



Teleos Archway Classical Academy/ TeleosPreparatory Academy

Re-enrollment Form for 2013-14 School Year

1401 E. Jefferson Street, Phoenix, AZ 85034

Phone:(602)275-5455 Fax:(602)275-5954 Email: www.teleosprep.org

Student Information					
Legal Last Name:		First Name:		Middle:	
Check the grade student is being promoted to in 2013-2014 : K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>					
Will your child be returning for the 2013-2014 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
Reason:					
Student Cell Phone (<i>prep school students only</i>):		Date of Birth:	MM	DD	YYYY
Special Education					
Special Education Category and Service Type (if student needs have changed since prior year):					
English Language Learner (if applicable):					
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 <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide court documentation.	
Primary Contact One <input type="checkbox"/> Resides with? <input type="checkbox"/> Contact allowed? <input type="checkbox"/> Mail allowed?					
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 <input type="checkbox"/> Resides with? <input type="checkbox"/> Contact allowed? <input type="checkbox"/> Mail allowed?					
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, erate form, and development 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:	