

NOSOTROS ACADEMY  
(K-12) Registration Form  
School Year 2025 - 2026

<b>Office Use Only:</b> Grade _____	Start Date _____	Infinite Campus Date _____
Teacher _____	SAIS ID _____	Official Notice of Withdrawal _____
ESS _____ ELL _____		Summer School _____ School Year 25-26 _____ Re-Enrollment / / _____

**STUDENT INFORMATION**

**Entering Grade:** \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

**Please answer both parts:**

**Part A:** Hispanic/Latino:  
Yes \_\_\_ No \_\_\_

**Part B:** White \_\_\_ Black/African American \_\_\_ Asian \_\_\_  
American Indian/Alaskan Native \_\_\_ Hawaiian/Pacific Islander \_\_\_

**Does student have a medical condition or allergies?** (If yes, please explain) \_\_\_\_\_

**Does student take prescription medicine?** (If yes, please explain) \_\_\_\_\_

**Special Education, Accommodations or Services?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please answer next question)

**Was an Individual Education Plan (IEP) ever developed?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide a copy intended for continuity of services and **not** as a condition for enrollment. **Providing this information is optional.**)

**Was your student ever evaluated?** Yes \_\_\_ No \_\_\_ (If yes, provide information)

**Parent/Guardian and Emergency Contacts:**

**1<sup>st</sup> / Primary**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**2<sup>nd</sup>**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**3<sup>rd</sup>**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**\*Only people on this form may take student out of school.**

**Last School Attended**

Last date Attended School \_\_\_\_\_ Reason for Withdrawal \_\_\_\_\_

Has the student ever been expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

The following signature(s) confirm that I/we will read the Student/Parent Handbook for the School Year. I/We also confirm that I/we have read the School/Parent/Student Responsibilities Compact that is in the handbook and will abide by all the policies contained therein, and that all information contained on this form is complete and accurate to the best of my/our knowledge. I/We understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Nosotros Academy.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**REQUIRED DOCUMENTATION FOR ATTENDANCE**

- ✓ Immunization Records (**K & 6<sup>th</sup> grade require update**) or Proof of Exemption
- ✓ Proof of Arizona Residency
- ✓ ADE Official Notice Withdrawal Form from Previous School the Student Attended

**NOTICE - Parent/Guardian must submit one of the following within 30 days of student being enrolled:**

- ✓ A certified copy of the student's birth certificate; or
- ✓ Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate.
- ✓ If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. Charter schools must carefully safeguard and maintain confidentiality regarding the status of children in DCS custody.

**\*\*\* Nosotros Academy will provide free meals (breakfast & lunch) to all students.**

This Institution is an equal opportunity provider

\*\*\*

*If you have any questions, please call (520) 624 - 1023*

**Nosotros Academy**  
**McKinney-Vento Eligibility Questionnaire**

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes\_\_\_\_ No\_\_\_\_
2. Is your temporary address due to loss of housing or economic hardship? Yes\_\_\_\_ No\_\_\_\_

**If you answered “NO” to both of these questions you may stop here. Thank you.**

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered “yes” to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Name of adults in the home	Name of adults in the home

Name of School	Name of Student	Grade	Address	Phone number

1. Where are these students presently living? (Check one box.)
  - Doubled up with relatives or friends
  - In a motel
  - In a shelter
  - Moving from place to place
  - In a place not considered traditional “housing” (campground, car, public place, etc.)

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

3. Are you a high school student who is currently living on your own? Yes \_\_\_\_ No \_\_\_\_  
 Unaccompanied youth also qualify for services under this law.

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Nosotros Academy Homeless Education Liaison if your family's temporary living arrangement is one of the following:

- ◆ You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.
- ◆ You are living in a shelter or a motel.
- ◆ You are living in housing without water or electricity.
- ◆ You are living in a place not considered traditional "housing", like a car or a campground.

A student may also qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without parent or guardian.

Children who qualify under McKinney-Vento have the right to:

- ◆ Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.
- ◆ Attend the school closest to where they are being sheltered.
- ◆ Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- ◆ Receive a public bus pass to assist with transportation to attend school while they are being temporarily housed.
- ◆ Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- ◆ Enroll in school without having a permanent address.
- ◆ Participate in the same programs and services that other students participate in.
- ◆ Receive Title 1 services.



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

Student \_\_\_\_\_ School Nosotros Academy (K-12)

School District or Charter Holder Nosotros Inc.

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:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



## State of Arizona Affidavit of Shared Residence

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

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: Nosotros Academy (K-12)

School District or Charter Holder: Nosotros Inc.

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

## Acknowledgement

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_ day of \_\_\_\_\_, 20 \_\_,

By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

Notary Public

## PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Over-the-counter(OTC) medications are drugs that do not require a prescription and are purchased "over-the counter." This Form is required before over-the-counter medications can be administered at school. Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form "Permission to Give Prescription/Homeopathic Medication at School."

### PLEASE CHECK MARK EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

- I **approve all** medications listed below  
 I **do not want any** OTC meds given to my student

#### TOPICAL:

- Antibiotic cream (i.e. Bacitracin Cream, Polysporin)
- Hydrocortisone cream (i.e. Cortaid)
- Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- Sunscreen
- Oral products containing benzocaine (Orajel, Chloraseptic)
- Tincture of Benzoin, Mastisol (helps tape adhere)
- Burn gels
- Eye drops for dryness

#### ORAL:

- Ibuprofen (i.e Advil, Motrin, Nuprin)
- Acetaminophen (i.e Tylenol)
- Antacid (i.e. Mylanta, Maalox, Tums)
- Cold Medications (Guafenesin, Pseudoephedrine, Phenylephrine)
- Antihistamine (i.e. Benadryl, Chlorpheniramine, Loratadine)
- Cough syrup (dextromethorphan, plain or medicated cough drops)

Please check with the office to see which medications are available for students and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE  
ADMINISTERED TO MY STUDENT

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the office. The medication should be sealed in an envelope in the original manufacturer's container. In the event that an adult is unable to bring the medicine to school, arrangements may be made by calling the office.

#### The school is not able to supply medication for frequent or daily use.

For OTC medications not listed on this form, or/if the medication must be given daily, please use the form "Permission to Give Over-the-Counter Medication at School."

#### **MEDICATION HISTORY:**

Is your student allergic to any medications?

- NO  
 YES : Please list medication(s) and type of reaction: \_\_\_\_\_

Does your student take any medication (either over-the-counter or prescription) on a regular basis?

- NO  
 YES \_\_\_\_\_ If yes, please list: \_\_\_\_\_







2025 - 2026

### School Media and Publication Release Form

There are occasions when Nosotros Academy invites the media, including television and/or newspaper reporters, or a school publication, i.e. yearbook and school newspapers to cover a particular school project, activity, or other events.

The purpose of this Media Release Form is to request your permission, in advance, to allow information about your son/daughter and/or your son's/daughter's school work or academic or athletic achievements to be published or broadcast in upcoming Nosotros initiated events.

**NOTE: Student grades, home addresses and personal telephone numbers will NOT be released in connection with a Nosotros initiated event.**

- I give my permission for information about my son/daughter and/or my son's/daughter's school work and/or academic or athletic achievements to be published or broadcast in connection with a Nosotros initiated event.
  
- I do not** give my permission for information about my son/daughter and/or my son's/daughter's school work and/or academic or athletic achievements to be published or broadcast in connection with a Nosotros initiated event.

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

Parent/Guardian Name (please print): \_\_\_\_\_

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

### Field Trip Permission Form

I/we \_\_\_\_\_ (parents' or guardians' name{s}) give permission for my/our child \_\_\_\_\_ to participate in the Academy's field trip(s). Should my/our child become injured, I/we request that the field trip leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. As parents/guardians, I/we have decided (with or without any medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. I/we do hereby release the Academy and its employees from liability for any damages, injuries, or losses that may occur while my/our child is participating in field trips.

Student's Signature \_\_\_\_\_

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

Parent/Guardian's Signature \_\_\_\_\_

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