

Student Name: _____
Last Name First Name



ARCHWAY CLASSICAL ACADEMY | NORTH PHOENIX

A Great Hearts Academy

Reenrollment Packet Checklist

Because **it is vital that we receive a COMPLETE reenrollment packet** for your student, we have included this checklist to assist you in the organization of your packet. Before you deliver your completed reenrollment packet to us, please verify that **EVERY** item below is included in your packet and has been filled out completely.

Your student's reenrollment is confirmed for the 2015-2016 school year when your completed packet has been reviewed and accepted by the Office Manager.

Place a check mark next to each item below once you verify that you have completed, signed and dated all forms and have included all of the following items in your student's reenrollment packet:

- Registration Form
- Arizona Residency Documentation Form
- A document verifying proof of Arizona Residency
- Community Investment Form
- This checklist, check-marked, signed and dated

Parent/Guardian Signature

Date

By signing this document, I agree that all information on these forms is true and accurate, and that I have included all requested documents.



Student Information				
Legal Last Name:	First Name:	Middle:		
Check the grade student is being promoted to in 2015-2016 : 1 2 3 4 5				
Will your child be returning for the 2015-2016 school year? Yes No Unsure				
Special Education				
Special Education Category and Service Type (if student needs have changed since prior year):				
English Language Learner Yes No				
Parent/Guardian Information				
***PLEASE NOTE: Having sole custody of a child does not prevent GHA, by law, from sharing your child's information with the other parent. You must present a valid court document that states the other parent is NOT entitled to receive any information regarding this child. (A.R.S 25-402 (k); 25-403.6).		Are there custody agreements regarding this student that have changed since the prior school year? No Yes If yes, please provide court documentation.		
Primary Contact One	Lives with?	Legal Custody?	OK to Pick up?	Receives Mailings?
Relationship to Student:				
First Name:	Last Name:	Employer:		
E-mail Address:		Occupation:		
Address:				
City:	State:	ZIP Code:		
Home Phone:	Cell Phone:	Work Phone:		
Primary Contact Two	Lives with?	Legal Custody?	OK to Pick up?	Receives Mailings?
Relationship to Student:				
First Name:	Last Name:	Employer:		
E-mail Address:		Occupation:		
Address:				
City:	State:	ZIP Code:		
Home Phone:	Cell Phone:	Work Phone:		
REQUIRED DOCUMENTATION: AZ Residency form with supporting documentation and development form. AZ Residency Form: Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in pupil's suspension from school. I do solemnly swear the facts stated herein are true. Any false statement subjects the above named student to immediate revocation of enrollment.				
Parent/Guardian Signature:			Date:	



**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
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ 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.



ARCHWAY CLASSICAL ACADEMY | NORTH PHOENIX

A Great Hearts Academy

13613 North Cave Creek Road, Building C | Phoenix, AZ 85022 | Office: (602) 996-4355 | Fax: (602) 889-0187 | www.archwaynorthphoenix.org

Family Giving is at the Heart of Archway North Phoenix.

In choosing Archway North Phoenix for our children, we understand that parent financial support is what makes a classical Great Hearts education possible in a public charter school setting.

We include the Community Investment campaign form in this re-enrollment packet to make it easier for you as families and minimally disruptive to our school year. Also, now is the time when we plan and budget for the year to come and the Community Investment campaign is vitally important to the health of our school.

What does Archway North Phoenix ask each family to give to the Community Investment campaign?

We ask each family to contribute \$1,200 per student, or \$100 per month (July 2015 - June 2016), to cover the gap between the funding we receive from public sources and the actual cost to run our school program.

If you are unable to give at that level, we ask that you give as you are able. If you are unable to participate in the Community Investment campaign, you may complete the top portion of the form and return it along with your packet. It is not required with this packet.

Where does our contribution go? What impact does it have?

100% of your tax-deductible contribution stays at Archway North Phoenix to support the core priorities of our school model – the very reasons you have chosen our school for your family.

- It helps us pay, reward, and retain our excellent and dedicated faculty.
- It keeps our class sizes small with two teachers in each core classroom.
- It allows us to provide a classical preparatory education in a public school setting.

Thank you for your support. Your commitment today lets us know we have the resources needed to plan for another successful year, and helps us keep school life, not fundraising, at the center of attention.

Thank you,

Emily Lawson
Director of Academy Giving
(602) 828-3823
Elawson@archwaynorthphoenix.org



Community Investment 2015-16

Your Community Investment:

- Helps us pay, reward, and retain our excellent and dedicated teachers
- Keeps our class sizes small with two teachers in each core classroom
- Allows us to provide a classical preparatory education in a public school setting

I Parent #1 Name: _____ Title: Mr. / Mrs. / Ms. / Dr. / Other: _____
Street: _____ City/State/Zip: _____
Email: _____ Phone: _____

Parent #2 Name: _____ Title: Mr. / Mrs. / Ms. / Dr. / Other: _____

☐ Contact information same as above

Street: _____ City/State/Zip: _____
Email: _____ Phone: _____

II

Our Family's 2015-16 Community Investment

Archway North Phoenix asks each family to contribute \$1,200 per student.
If you are unable to give at that level, we ask that you give as you are able.

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____
Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

Our total Archway North Phoenix family pledge: \$ _____ (Please complete one form per family.)

III

We will fulfill our family pledge through a:

	<input type="checkbox"/> Monthly gift of:	<input type="checkbox"/> One-time gift of:
1 Student:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$1,200
2 Students:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$2,400
3 Students:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$3,600
4 Students:	<input type="checkbox"/> \$400	<input type="checkbox"/> \$4,800
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Signature: _____

Date: _____

IV

Giving Methods:

- ☐ Please use current monthly donor information on file.
- ☐ Credit / Debit Card
Name on Card: _____
Card Number: _____
Exp. Date: _____ / _____ Security Code: _____
- ☐ Electronic Fund Transfer (Please enclose a voided check.)
- ☐ Check (Please pay to Archway Classical Academy | North Phoenix.)
- Corporate Gift Matching (Check with your employer about matching your gift.)
- ☐ My company will match my donation. Company Name: _____

- Please plan to have your gift fulfilled by June 30, 2016. All gifts are fully tax-deductible.
- You can also donate securely online at archwaynorthphoenix.org/support.
- Questions? Contact Emily Lawson at elawson@archwaynorthphoenix.org or 602-828-3823.

The Greater Good

a campaign at the heart of our mission



Dear Great Hearts Families,

Every day at Great Hearts schools like Teleos Prep and Maryvale Prep, students come hungry, cold, and without many of the materials needed to succeed. They show up eager to learn, but they must overcome the many burdens poverty levies upon them. And day in and day out, the faculty at those schools labor to lessen the strain. Whether it be running to Wal-Mart to buy clean clothes, fixing a meal for a student whose last bite was 24 hours earlier, or just giving a hug to an 8-year old girl who feels abandoned and alone, they work tirelessly to bridge the chasm poverty has cut and help these students succeed.

And yet, for so many of us, providing what is necessary for our children to thrive is of no concern. From those basic needs of food, shelter, and clothing to the backpacks and pencils and even a little extra for extra-curricular activities, we are able to offer them the peace and pleasure childhood is meant to afford. And most of us provide not only those things, but give generously to support the Great Hearts academic model we know would be impossible on the State's dime alone. In fact, the very lifeblood of our school model is that partnership we have with parents. It is a partnership of time, talent, and treasure, with the bold idea being that together we can build schools for our kids better than they were built for us. Thank you and I am now asking you to do a bit more.

The severe poverty many parents face at Teleos Prep and Maryvale Prep means they cannot meet the basic needs of their children on their own, let alone provide everything necessary for educational success. They need support and you can help them by donating to the Great Hearts *Greater Good* fund.

If this opportunity resonates with your family, I ask you to please consider a gift to the Great Hearts *Greater Good* fund this year. The gift form that follows here is not required with your packet, but please know that a one-time or monthly gift at any level will mean a great deal to the students of Teleos Prep and Maryvale Prep.

100% of your gift to the Great Hearts *Greater Good* fund will directly support these fellow students, and will help ensure that their pursuit continues to graduation and beyond.

Thank you for your support.

Sincerely Yours,

A handwritten signature in blue ink that reads "Katie Cobb".

Katie Cobb
Senior Vice President for Advancement
Great Hearts Arizona

The Greater Good

a campaign at the heart of our mission

GreatHearts
CLASSICAL EDUCATION. REVOLUTIONARY SCHOOLS.



The *Greater Good* campaign is a shared effort of the entire Great Hearts community to support the special purpose of Maryvale Prep and Teleos Prep. 100% of your generous contribution will help these schools and students that are at the heart of our mission.

You may also donate securely online at GreatHeartsAZ.org/GreaterGood.

Please use this form to make your pledge of support and return it to Great Hearts Academies at the address below, attention: *Greater Good*.

Name: _____ Phone: _____ home / cell

Address: _____

Email: _____

☐ Contact me about in-kind and/or volunteer support.

Giving Options:

____ Credit / Debit Card

Name on Card: _____

Card Number: _____

Exp. Date: ____ / ____ Security Code: ____

Billing Address: _____

____ Electronic Fund Transfer (Please enclose a voided check.)

____ Check (Please make check payable to Great Hearts – *Greater Good*.)

I would like to make my gift by a:

Monthly gift of:

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50

☐ Other \$ _____

One-time gift of:

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100

☐ Other \$ _____

All gifts are fully tax-deductible. (Tax ID # 20-2036133) Questions? Please email rlbeau@greatheartsaz.org or call 602-774-3663.



Thank you!

GreatHearts
CLASSICAL EDUCATION. REVOLUTIONARY SCHOOLS.

3102 N. 56th St., Suite 300 | Phoenix, AZ 85018 | Attention: *Greater Good*