NOSOTROS ACADEMY
(K-12) Registration Form
School Year 2026 - 2027

Office Use Only: Grade_____ **Start Date _____** **Infinite Campus Date _____**

Teacher_____ **SAIS ID_____** **Official Notice of Withdrawal _____**

Summer School_____

ESS_____ ELL_____ **Military Student Identifier _____** **School Year 26-27_____**

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:

1st / Primary

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone #_____

E-mail Address _____

2nd

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____ Work Phone #_____

3rd

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

Call for Info 520 - 624-1023

www.nosotrosacademy.com

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

Affidavit of Shared Residence

I (affiant) affirm under the penalty of law, that the information provided is truthful and correct, I am a resident of the State of Arizona, and the applicant and student(s) named below physically reside with me at my residence, listed below:

Name of ESA Applicant residing with me: _____

Name of Student(s) residing with me: _____

_____

Location of my residence:

Address: _____ City: _____ State: AZ Zip Code: _____

In support of this attestation, I (affiant) am also submitting one document from the primary list below OR two documents from the secondary list below that displays my full name and current physical residential address:

Primary list of required documents (please submit **one** document from the list below):

- Utility bill (water, electric, gas, cable, landline phone, internet) issued within the past 60 days. The document MUST show the entire bill (not just the coupon section) and include all four corners of every page. Unopened documents that just show the mailing address through an envelope window are insufficient.
- Physical address verification letter (for rural addresses only) from a fire department or law enforcement agency issued within the past 60 days.
- Physical address verification letter (for Native American Reservation addresses only) from a tribal agency or Chapter House issued within the past 60 days.
- Temporary on-base billeting facility (for military families) issued within the past 60 days.

Secondary list of required documents (please submit at least **2** documents from list below **only if** you are unable to provide a document from the primary list):

- Social Security Administration documents issued within the past 60 days.
- Veterans Affairs Administration documents issued within the past 60 days.
- Arizona Department of Economic Security documents issued within the past 60 days.
- Arizona Department of Transportation vehicle registration issued within the past 60 days.
- Property tax bill with name issued within the past year. Must be the actual bill – a payment coupon or receipt is not sufficient.
- W-2 OR 1098 OR 1099 tax document issued within one year.

_____ _____

Printed Name of ESA Applicant Signature of ESA Applicant

_____ _____

Printed Name of Affiant Signature of Affiant

Acknowledgement

State of Arizona, County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

by _____ (name of Affiant) and _____ (name of ESA Applicant).

My Commission Expires:

_____ _____

Notary Public

School Year: **2026-2027**
School Name: **Nosotros Academy (K-12)**

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 (Guaifenesin, 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:** _____

_____

2026 - 2027

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: _____

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student *first* speak or understand?**

   _____

Student Name_____ District 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 enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

Dear Parent/Guardian:

We are pleased to inform you that **Nosotros Academy** will participate in the Community Eligibility Provision (CEP) during the 2026–2027 school year. This federally funded program allows all students enrolled at participating schools to **receive a healthy breakfast and lunch at no cost** every school day—no meal application is required.

What This Means for Your Child:

• All enrolled students will receive **one** free breakfast and **one** free lunch each school day.

• There is no need to submit a meal application for free or reduced-price meals.

• Families do need to fill out an Alternative Income Form: (see attached Alternative Income Form)

> If your child receives state benefits, you do not need to fill out this form. The Alternative Income form is not used to determine eligibility for meals, but the information is beneficial to determine funding for other federal and state programs.

If we can be of any further assistance, please contact us at food@nosotrosacademy.org.

Sincerely,

Jesus Perez, Superintendent

USDA Non-Discrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

NOSOTROS ACADEMY
K-12 COLLEGE & CAREER

Alternative Form for Income-Based Eligibility

2026-2027 Income Guidelines for determining income eligibility for a various state and federal programs. This form should be utilized by households with students that attend schools that do not offer the National School Lunch Program (NSLP) or by households with students that attend schools operating a special provision option in a non-base year for the NSLP. Organizations should retain completed forms for a period of five years.

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits, unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines Schedule?

Please check **ALL** boxes that apply:

- ☐ Yes, Income Eligibility 2
- ☐ Yes, Income Eligibility 1
- ☐ No:
- ☐ Yes, SNAP/TANF
- ☐ Yes, Medicaid
- ☐ None:

If your household qualifies, please complete the following information for each student:

Student's Name	**Name of School**
_____	_____
_____	_____
_____	_____
_____	_____

Eligibility status is only recognized from the date of the signature until the end of the respective school year.

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature: _____ Date: _____

May 2026

Income Eligibility Guidelines: July 1, 2026 to June 30, 2027

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks	Weekly
1	$20,748	$1,729	$865	$798	$399
2	$28,132	$2,345	$1,173	$1,082	$541
3	$35,516	$2,960	$1,480	$1,366	$683
4	$42,900	$3,575	$1,788	$1,650	$825
5	$50,284	$4,191	$2,096	$1,934	$967
6	$57,668	$4,806	$2,403	$2,218	$1,109
7	$65,052	$5,421	$2,711	$2,502	$1,251
8	$72,436	$6,037	$3,019	$2,786	$1,393
Each Additional Member Add:	+$7,384	+$616	+$308	+$284	+$142

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks	Weekly
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
Each Additional Member Add:	+$10,508	+$876	+$438	+$405	+$203

If all income is received on the same schedule
Example: alimony = $100 / month & pension = $300/month

DO NOT use conversion factors

If family reports income sources from more than one schedule
Example: alimony = $100 / month & pension = $300 / week

Income MUST be converted to yearly.

Yearly income = Monthly x 12
Yearly income = Twice Per Month (Bi-Monthly) x 24
Yearly Income = Every Two Weeks (Bi-Weekly) x 26
Yearly Income = Week x 52

DO NOT round the values resulting from each conversion.

May 2026

Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program.

Send completed forms to:

Nosotros Academy Food & Nutrition at food@nosotrosacademy.org

For any questions, please contact:

Nosotros Academy Food & Nutrition at food@nosotrosacademy.org

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian Signature: _____

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. Medical professionals permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona include Registered Dietitians, Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

☐ This medical statement is **permanent**.
(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

☐ This medical statement is **temporary**.
(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name: _____

Office Phone Number: _____

Licensed Healthcare Professional Signature: _____

Date: _____