Center for Educational Excellence
1700 E. Elliot Rd. #9, Tempe, AZ 85284
(480) 632-1940 www. ceeschool.com

CEE Student Enrollment Packet for the 2026-2027 School Year

Student Information

Student Name: _____ _____ _____
First Name Middle Initial Last name

Home Address: _____

Student Date of Birth: _____ Birthplace: (City, State) _____ Sex: M / F

Grade for the 2026-2027 school year: KG 1 2 3 4 5 6 7 8

Student's Ethnicity: Hispanic Y N

Student's Race, circle all that apply: White Black Asian/Pacific Islander Hispanic American Indian

Parent/Legal Guardian #1 _____ Lives with student: Y N

Home Address: _____

Phone: _____ Email: _____

Best method of contact: Phone / Email Relationship to Student: _____

Parent/Legal Guardian #2 _____ Lives with student: Y N

Home Address, if different: _____

Phone: _____ Email: _____

Best method of contact: Phone / Email Relationship to Student: _____

Home Language Survey

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? _____

(Optional) Please check all that apply, my child has a current: 504 _____ IEP _____ N/A _____

Previous school attended: _____ Student's SAIS ID: _____

School Adress: _____ City: _____ State: _____

School Phone Number: _____ School website: _____

In case of emergency, or if I cannot be reached to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____ Name: _____

Adress: _____ Adress: _____

City, State: _____ City, State: _____

Phone Number: _____ Phone Number: _____

Relationship to student: _____ Relationship to student: _____

I hereby permit the school to release my child to the above persons:

Signature: _____

The following person(s) may not pick up my child from school:

Name: _____ Name: _____

Special custody considerations: _____

Custody papers on file: Y N

Comments:

_____

_____

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT

I hereby acknowledge that I have thoroughly read and understood this enrollment packet in its entirety and that I am officially attempting to enroll the student in this School. I am aware that submission of this enrollment packet does not guarantee a seat. If there is insufficient capacity to enroll all pupils that submit a timely application, the school will follow its equitable enrollment process and notify me of my student's status.

Parent/Legal Guardian Signature: _____

Date Enrollment Form was completed: _____

ENROLLMENT PREFERENCE

Enrollment preference is given to students who meet any of the following criteria. A.R.S. § 15-184(B). Please indicate if any of the following apply to the student that is enrolling:

_____ Previously attended this charter school.
Date(s) of prior attendance: _____

_____ Sibling of _____, who is already enrolled in this charter school.

_____ None of the above

Charter schools may give enrollment preference to students who meet one of the following criteria. A.R.S. §§ 15-184(C) and (D). The governing board of this charter school has determined to provide such enrollment preference. Please indicate if any of the following apply to the Student:

_____ Child, grandchild, or legal ward of _____, who is one of the following:

- An employee of the charter school or the charter holder
- A member of the CEE governing board
- A director, officer, partner, or board member of the charter holder

_____ In foster care or designated as an unaccompanied youth pursuant to the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11434a).

_____ Child of a member of the armed forces of the United States who is either active duty or was killed in the line of duty.

_____ None of the above

All other students will be admitted according to CEE's approved equitable enrollment process. A.R.S. § 15-184(E). Please contact CEE for more information about the specific process utilized for enrollment.

ENROLLMENT INFORMATION AND DOCUMENTATION

Student Age and Identity

Student Date of Birth: _____ Grade for 26-27 School Year: _____

The above information is required to ensure that the student is placed in the correct grade level or cohort.

Verification of Student's Age and Identity: Pursuant to A.R.S. §15-828(A), within thirty days of enrollment[1], one of the following must be provided to verify the student's age and identity:

1. A certified copy of the pupil's birth certificate,
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate or
3. A letter from the authorized representative of an agency having custody of the pupil, pursuant to Arizona Revised Statutes, Title 8, Chapter 2, certifying that the pupil has been placed in the custody of the agency as prescribed by law.

[1] Failure to submit verification of age and identity shall result in referral to the appropriate local law enforcement agency for investigation. A.R.S. § 15-828(E).

Arizona Residency

This information is collected pursuant to A.R.S. § 15-802(B) and is required for enrollment.

Student Home Address: _____

Street Address

_____ _____ _____

City State Zip Code

To confirm the student's residency, the Parent/Legal Guardian of the student must complete and submit the Arizona Department of Education ("ADE"), Arizona Residency Documentation Form and, if applicable, the ADE Affidavit of shared Residency.[2] If submitting an Affidavit of Shared Residency, the form must be signed and notarized and the original submitted to CEE. Both forms are included in this enrollment packet.

Military Student Identification

Parents and/or legal guardians may decline to answer; in which case, the student will be assumed not to be a dependent of a member of the U.S. military.

_____ Student is a dependent of a member of the United States military services, defined as one of the following:

1. Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard
2. Full-time member of the National Guard or Reserve Forces of either the U.S. Army, Navy, Marine Corps, or Air Force
3. Member of the National Guard or Reserve Force of either the U.S. Army, Navy, Marine Corps, or Air Force

_____ Student is not a dependent of any of the above

Students who are Homeless or Unaccompanied Youth

If the enrolling student is considered to be homeless or an unaccompanied youth, complete and submit the Student Residency Questionnaire (SRQ) and, if applicable, the Caregiver's Authorization Affidavit included in this enrollment packet. These documents are necessary for determination of whether the Student qualifies as a homeless or unaccompanied youth pursuant to the McKinney-Vento Homeless Assistance Act. In addition, please refer to the document titled "Rights of Homeless Students" also included in this enrollment packet.

Students who are homeless or unaccompanied youth shall be enrolled in the school regardless of the ability to provide the verification of the student's age and identity or residency documentation as outlined below. McKinney-Vento Homeless Assistance Act, 42. U.S.C. 1141-11435. Individuals enrolling a student who is considered to be homeless or an unaccompanied youth are encouraged, however, to submit such information/documentation, if available, in order to assist with the enrollment process and providing appropriate services.

[2] Students who do not have proof of Arizona residency may be admitted, pursuant to the policies of the governing board, upon payment of tuition as governed by A.R.S. § 15-823.

Disciplinary History

This information is collected pursuant to A.R.S. § 15-184(I) and may be a consideration for enrollment.

Has the student ever been expelled from a previous school: _____

Is the student in the process of being expelled from another school: _____

If the answer to either of these questions is "yes", please explain:

_____

_____

_____

INFORMATION AND DOCUMENTATION REQUIRED FOR ATTENDANCE

The following information and documentation is required for attendance but is not required for enrollment.[3] Parents/Legal Guardians are encouraged, however, to submit the following, if available at the time of enrollment, in order to ensure the timely provision of services to the Student.

Student Withdrawal Form

All students who previously attended an Arizona school must submit a properly completed and signed ADE Official Notice of Pupil Withdrawal form prior to attending CEE. A.R.S. § 15-827. This form is required to be submitted prior to the Student attending but is not required for enrollment.

An ADE Official Notice of Pupil Withdrawal form is included in this enrollment packet. You may submit this form directly to the student's prior school, or you may complete items 1 through 15 and return it to CEE for submission to, and completion by, the prior school. In either case, this form must be returned to the School prior to the Student attending.

Immunizations

Before attending any district or charter school, students are required to demonstrate proof of immunization, an immunization exemption or an immunization schedule consistent with the Arizona Department of Health Guidelines. A.R.S. §§ 15-872 and -873. If available, attach a copy of the student's current, up-to-date immunization records, immunization exemption form, or immunization schedule with this enrollment packet. If not currently available, such records must be submitted to the School prior to the Student attending. For more information on immunizations, exemptions or schedules, please contact CEE.

[3] Students who are considered homeless or unaccompanied youth should work with the School and the Local Homeless Liaison for compliance with the immunization and student withdrawal requirements.

SUPPLEMENTAL FORMS AND INFORMATION

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). Accordingly, the following information and documentation is not required for enrollment or attendance. However, Parents/Legal Guardians may choose to submit such records that are in their possession in order to ensure the timely provision and continuity of services.

Prior Academic Records

The enrolling school is required to request academic records from the student's previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit academic records in their possession in order to ensure the timely provision of services. If you would like academic records in your possession to be considered for continuity purposes, please attach a copy when submitting this enrollment packet. Such records may include, but are not limited to, transcripts, report cards, test scores or other records that will assist in placing the student in the correct grade level, course, and/or classroom. If prior academic records are not provided, the School will enroll the Student, permit the Student to attend classes and request the Student's records from the prior school. Any necessary adjustments will be made upon receipt and review of the Student's prior records.

IEP/504 Plans

The enrolling school is required to request the Student's records from the previous school. A.R.S. § 15-828(G). However, Parents/Legal Guardians may submit a Student's IEP or 504 Plan that is in their possession. If you would like submit such documentation in order to ensure the continuity of services for your Student, please attach a copy to this enrollment packet.

Custodial or Other Legal Documents

Please submit any custodial or other legal documents of which the School should be aware. Such documents may include, but are not limited to, custody or visitation agreements, restraining orders, foster care agreements or similar documents that have bearing on student safety or the communication between the School and the Student's family.

All forms and documents may be submitted directly to Center for Educational Excellence via frontoffice@ceeschool.com or by delivery to the front office at 1700 E. Elliot Rd. #9, Tempe, AZ 85284 between the hours of 7:00am and 4:00pm.

You will receive a confirmation of receipt.

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)

Arizona Department of Education

Arizona Residency Documentation Form

Student_____ School _____

School District or Charter Holder _____

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: _____

School District or Charter Holder: _____

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

Caregiver Authorization Form

Center for Educational Excellence
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(480) 632-1940 www. ceeschool.com

To authorize enrollment of a minor in school, complete items 1-4 and sign the form.

To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor listed below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birthdate: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. Check one or both, as appropriate:

   _____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

   _____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: _____
7. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature:

Printed Name:

Date:

Student Residency Questionnaire (SRQ)

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Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.).

Please note, false claims about living situations may affect enrollment.

Section A

Today's date:
Name of individual completing this form:
Your telephone number:
Your email address:
Student name(s):
Last school attended:
Current grade:
Birth date:
Do you have additional children attending our school? Yes ☐ No ☐
Do you have children of preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age:

_____

Address of where the student slept last night:

Is this address based on a temporary living arrangement? Yes ☐ No ☐
(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes," please continue to the next section.

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Section B

Name of the parent/guardian/adult caring for the student:
Relationship to the student:
If the address you provided in Section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason (Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home).
  - o What date did you begin staying here?
- ☐ In a shelter/transitional housing program (name of agency):

  _____

  _____
  - o What date did you begin staying here?
- ☐ In an unsheltered location (e.g., tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
  - o Provide the main cross streets of this unsheltered location:

    _____
- ☐ In a hotel/motel (name of hotel/motel & address):
  - o What date did you begin staying here?
- ☐ With an adult that is not a parent or court appointed legal guardian
- ☐ Alone, not in the care of a parent or court appointed legal guardian
- ☐ None of the above (Please explain):

  _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

_____ _____

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Student

Date