



PO Box 2987, Florence, AZ 85132-3057

APPLICATION FOR ADMISSION-REGISTRATION

Please complete and return this Application Form. **For currently enrolled students**, a \$400 non-refundable registration fee is required to reserve your spot. Priority is given to currently enrolled students. **For new applicants**, a partial registration fee of \$200 is required for enrollment and will be refunded if space does not permit. If accepted, the remaining \$200 of the \$400 registration fee will be required. The registration fee covers all necessary admission costs and is not applied towards the tuition.

Return the completed Application Form and attachments to:

Three Hierarchs Academy, PO Box 2987, Florence, AZ 85132-3057.

APPLICATIONS MUST BE MAILED OR HAND DELIVERED.

Faxed or emailed applications will not be accepted.

Academy Non-Discrimination Statement:

Three Hierarchs Academy admits students of any race, color, ethnicity, disability or economic status to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

The following documents are required for your application to be considered complete.

You must submit a hard copy of each document along with the application. Incomplete or inaccurate information will be grounds for rejection or dismissal of a student.

- Birth Certificate
 - Baptismal Certificate
 - Last two years of final report cards (with teacher comments)
 - Current report card (with teacher comments)
 - Most recent standardized test scores
 - Copies of psychological reports, testing or curriculum modifications, and individualized education plans, if applicable
 - Copy of all custody papers, if applicable
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NOTE TO PARENTS/ GUARDIANS:

Any information families given to us is important and private. Electronic copies of the documents are stored for use while applicants are in school. We are committed to protecting your information across all areas of communication.



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Student's Name:

LAST	FIRST	MIDDLE

Current Age _____ Date of Birth ____/____/____ Male / Female (select one)

Current Grade: _____ Applying for Grade: _____

Current School: _____

Current School's Address and Phone: _____

Student's Primary Language: _____

Other Languages Spoken: _____

	Father/Guardian 1	Mother/Guardian 2
Full name		
Address		
Primary Phone		
Secondary Phone		
E-mail		
Religion		
Occupation		

Parents / Family status (check the applicable box):

Married	Seperated	Divorced	Widowed	Single
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With whom does the student live primarily (check the applicable box):

<i>Both parents</i>		<i>Father</i>	
<i>Father & Stepmother</i>		<i>Mother</i>	
<i>Mother & Stepfather</i>		<i>Guardian/Other (_____)</i>	

Who has legal custody: _____

Signature of parent/legal guardian 1: _____ **Date** _____

Signature of parent/legal guardian 2: _____ **Date** _____

The following will be scheduled by the school once this Application is complete and all relevant supplemental documents have been received.

- **Admissions Testing** – will be scheduled upon receipt of the application).
- **Classroom Visits** are recommended.
- **Admission Interview** – to be attended by the student and both parents/legal guardians. The interview is our opportunity to determine the extent of a good match between the school and the student.

Upon receipt of all required documents and the completion of student testing, a family interview will be scheduled. Notification of the student’s acceptance status will be made as soon as testing, interview and file reviews are complete.



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Emergency Contact Form

Please complete the form below. If any changes occur during this school year, it is your responsibility to notify us so that we can update our records.

[at least two contact persons are required]

The following individuals are authorized to pick up your child from 3HAcademy in the case of an emergency or if you cannot be contacted.

	Emergency Contact 1	Emergency Contact 2
Full name		
Relationship to the Child		
Primary phone		
Secondary phone		
	Emergency Contact 3	Emergency Contact 4
Full name		
Relationship to the Child		
Primary phone		
Secondary phone		

If medical care becomes necessary, please call:

Health care Provider	Name	Phone

Signature of Parent(s) of Legal Guardian(s)

Signature of Parent or Legal Guardian

Date

Printed Name

Signature of Parent or Legal Guardian

Date

Printed Name



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Student Immunization Exemption

(A separate form must be submitted for each Academy child within the same family)

The purpose of this document is to affirm that the following child is exempt from standard vaccination for the following reasons (*please circle the appropriate one*):

- A. Due to the child's health condition, the child may be adversely affected by one or more of the required vaccine doses.
- B. A child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached.
- C. The child has a history of Varicella (chicken pox) disease.
- D. The parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of non-immunization and due to personal beliefs, the parent(s) or guardian(s) do not consent to the immunization of the pupil (**per ARS 15.873—both parents/guardians must sign on page 2**)

Child's Name: _____ DOB _____

To be completed by a physician or a registered nurse practitioner (as applicable) to exempt a child from a immunization requirements.

Name of Physician or Nurse _____

Signature _____ Date _____

Please list each vaccine included in the exemption and state the reason:

Please indicate whether this is:

Temporary		Permanent	
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Note to Parents/Guardians:



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[The following needs to be acknowledged by both parents/guardians]

- a. In case if State or County health department declares an outbreak of vaccine-preventable disease for which I cannot provide proof of immunity for, my child will not be allowed to attend the Academy until the risk period ended.
- b. Additional information is available from any local county health department and the Arizona Department of Health Services: www.azdhs.gov/phs/immunization/index.htm

Signature of Parent or Legal Guardian Date Printed Name

Signature of Parent or Legal Guardian Date Printed Name

Non-Immunization Due to Personal Beliefs

[Per the provisions of ARS 15-873]

[The following needs to be acknowledged by both parents/guardians]

I/we have received information about immunizations provided by the department of health services and understand the risks and benefits of immunizations and the potential risks of non-immunization and that due to personal beliefs, I/we as parent(s) or guardian(s) do not consent to the immunization of the pupil.

Signature of Parent or Legal Guardian Date Printed Name

Signature of Parent or Legal Guardian Date Printed Name



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FOOD AND MEDICAL ALLERGIES FORM

Child's Name: _____ Date: ____/____/____

Please complete and return this form to the School Office

ALLERGIES

- **Foods (please list below):**

- **Medications (please list below):**

- **Latex:** Type I (anaphylaxis) Type IV (contact dermatitis)

- **Stinging Insects (please list below):**

- **Other (please list below):**

Parent Name

Date

Parent Signature

Contact Number

EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents/guardian to notify of reaction, treatment and student's health status.