

2023-24 Enrollment Application Checklist

Give to Parent / Applicant Separately

Your Scheduled Appointment Time and Date _____

Basic Parent Requirements _____

- Enrollment Application
- Transcripts (official or unofficial) or Full Course History
- last report card or progress report
- Student Withdrawal Card
- Student's immunization or immunization exemption form
- Guardian's Photo ID (Can use student ID if the student is an adult)
- 3rd Party Authorization Form / Mutual Exchange of Information Form
- Proof of Age
 - Birth certificate or
 - Acceptable ID proof for students: baptismal certificate, passport, Social Security application with Federal stamp indicating refugee status, I94 with Federal stamp indicating refugee status, original school registration records, or an affidavit for explaining the lack of a birth certificate

Supplemental Services for Students _____

- Students who wish to get credit for employment / Sport must fill out an OJT / RLC form

Requirements for parents to qualify for an ESA Scholarship Program _____

- Proof of Residency Document in the Applicant's Name
 - <https://www.azed.gov/esa/eligibility-requirements>
 - ESA Help Desk (602) 394-1969

Requirements for parents to qualify for an ESA Disability Scholarship _____

- The Student has a current MET/Evaluation Report or Individualized Education Program (IEP) or 504 Plan from an Arizona public school

Orientation Requirement _____

The student has attended a school orientation or watched a virtual orientation

*ALL DOCUMENTS WILL BE HELD IN RESERVE BY THE SCHOOL AS PART OF THE STUDENT'S PERMANENT FILE.

Student Enrollment Application

Today's Date: _____ (CURRENT GRADE) **6** **7** **8** **9** **10** **11** **12**

PREFERRED SHIFT 8:00 AM - 1:00 PM 1:00 PM - 5:00 PM
PREFERRED SETTING ON-SITE ATTENDANCE ONLINE ATTENDANCE**

Student Information

STUDENT'S NAME:		Social Security Number:
Date of Birth:	Age:	Gender:
Place of Birth:	Cell Phone:	Student Email:
Referred by:		Ethnicity:
Name and Location of Previous School Attended:		

Parent/Legal Guardian Information

Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
PARENT'S NAME:		Relationship:
Address:		Cell #:
City:	State:	Zip Code:
Employer/ Occupation:		Work #:
Parent Email:		Social Security Number:
PARENT'S NAME:		Relationship:
Address:		Cell #:
City:	State:	Zip Code:
Employer/ Occupation:		Work #:
Parent Email:		Social Security Number:

Health & Medical Information ** Copy of Insurance Card and/or Medicaid Must be attached

Allergies:	
Has the student had any previous psychological testing? ____ Yes ____ No	
Health Insurance Carrier:	
Type of Insurance:	Policy Number:

In case of an emergency

Circle "YES" next to the person's name if they are permitted to pick up. Circle "NO" if that person is NOT permitted to pick up.

Name YES/NO

Name YES/NO

Name YES/NO

Name YES/NO

If a parent cannot be reached, please identify someone outside of your household we can contact to reach you.

First & Last Name

Phone Number

First & Last Name

Phone Number

Online Consideration

(Establishment of good cause)

Any student participating in a scholarship program must have regular and direct contact with their private school teachers at their school's physical location (6A-1.09512), unless excused by the school for illness or other good cause (listed below). Arizona law requires local school districts to determine the meaning and conditions associated with excused absences, unexcused absences, and tardiness. ***Considerations will be reviewed on a routine basis. Additionally, please have this request notarized by one of our student advisors.***

- | | | |
|---|--|---|
| <input type="checkbox"/> Economic Hardship | <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> No Transportation |
| <input type="checkbox"/> Elopement Issues (Runs Away) | <input type="checkbox"/> Severe Disability | <input type="checkbox"/> Severe Behavioral Issues |
| <input type="checkbox"/> Other: | | |

*As the student's parent and/or legal guardian, I request that they be allowed to work online because they meet the following requirements listed above. *I understand this privilege can be revoked if the student does not perform well academically.**

Approved by the Dean: _____

Comments / Concerns

Acknowledgements

All initials are required for registration, please read carefully

Admissions Acknowledgements

I hereby consent to have MLMPI School System seek emergency medical treatment for my child when a medical issue arises.

Parent/ Guardian Initials: _____

Field Trips Acknowledgements

I understand that field trips taken during regular school hours are included in this agreement. Longer field trips ordinarily require a special permission slip. This authorization is meant for ordinary field trips with verbal parental permission. The student has the authorization to participate in ordinary school field trips and to be transported by school staff and board members.

Parent/ Guardian Initials: _____

Regular Attendance Acknowledgements

I understand that all full-time students **MUST** attend school a minimum of **25** hours per week.

Parent/ Guardian Initials: _____

Online Attendance Acknowledgements

I understand that all Online students **MUST** complete a minimum of **15** hours of schoolwork per week.

Parent/ Guardian Initials: _____

Credit Recovery Student Participation Acknowledgements

I understand that all students that participate in the MLMPI credit recovery program **MUST** complete a minimum of **15** hours of schoolwork per week at their designated or chosen home school.

Parent/ Guardian Initials: _____

Student Handbook Acknowledgment

I confirm that I have received and fully accept all terms and conditions found in the Student & Parent Handbook.

Parent/ Guardian Initials: _____

Policies and Procedures Acknowledgements

The parent/guardian fully understands that all school policies and procedures must always be enforced. Failure to follow any portion of the policies and procedures will result in my immediate withdrawal from the program.

Parent/ Guardian Initials: _____

Afterschool Activities Acknowledgements

The parent/guardian fully understands that all liabilities are released from MLMPI School System once students enter after-school activities.

Parent/ Guardian Initials: _____

Tuition Agreement Acknowledgements

The parent/guardian fully understands that it is their responsibility to pay the full balance of the specified tuition unless otherwise indicated by the administration. All parents that withdraw prematurely are responsible for paying their remaining balance before the end of the academic school year. Failure to pay any portion of the specified balance will result in the retention of records and in the school taking possible further legal action. All scholarship funds received will be utilized for the sole purpose of paying school tuition.

Parent/ Guardian Initials: _____

State Scholarships Acknowledgements

The parent/guardian fully understands that all scholarship funds received will be utilized for the sole purpose of paying the school's annual tuition.

Parent/ Guardian Initials: _____

Search Consent Acknowledgements

For the protection of the students, teachers, and employees of MLMPI School System, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives. Your signature below constitutes your consent to inspect the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/ Guardian Initials: _____

Photo Release Acknowledgements

The parent and/or guardian hereby grants MLMPI School System permission to use photographs and videos taken of my child at the school facility and/or during educational field trips in publications, news releases, online platforms, and in other communications related to My Life My Power Institute.

Parent/ Guardian Initials: _____

Vocational Development Authorization Acknowledgements

The parent and/or guardian hereby grants MLMPI School System permission to teach my child vocational development skills related to career development, social media marketing, moral development, entrepreneurship, emotional intelligence training, and leadership skills.

Parent/ Guardian Initials: _____

Scholarship Assistance Acknowledgement

The parent and/or guardian hereby grants MLMPI School System permission to share my contact and personal information with ScholarAids in efforts to assist the parent in applying for scholarships and seeking additional monies used for educational purposes

Parent/ Guardian Initials: _____

Acknowledgment of Parental Choice

The parent and/or guardian hereby acknowledges that they have chosen to apply at MIMPI School System of their own free will and have not been coerced, bribed, enticed, persuaded, influenced, or lured from any other private institutions that might claim tortious interference.

Parent/ Guardian Initials: _____

Placement Commitment Acknowledgement

The parent/guardian fully understands and acknowledges it is first come, first serve for scholarships, and the spot of the student attending the MLMPI School System will ONLY be held if the registration fee is paid in full. If you choose not to attend MLMPI School System after your spot has been reserved, you will be liable for all tuition fees not paid by the scholarship.

Parent/ Guardian Initials: _____

Notice of Automatic Renewal

The parent and/or guardian hereby acknowledges that they have chosen to have their child’s admissions at My Life My Power automatically re-renew each year until their child graduates or the parents inform the school of their intent to withdraw with sufficient notice.

Parent/ Guardian Initials: _____

Non-Discrimination Policy

The parent and/or guardian hereby acknowledges that they have read the non-discrimination policy located at:

<https://mlmpipa.org/non-discrimination-policy/>

Parent/ Guardian Initials: _____

Assistance in Seeking Documents

As a parent or guardian enrolling a student at MLMPI Prep Academy, you hereby consent to the collection and management of essential and confidential documents on your behalf. This may include but is not limited to, social security information and personal identification details.

Parent/ Guardian Initials: _____

Notice of Notarization

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence online notarization this _____ day of _____, 20____, by _____ (Name of Person Making Statement), who signed with a mark in the presence of these witnesses: _____ (Names of Witnesses).

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

Parent Signature

Place Stamp Here

Registration Waiver

I hereby request to apply for a registration fee waiver for the current academic year/semester

Please consider my application for the following waiver type:

Partial Waiver (specify the amount): \$ _____

Full Waiver

In the space provided below, please provide a detailed explanation of your current financial hardship and the reasons for requesting a waiver. Attach supporting documents such as recent pay stubs, tax returns, and proof of government assistance (e.g., unemployment benefits, food stamps, housing assistance) to substantiate your claims.

Approved by the Dean: _____

Commitment Form / Tuition Waiver

I hereby request to apply for a tuition fee waiver for the current academic year/semester

Please consider my application for the following waiver type:

Full Waiver

In the space provided below, please provide a detailed explanation of your current financial hardship and the reasons for requesting a waiver. Attach supporting documents such as recent pay stubs, tax returns, and proof of government assistance (e.g., unemployment benefits, food stamps, housing assistance) to substantiate your claims.

Waiver Conditions

I understand the acceptance of tuition assistance (TA) obligates me to the following:

The application must be submitted prior to the student's first day of class

Must apply for State Scholarship for tuition and award Scholarship to the school

Child(ren) must remain enrolled through the 2024–2025 academic year

Failure to remain with MLMP will result in a 25% charge of the awarded scholarship amount

Approved by the Dean: _____