## Requirements for Individuals interested in paying with a Scholarship

- ○ Enrollment Application
- ○ **Official** transcripts -To Place your child correctly in the right class
- ○ Last report card or progress report
- ○ Student Withdrawal Card
- ○ Student's disease immunization records
- ○ Student's birth certificate
- ○ Student's Insurance Card
- ○ Guardian's Photo ID
- ○ Proof of Residency (Two utility bills/driver registration,etc.)
- ○ Non-refundable Registration Fee

## GRAD Program Dates

- \_\_\_\_\_ September 11- December 8,2023(app deadline:9/9)
- \_\_\_\_\_ January 2- March 15, 2024 (app deadline:12/23)
- \_\_\_\_\_ March 27- May 24, 2024 (app deadline:3/17)
- \_\_\_\_\_ July1 - September 2,2024(app deadline:6/23)

*\*ALL DOCUMENTS WILL BE HELD IN RESERVE BY THE SCHOOL AS PART OF THE STUDENT'S PERMANENT FILE.*

# AZ GRAD Enrollment Scholarship Checklist

## Requirements for parents that qualify for a Hope Scholarship \_\_\_\_\_

- West Virginia Student ID number
- Must complete 45 days of attendance at a public school before enrollment

## Student Enrollment Application

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

(CURRENT GRADE)   **6**   **7**   **8**   **9**   **10**   **11**   **12**

**PREFERRED SHIFT**

8:00 AM - 1:00 PM

1:00 PM - 4:00 PM

I.E.P

**PREFERRED SETTING**

ON-SITE ATTENDANCE

ONLINE ATTENDANCE\*\*

504 PLAN

**Student Information**

|                                                |             |                         |
|------------------------------------------------|-------------|-------------------------|
| STUDENT'S NAME:                                |             | Social Security Number: |
| Date of Birth:                                 | Age:        | Gender:                 |
| Place of Birth:                                | Cell Phone: | Student Email:          |
| Referred by:                                   |             | Ethnicity:              |
| Name and Location of Previous School Attended: |             |                         |

**Parent/Legal Guardian Information**

|                                                                                                                               |        |                         |
|-------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian |        |                         |
| <b>PARENT'S NAME:</b>                                                                                                         |        | Relationship:           |
| Address:                                                                                                                      |        | Cell #:                 |
| City:                                                                                                                         | State: | Zip Code:               |
| Employer/ Occupation:                                                                                                         |        | Work #:                 |
| Parent Email:                                                                                                                 |        | Social Security Number: |
| <b>PARENT'S NAME:</b>                                                                                                         |        | Relationship:           |
| Address:                                                                                                                      |        | Cell #:                 |
| City:                                                                                                                         | State: | Zip Code:               |
| Employer/ Occupation:                                                                                                         |        | Work #:                 |
| Parent Email:                                                                                                                 |        | Social Security Number: |

**Health & Medical Information** \*\* Copy of Insurance Card and/or Medicaid Must be attached

|                                                                          |                |
|--------------------------------------------------------------------------|----------------|
| Allergies:                                                               |                |
| Has the student had any previous psychological testing? ____ Yes ____ No |                |
| Health Insurance Carrier:                                                |                |
| Type of Insurance:                                                       | Policy Number: |

**In case of an emergency**

Circle "YES" next to the person's name if they are permitted to pick up. Circle "NO" if that person is NOT permitted to pick up.

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

**If a parent cannot be reached, please identify someone outside of your household we can contact to reach you.**

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

**Acknowledgments**

\*All initials are required for registration, please read carefully\*

**Admissions Acknowledgements**

I hereby consent to have MLMPI School System seek emergency medical treatment for my child when a medical issue arises.

**Parent/ Guardian Initials:** \_\_\_\_\_

**Field Trips Acknowledgements**

I understand that field trips taken during regular school hours are included in this agreement. Longer field trips ordinarily require a special permission slip. This authorization is meant for ordinary field trips with verbal parental permission. The student has authorization to participate in ordinary school field trips and to be transported by school staff and board members.

**Parent/ Guardian Initials:** \_\_\_\_\_

**Regular Attendance Acknowledgements**

I understand that all full-time students **MUST** attend school a minimum of **25** hours per week.

**Parent/ Guardian Initials:** \_\_\_\_\_

**Online Attendance Acknowledgements**

I understand that all Online students **MUST** complete a minimum of **15** hours of schoolwork per week.

**Parent/ Guardian Initials:** \_\_\_\_\_

**Credit Recovery Student Participation Acknowledgements**

I understand that all students that participate in the MLMPI credit recovery program **MUST** complete a minimum of **15** hours of schoolwork per week at their designated or chosen home school.

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

**Student Handbook Acknowledgment**

I confirm that I have received and fully accept all terms and conditions found in the Student & Parent Handbook.

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

**Policies and Procedures Acknowledgements**

The parent/guardian fully understands that all school policies and procedures must always be enforced. Failure to follow any portion of the policies and procedures will result in my immediate withdrawal from the program.

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

**Afterschool Activities Acknowledgements**

The parent/guardian fully understands that all liabilities are released from the MLMPI School System once students enter after-school activities.

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

**Tuition Agreement Acknowledgements**

The parent/guardian fully understands that it is their responsibility to pay the full balance of the specified tuition unless otherwise indicated by the administration. All parents who withdraw prematurely are responsible for paying their remaining balance before the end of the academic school year. Failure to pay any portion of the specified balance will result in the retention of records and in the school taking possible further legal action. All scholarship funds received will be utilized for the sole purpose of paying school tuition.

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

**State Scholarships Acknowledgements**

The parent/guardian fully understands that all scholarship funds received will be utilized for the sole purpose of paying the school's annual tuition.

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

**Search Consent Acknowledgements**

For the protection of the students, teachers, and employees of MLMPI School System, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives. Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

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

**Photo Release Acknowledgements**

The parent and/or guardian hereby grants MLMPI School System permission to use photographs, and videos taken of my child at the school facility and/or during educational field trips in publications, news releases, online platforms, and in other communications related to My Life My Power Institute.

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

**Vocational Development Authorization Acknowledgements**

The parent and/or guardian hereby grants MLMPI School System permission to teach my child vocational development skills related to career development, social media marketing, moral development, entrepreneurship, emotional intelligence training, and leadership skills.

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

**Scholarship Assistance Acknowledgement**

The parent and/or guardian hereby grants MLMPI School System permission to share my contact and personal information with school staff in efforts to assist the parent in applying for scholarships and seeking additional monies used for educational purposes

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

**Acknowledgment of Parental Choice**

The parent and/or guardian hereby acknowledges that they have chosen to apply at MLMPI School System of their own free will and have not been coerced, bribed, enticed, persuaded, influenced, or lured from any other public or private institutions that might claim tortious interference.

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

**Placement Commitment Acknowledgement**

The parent/guardian fully understands and acknowledges it is first come, first serve for scholarships and the spot of the student attending the MLMPI School System will ONLY be held if the registration fee is paid in full. If you choose not to attend MLMPI School System after your spot has been reserved, you will be liable for all tuition fees not paid by the scholarship.

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

**Notice of Automatic Renewal**

The parent and/or guardian hereby acknowledges that they have chosen to have their child's admissions at MIMPI Prep Academy School System automatically renew each year until their child graduates or the parents inform the school of their intent to withdraw with sufficient notice. **\*Each parent will commit to pay a re-enrollment fee each year.**

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

**Alternative Payment**

The parent and/or guardian that wishes to use scholarship funds rather than paying for services privately can do so with the condition that those services will be charged as a full-time student rather than a student paying for direct services

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

**Non-Discrimination Policy**

The parent and/or guardian hereby acknowledges that they have read the non-discrimination policy located at:

<https://mlmpipa.org/non-discrimination-policy/>

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

**Assistance in Seeking Documents**

As a parent or guardian enrolling a student at MLMPI Prep Academy, you hereby consent to the collection and management of essential and confidential documents on your behalf. This may include but is not limited to, social security information and personal identification details.

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

**Comments / Concerns**

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## Scholarship Student Work From Home Option(s)

### Online Consideration

(Establishment of good cause)

Any student participating in a scholarship program must have regular and direct contact with their private school teachers at their school's physical location (6A-1.09512), unless excused by the school for illness or other good cause (listed below). Florida law requires local school districts to determine the meaning and conditions associated with excused absences, unexcused absences, and tardiness. **Considerations will be reviewed on a routine basis. Additionally, please have this request notarized by one of our student advisors.**

- |                                                       |                                            |                                                   |
|-------------------------------------------------------|--------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Economic Hardship            | <input type="checkbox"/> Medical Reasons   | <input type="checkbox"/> No Transportation        |
| <input type="checkbox"/> Elopement Issues (Runs Away) | <input type="checkbox"/> Severe Disability | <input type="checkbox"/> Severe Behavioral Issues |
| <input type="checkbox"/> Other:                       |                                            |                                                   |

\*As the student's parent and/or legal guardian, I request that they be allowed to work online because they meet the following requirements listed above. *I understand this privilege can be revoked if the student does not perform well academically.\**

Approved by the Dean: \_\_\_\_\_

### Notice of Notarization

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of Person Making Statement), who signed with a mark in the presence of these witnesses: \_\_\_\_\_ (Names of Witnesses).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Place Stamp Here