

# Accelerated Elementary and Secondary Schools



6000 N Camino De La Tierra  
Tucson, AZ 85741  
(520) 297-2288  
[admissions@greenfields.org](mailto:admissions@greenfields.org)  
<https://www.greenfields.org>



## Student Information

### Legal Name

\_\_\_\_\_  
(Last) (First) (Middle)

Nickname: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City and State \_\_\_\_\_

In the school year \_\_\_\_\_ the student will be in the \_\_\_\_\_ grade.

### School Last Attended

School Name

School District

\_\_\_\_\_

☐ Public School ☐ Private School ☐ Charter School ☐ Homeschool

I, \_\_\_\_\_, have received instructions on how to access and  
(Parent/Guardian Signature) understand the Student/Parent Handbook.

### Allergies

| Allergen | Reaction | Treatment | Date of Last Occurrence |
|----------|----------|-----------|-------------------------|
| _____    | _____    | _____     | _____                   |
| _____    | _____    | _____     | _____                   |
| _____    | _____    | _____     | _____                   |
| _____    | _____    | _____     | _____                   |
| _____    | _____    | _____     | _____                   |

**Over-the-counter Medicines**

- ☐ I give permission to school personnel to administer over-the-counter medicines (such as cough drops, pain relievers, antacids, etc.) to my child.
- ☐ I DO NOT give permission to administer any over-the counter medicines to my child without my verbal permission on a per-incident basis.

**Emergency Procedures**

In case of serious illness or injury, I give permission for my child to be taken to our doctor's office or closest hospital by school personnel or ambulance, and emergency care provided there until I can be contacted. By signing below, I affirm that I am the person responsible and able to make these decisions for this child.

---

(Printed Name)

---

(Signature)

---

(Date)

Primary Physician's Name:

---

Primary Physician's Address:

---

Primary Physician's Phone Number:

---

Health Insurance Company:

---

Name of Health Insurance Policy Holder:

---

**Student Racial and Ethnic Preferences**

The State of Arizona asks for student racial and ethnic preferences.

Please check all that apply for the student ethnic category.

☐ American Indian or  
Alaska Native

☐ Asian

☐ Black or African  
American

☐ Hispanic or  
Latino

☐ Native Hawaiian or  
Other Pacific Islander

☐ White

☐ Not Specified  
or Other

Please check all that apply for the student racial category.

☐ American Indian -  
Alaska Native

☐ Asian (Includes India)

☐ Black - African  
American

☐ Native Hawaiian -  
Pacific Islander

☐ White

☐ Not Specified or Other

### Student Programs

Has the student ever been enrolled in any of the following programs? Information provided is to help us better meet your child's educational needs. Please check all that apply.

☐ Special Education  
(IEP, 504, etc.)

☐ Bilingual  
Education

☐ Gifted  
Program

☐ Prefer not  
to Answer

If yes, please explain: \_\_\_\_\_

Was the student expelled or is undergoing expulsion procedures from the last school attended?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Please list the student's special talents or interests.

### Student Characteristics

The State of Arizona monitors the following student characteristics. Please check all that apply.

☐ Foster Care

☐ Parent in Military

☐ 1/4 or more degree Indian blood

☐ Prefer not to Answer

The State of Arizona monitors primary nighttime residence if your current address is a temporary living arrangement *and* this temporary living arrangement is due to loss of housing or economic hardship. Please see <https://nche.ed.gov/eligibility-flowchart-2/> for more details. Please check one.

☐ Sheltered

☐ Doubled Up

☐ Unsheltered

☐ Hotels/motels

☐ Not applicable or Prefer not to Answer

### Verification

My signature below certifies the following:

- I am the parent or legal guardian of this student.
- This student resides with me.
- All information given on this application is correct to the best of my knowledge.

Parent/Guardian's Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## STUDENT RECORD TRANSMITTAL REQUEST



Date: \_\_\_\_\_

### INFORMATION TO BE RELEASED FROM:

School / Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### INFORMATION TO BE RELEASED TO:

Accelerated Elementary and Secondary Schools

6000 N Camino De La Tierra

Tucson, AZ 85741

Phone (520) 297-2288

Email [admissions@greenfields.org](mailto:admissions@greenfields.org)

Website: <https://www.greenfields.org>

We are requesting the release of the following records: birth certificate, immunization, medical, social history, educational testing, current IEP, psychological evaluations and special educational program information for use in providing appropriate educational services for the following student:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Official Signature)

\_\_\_\_\_  
(Date)

\*Please note: the student information requested will be made available for review to the parent/guardian of the student for it is considered an education record as defined in Public Law 93-380, Section 99.3.



*Accelerated Elementary and Secondary Schools*  
*Accelerated Learning Laboratory*  
*Green Fields*



## Video and Photograph Release

I, \_\_\_\_\_, the legal custodial Parent/Guardian of \_\_\_\_\_  
(Parent/Legal Guardian) (Child)

hereby grant Accelerated Elementary and Secondary Schools, Accelerated Learning Laboratory, and Green Fields personnel and/or representatives permission to take digital photographs and/or video recordings of my child as well as any of my child's work. I authorize, without payment or any other consideration, the use of any and all my child's digital photographs, audio recordings, video recordings, etc., to be duplicated, edited, exhibited, published and distributed via, but not limited to, printed brochures, social media, informational presentations, online and video-based marketing materials, in addition to any other company publications.

I hold harmless and release Accelerated Elementary and Secondary Schools, Accelerated Learning Laboratory, and Green Fields' personnel or representatives from any reasonable expectation of privacy or confidentiality related to said images.

I understand and agree that there is neither a time constraint nor a geographic limitation as to when or where published materials may be distributed.

I understand and agree that the distribution of published materials is for research and/or educational purposes, images are used for company marketing materials and/or other company publications and that I will receive no financial compensation of any type nor will I have any rights of ownership or royalties whatsoever.

I am the legal parent or guardian of the above-named child and am authorized to grant this release. I understand that if the box below is NOT checked, my child will be photographed and/or video-taped.

☐ I **DO NOT** grant permission for my child to be photographed or video-taped.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and return to office or scan and email completed form to [admissions@greenfields.org](mailto:admissions@greenfields.org).

# Contact Information

Please list contacts in order of priority.

|  |   |   |
|--|---|---|
| <b>First Contact</b><br><br>Please fill in all fields for first contact. | Last Name<br><br>First Name<br><br>Nickname<br><br>Email<br><br>First Phone Number<br><br>Second Phone Number<br><br>Third Phone Number<br><br>Address<br><br>Relationship to Student | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/><br><input type="checkbox"/> Has Legal Custody of Student<br><input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Ok To Pick Up Student |
| <b>Second Contact</b>  | Last Name<br><br>First Name<br><br>Nickname<br><br>Email<br><br>First Phone Number<br><br>Second Phone Number<br><br>Third Phone Number<br><br>Address<br><br>Relationship to Student | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/><br><input type="checkbox"/> Has Legal Custody of Student<br><input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Ok To Pick Up Student |

\*Phone Types: cell, work, residence, or other

# Contact Information

|                       |                          |                    |
|-----------------------|--------------------------|--------------------|
| <b>Third Contact</b>  | Last Name                | _____              |
|                       | First Name               | _____              |
|                       | Nickname                 | _____              |
|                       | Email                    | _____              |
|                       | First Phone Number       | _____ Type*: _____ |
|                       | Second Phone Number      | _____ Type*: _____ |
|                       | Third Phone Number       | _____ Type*: _____ |
|                       | Address                  | _____              |
|                       | Relationship to Student  | _____              |
|                       |                          |                    |
| <b>Fourth Contact</b> | Last Name                | _____              |
|                       | First Name               | _____              |
|                       | Nickname                 | _____              |
|                       | Email                    | _____              |
|                       | First Phone Number       | _____ Type*: _____ |
|                       | Second Phone Number      | _____ Type*: _____ |
|                       | Third Phone Number       | _____ Type*: _____ |
|                       | Address                  | _____              |
|                       | Relationship to Student* | _____              |
|                       |                          |                    |

\*Phone Types: cell, work, residence, or other

# Contact Information

|                      |                         |  |
|----------------------|-------------------------|--|
| <b>Fifth Contact</b> | Last Name               | _____  |
|                      | First Name              | _____  |
|                      | Nickname                | _____  |
|                      | Email                   | _____  |
|                      | First Phone Number      | _____ Type*: _____   |
|                      | Second Phone Number     | _____ Type*: _____   |
|                      | Third Phone Number      | _____ Type*: _____   |
|                      | Address                 | _____  |
|                      | Relationship to Student | _____  |
|                      |                         | <input type="checkbox"/> Has Legal Custody of Student<br><input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Ok To Pick Up Student |
| <b>Sixth Contact</b> | Last Name               | _____  |
|                      | First Name              | _____  |
|                      | Nickname                | _____  |
|                      | Email                   | _____  |
|                      | First Phone Number      | _____ Type*: _____   |
|                      | Second Phone Number     | _____ Type*: _____   |
|                      | Third Phone Number      | _____ Type*: _____   |
|                      | Address                 | _____  |
|                      | Relationship to Student | _____  |
|                      |                         | <input type="checkbox"/> Has Legal Custody of Student<br><input type="checkbox"/> Lives with Student<br><input type="checkbox"/> Ok To Pick Up Student |

\*Phone Types: cell, work, residence, or other





**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**  
Office of English Language Acquisition Services

**Encuesta sobre el Idioma en el Hogar**

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar *la mayoría* del tiempo?

---

2. ¿Qué idioma habla el estudiante *la mayoría* del tiempo?

---

3. ¿Qué idioma habló o entendió el estudiante *primero*?

---

|                              |  |                             |  |
|------------------------------|--|-----------------------------|--|
| Nombre del estudiante_____   |  | Distrito                    |  |
| Fecha de nacimiento_____     |  | Núm. de identificación_____ |  |
| Firma del padre o tutor_____ |  | SSID_____                   |  |
| Distrito o Charter_____      |  | Fecha_____                  |  |
| Escuela_____                 |  |                             |  |

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (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

**15-828. Birth certificate; school records; exception**

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

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.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child'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.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten-day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section that appears to be inaccurate or suspicious in form or content.

G. Within ten school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. This section does not apply to homeless pupils as defined in section 15-824, subsection C.



# Academic Achievement

## Alternative Form for Income-based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2025 Income Guidelines for determining income eligibility for a variety of federal funding programs. This form should be utilized as an alternative means to collect income eligibility information from the student's household and organizations should retain completed forms for a period of five years.

**Definition of Income:** all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

**Exclusion:** the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines schedule?

Yes, Income Eligibility 1 (Indicator 1 in AzEDS):

Yes, Income Eligibility 2 (Indicator 2 in AzEDS):

No:

|  |
|--|
|  |
|  |
|  |

If your household qualifies, please complete the following information for each student:

**Student's Name**

**Name of School**

**Grade**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Academic Achievement

## Income Eligibility Guidelines: July 1, 2024- June 30, 2025

### Income Eligibility 1

#### HOW OFTEN INCOME WAS RECEIVED

| Family Size:                                   | Yearly   | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two Weeks) | Weekly  |
|--|----------|---------|---------------------------|--------------------------------|---------|
| 1  | \$19,578 | \$1,632 | \$816                     | \$753                          | \$377   |
| 2  | \$26,572 | \$2,215 | \$1,108                   | \$1,022                        | \$511   |
| 3  | \$33,566 | \$2,798 | \$1,399                   | \$1,291                        | \$646   |
| 4  | \$40,560 | \$3,380 | \$1,690                   | \$1,560                        | \$780   |
| 5  | \$47,554 | \$3,963 | \$1,982                   | \$1,829                        | \$915   |
| 6  | \$54,548 | \$4,546 | \$2,273                   | \$2,098                        | \$1,049 |
| 7  | \$61,542 | \$5,129 | \$2,565                   | \$2,367                        | \$1,184 |
| 8  | \$68,536 | \$5,712 | \$2,856                   | \$2,636                        | \$1,318 |
| <b>Each<br/>Additional<br/>Member<br/>Add:</b> | +\$6,994 | +\$583  | +\$292                    | +\$269                         | +\$135  |

### Income Eligibility 2

#### HOW OFTEN INCOME WAS RECEIVED

| Family Size:                                   | Yearly   | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two Weeks) | Weekly  |
|--|----------|---------|---------------------------|--------------------------------|---------|
| 1  | \$27,861 | \$2,322 | \$1,161                   | \$1,072                        | \$536   |
| 2  | \$37,814 | \$3,152 | \$1,576                   | \$1,455                        | \$728   |
| 3  | \$47,767 | \$3,981 | \$1,991                   | \$1,838                        | \$919   |
| 4  | \$57,720 | \$4,810 | \$2,405                   | \$2,220                        | \$1,110 |
| 5  | \$67,673 | \$5,640 | \$2,820                   | \$2,603                        | \$1,302 |
| 6  | \$77,626 | \$6,469 | \$3,235                   | \$2,966                        | \$1,493 |
| 7  | \$87,579 | \$7,299 | \$3,650                   | \$3,369                        | \$1,685 |
| 8  | \$97,532 | \$8,128 | \$4,064                   | \$3,752                        | \$1,876 |
| <b>Each<br/>Additional<br/>Member<br/>Add:</b> | +\$9,953 | +\$830  | +\$415                    | +\$383                         | +\$192  |

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion