



Mission Montessori Schools

11050 N. 96th St., Scottsdale, AZ 85260
Tel: 480-699-4950 ext. 0
Fax: 480-314-3346

Charter School Checklist 1st-5th Grade

Child's Name: _____
Date of Birth: _____

Today's Date: _____

Office Use Only _____

Rec'd Date: _____

ESS: _____

New Placement: _____

2025-2026 Program: _____

Parent Covenant rec'd Date: _____

1. Check List _____
2. Application – ARS 15-184(A) _____
3. Proof of Residency _____
4. Affidavit of Shared Residence (*complete only if you can not complete #3*) _____
5. Notary for Shared Residence (*complete only if you can not complete #3*) _____
6. Emergency Form _____
7. Immunization Information and Update _____
 - a. Updated immunizations/exempt form – required prior to attendance _____
 - i. ARS 15-872, ARS 15-872(C), ARS 15-873 _____
8. Allergy Questionnaire Form _____
9. Permission/Release Form _____
10. Primary Home Language Form (PHLOTE) ARS 15-756 _____
11. Exceptional Student Services Form _____
12. Family-School Partnership _____
13. Parent Communication and Education _____
14. Volunteer Hours _____
15. Extended Day Registration _____
16. Credit Card Information & Authorization _____
17. Joyful Giving Program (*Specials programs, Assistants: reduces teacher/student ratio*) _____
18. Community Investment _____
19. Annual Tax Credit _____
20. Birth Certificate or document prescribed* by ARS-15-828(A) _____
**must be submitted within 30 days of enrollment*
21. Authorization to Release Confidential Information ARS 15-828(G) _____
22. Record of Previous Schools _____

Pursuant to ARS-15-184(I) Mission Montessori Schools (MMA & MYP) does not permit any pupil who has been expelled from another educational institution, or who is in the process of being expelled from another educational institution.

Admissions Staff Name

Admissions Staff Signature

Date



Mission Montessori Academy

11050 N. 96th St., Scottsdale, AZ 85260

Tel: 480-699-4950 ext. 0

Fax: 480-314-3346

www.missionmontessori.com

Mission Montessori Academy

APPLICATION for Charter

Elementary Enrollment

2025 – 2026

Current School Yr. Start

Date: _____

Current Teacher:

1st Year of Charter Enrollment:

Office Use Only

Today's Date: _____

Extended Day _____

2:30 p.m. – 5:30 p.m.

Grade for Fall Enrollment: _____

New Placement: _____

SIS #: _____

Student Information

Date of Birth _____ State of Birth: _____

Sex: M__ F__

Last Name: _____ First Name: _____ Middle Name: _____

Primary Language Spoken: Student _____ Parents _____

Ethnic Origin (please circle): Hispanic or Latino optional/not required as a condition of enrollment Black or African American Asian American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander

Mother's/Guardian's

Information

Last Name: _____

First Name: _____

Occupation: _____

Living with
Child
Yes No

Allow Release
Yes No

Active Military
Yes No

Email: _____

Address:

Street

City

State

Zip

Home Tel No.

() _____

Work Tel No:

() _____

Cell Tel No:

() _____

Father's/Guardian's

Information

Last Name: _____

First Name: _____

Occupation: _____

Living with
Child
Yes No

Allow Release
Yes No

Active Military
Yes No

Email: _____

Address:

Street

City

State

Zip

Home Tel No.

() _____

Work Tel No:

() _____

Cell Tel No:

() _____

Previous School Attended _____

School Address _____

School Phone Number _____

If remaining capacity is insufficient to enroll all pupils who submit a timely application, the charter school shall select pupils through an equitable selection process such as a lottery except that preference shall be given to siblings of a pupil selected through an equitable selection process such as a lottery. ~ARS- 15-184(E) 2024-20252025-2026



Arizona Department of Education

Arizona Residency Documentation Form PROOF OF RESIDENCY

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
Complete ONLY if you are unable to complete page 3

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: _____

Acknowledgment

Continued from page 4. Complete ONLY if you are unable to complete page 3

State of Arizona

County of _____

The foregoing was acknowledged before me this __ day of _____, 20 __,

By _____

My Commission Expires:

Notary Public

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Mission Montessori Academy
ALLERGY QUESTIONNAIRE

The purpose of the questionnaire is to gather information about potentially severe and/or life-threatening allergies that your child may have. This information will help provide appropriate care while your child is at school.

Student's Name: _____

Date of Birth: _____

Teacher: _____

Grade: _____

1. Does your child have a known or suspected food-allergy? ____Yes ____No

If yes, please check ALL foods that apply.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Peanuts (includes peanut butter and peanut oils) | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Tree Nuts (walnuts, almonds, pecans, cashews, etc.) | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Milk or Dairy | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Shellfish |

List any others: _____

2. Could your child's allergy be life-threatening? ____ Yes ____ No

Please indicate past symptoms of your child's food allergy.

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Tingling/swelling of lips, tongue, mouth | <input type="checkbox"/> Itching | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Swelling of face or extremities | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Tightening/ swelling of throat | <input type="checkbox"/> Cough | <input type="checkbox"/> Cramps |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Other – Please explain _____ | | |

3. Has your child ever been treated by a health care provider for an allergic reaction? ____Yes ____No

4. Does your child require medication for an allergic reaction? ____Yes ____No
If yes, please list _____

If your child requires an Epi-pen (emergency dose of epinephrine), do you have a current prescription to provide to the school to be kept in case of an allergic reaction? ____Yes ____No

5. Is your child on any prescription medication(s)? ____Yes ____No
If yes, please list the medications below:

<u>Medications</u>	<u>Reason</u>

I give permission for my child's teacher and administration to have my child's medical information.

Parent Name _____

Date _____

Contact Phone number _____



Permission/Release Form

Please initial that you have read, mark yes or no for each number then sign the document at the bottom.

Student's Name

Program or Grade Level

Emergency Treatment Permission

1. ____ I give Mission Montessori Schools permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Mission Montessori Schools will begin immediate attempts to contact parents/guardian while child is in transport.

WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION! ____YES ____NO

Sunscreen /Bug Spray Application Permission

2. ____ I give Mission Montessori Schools staff permission to apply sunscreen of SPF 15+/Bug Spray that I will provide, to my child's face, arms and legs. ____YES ____NO

Photo/Film/Audio/Website Release

3. ____ I authorize the use by Mission Montessori Schools of my child's voice, photograph, recordings, or likeness, as well as any material created by my child as part of a school project, for any purpose in any medium, including but not limited to the school's website and social media platforms. I understand the school will not compensate me or my child for these uses. ____YES ____NO

4. ____ I understand if I do not wish for my child to be included in any of the aforementioned mediums, I must e-mail media@missionmontessori.com to withdraw consent.

Immunization Notice

5. ____ Please be advised that all immunization requirements must be met in the time specified by the Arizona Health Department. A 15 day notice will be given to parents whose children have not met the requirements. **If proof of immunization shots is not provided, Arizona law states that the child must be suspended from school** until all requirements are met.

Please sign:

Parent Signature

Date



State of Arizona
Department of Education

Office of English Language Acquisition Services



Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ 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 indicate the student's home or primary language.

Diane M. Douglas, Superintendent of Public Instruction
1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-5460 • www.azed.gov

Mission Montessori Academy-Exceptional Student Services Form

Students Name: _____ Current Grade: _____ Today's Date: _____

1. Is your child enrolled in a gifted program? Yes/No
If yes, please explain _____
2. Is your child receiving special education services, under IDEA, and has an IEP (Individual Education Plan)? Yes/No
If yes, please explain _____
3. Is the IEP current? Yes/No
4. What was the eligibility determination? Circle all that apply. (Speech and Language, Learning Disability, Emotionally Disturbed, Hearing Impaired, Visually Impaired, or other _____
5. Has your child ever qualified or received special education services, under IDEA with and IEP (Individual Education Plan) Yes/No
6. What was the eligibility determination? Circle all that apply. Speech and Language, Learning Disability, Emotionally Disturbed, Hearing Impaired, Visually Impaired, or other _____
7. Is your child under a 504 Plan covered by the American's with Disabilities ACT? Yes/No
If yes, please explain _____
8. Is the 504 current? Yes/No
9. Has your child been identified or is receiving services for an ELL (English Language Learners) program? Yes/No
If yes, please explain _____
10. Has your child been dismissed from any of the above mentioned program? Yes/No
If so, when and what was the reason _____
11. Has your child ever been diagnosed with ADHD or ADD or had difficulties with attention, dyslexia, autism or any other learning differences? Yes/No
If yes, please explain _____
12. Has your child had difficulties with his peers or with authority figures? Yes/No
If yes, please explain _____
13. Has your child ever exhibited aggressive behavior? Yes/No
If yes, please explain _____
14. Has your child ever been expelled? Yes/No
If yes, please explain _____
15. Is your child facing or in the process of being expelled? Yes/No
If yes, please explain _____

**completion of this form is used for continuation of services and is not a condition of enrollment*



The Mission Montessori Family-School Partnership (MMFSP)

Mission Montessori, in alignment with the educational philosophy of Maria Montessori, realizes that the partnership between school and family is instrumental in helping a child develop his or her full potential. We recognize that effective partnerships have these characteristics in common: open communication, mutual respect and a commitment to working together with a shared vision for the realization of goals.

Mission Montessori Schools are committed:

- To presenting to prospective parents our program and practices, philosophy and policies making all efforts to clarify the expectations and goals of both school and parents;
- To ensuring that teachers and administrators are accessible to parents, engaging in clear, open communication, always seeking and valuing the parents' perspective on their child.
- To actively seeking the knowledge, skills and resources of our parents in ways such as parent surveys, Parent Task Forces and the Mission Montessori Family-School Partnership, which will involve them when considering major decisions that affect the school community;
- To keeping the parents well informed on school and classroom activities, offering support in gaining a deeper, clearer understanding of the Montessori educational philosophy and methods in a variety of ways, including mass emails, an informative website, parent-education meetings, systematic reports, conferences, publications and informal conversations.

The _____ **Family is committed:**

(PRINT Family Name Here)

Please initial below:

____To selecting a school offering programs and services congruent with the goals and philosophy of the family and fitting the needs of the child(ren);

____To demonstrating respect for school policies, procedures and support for school stability: by attending required programs and events such as conferences,

____Parent Education opportunities and optional programs such as classroom and school fundraising events, and special child-centered events;

by arriving in a timely manner for drop-off and pick-up each day;

____**By not scheduling family vacations during school days as it reduces state funding per students absences.**

____To valuating the teacher/school's perspective on the child(ren), always seeking information directly from the classroom Lead Teacher.

____To providing any medical or personal information that may be needed to best serve your child(ren) and the family, such as keeping all immunization records, custodial papers, addresses and phone numbers updated at all times.

Parent Signature

Date

Please initial and sign below:

____Parent Communication/Conferences/Progress Reports

Mission Montessori sends **mass emails** for general school information, posts **monthly newsletters** on each teacher's blog, and **maintains a working general calendar** on our website to keep parents informed of school and classroom activities and special events. **Three parent conferences** are scheduled during each academic school year. You may schedule additional conferences at anytime you feel that one is necessary. However, during class time, the teachers' full attention must be with her/his class, so even if you would like to see a teacher just for a few minutes, please arrange your meetings in advance, preferably before or after school.

____Progress reports will be sent home three times a year.

____Parent Education

Parents are requested to attend parent education seminars designed to enhance your understanding of your child's Montessori education. The Montessori classroom atmosphere and approach to education differs from traditional public school. The more you know, the more you are able to support your child's learning experience. Participation fulfills Volunteer Hours.

PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S NAME

NAME: Student:

Teacher: 2025-2026 (If Known)

PRINT PARENT NAME

PARENT SIGNATURE

DATE

PRINT PARENT NAME

PARENT SIGNATURE

DATE

Mission Montessori Academy Family School Partnership

If you are able to, Mission Montessori Academy appreciates 15 hours of family service per child enrolled, or a contribution of \$150 per child in lieu of volunteer hours, paid to Mission Montessori Schools. Special projects designated by the teacher, field trips, fundraising activities and school events are great ways to become involved. Family Picnic, Movie Night, Art Walk, Parent Education Nights, Room Parent and Art Masterpiece are all school events that will offer volunteer opportunities.

We welcome all parents as guest speakers to share their special talents, hobbies, experiences and careers.

_____ **Will volunteer 15 hours of service per child**

_____ **Will contribute \$150 in lieu of volunteer hours per child**
check _____ *or Credit Card* _____ (Please Complete Credit Card Authorization Form)

_____ **Will need to forgo both the volunteer hours and the \$150.**

PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S NAME:

Student:

Teacher: 2025-2026 (If Known)

PRINT PARENT NAME

PARENT SIGNATURE

DATE

PRINT PARENT NAME

PARENT SIGNATURE

DATE



Mission Montessori Schools Extended Day Registration Form

Full-Time Enrollment only

(NOT for hourly drop-ins)

Charter Only

Before school and after school program is to be paid Annually, Bi-Annually or Monthly.

Payment Choice (choose 1):

___ Academic Year (10 Months) \$3,200 ___ Bi-Annually \$1,600 ___ Monthly - \$340

Cancellations are by written notice only to the school office at least a week prior to the new pay period, otherwise full payment is required.

Hours of operation:

2:30 p.m. – 5:30 p.m. Monday through Thursday

1:10 p.m. - 5:30 p.m. Friday

Holidays are **not** included in the monthly price (examples: Fall break, Veteran's day, etc.)

Families with 2 or more children:

- Oldest pays full price
- 25% discount for each additional child

Late fees: \$1.00 per minute after 5:30 p.m.

Registration Form

Child's Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact – Name & Number

Check ___ or Credit Card ___ (Please Complete Credit Card Authorization Below)

Credit Card Information Cardholder Name _____

Credit Card #: _____

Exp Date: ___ / ___ CVC Code: _____ Billing Zip Code: _____

Parent/Guardian/ Cardholder Signature

Date

Mission Montessori Credit Card Authorization Form

Mission Montessori accepts Visa, MasterCard and Discover. If you would like to pay Mission Montessori by credit card, please fill out this authorization form and return it to the site manager of your campus. By filling out and signing this form, you are giving Mission Montessori permission to process your credit card for payment.

Authorized Signature: _____ Date: _____

Printed Name: _____

Child's Name: _____

Credit Card Information

Cardholder Name _____

Credit Card #: _____ Exp Date: ____/____

CVC Code: _____ Billing Zip Code: _____

JOYFUL GIVING PROGRAMS

Mission Montessori Academy

Mission Montessori is a nonprofit tax-exempt 501(c) 3 corporation.

All contributions are voluntary donations and tax deductible, as allowed by law.

Please initial and and sign below that you have read the following:

I. Community Investment Fund:

_____ For the past years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education.

Mission Montessori Academy was awarded 2015-16 School of the Year and is in the top 10% of all schools in AZ. It has served nearly 2,000 students and their families since 2000. Our students have consistently and substantially outperformed other local and state-wide high quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our educational mode, as follows:

- (1) It supports the quality of the Educational Model by adding assistants in each classroom to reduce the student/teacher ratio and allow extended time for individualizes instruction; and,
- (2) It supports Extra-Curricular activities that are vital for our Montessori whole child educational model.

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1700 per child. This can be paid in one lump sum or monthly payments over the school year.

II. Annual Tax Credit Program:

_____ This annual tax credit is an opportunity that gives you the choice of where your tax dollars will be used and you can use these dollars as credit to pay your Arizona state taxes. This is a “dollar for dollar” tax credit for families and anyone who pays Arizona state taxes. You may give up to \$200 if you are single or up to \$400 if you are married and filling jointly. These tax credit dollars help a school pay for their specials programs.

**We appreciate the participation of all our families, because your contributions
make us exceptional.**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Mission Montessori Academy

Community Investment Fund

2025-2026

For the past few years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education. The state has asked schools to increase their school year by 11%, but is only funding 5%.

Mission Montessori Academy was awarded 2015-16 School of the Year. It has served nearly 2,000 students and their families since 2000. Our students have consistently and substantially outperformed other local and state-wide high quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our *educational model and growth*, as follows:

Please initial and sign below:

_____ It supports the quality of the Educational Model by adding an assistant in each classroom to reduce the student/teacher ratio which allows extended time for individualized instruction. The Community Investment funds assistants' salaries which the State of Arizona does not pay for.

_____ Our Extra-Curricular Classes; Art, Music, Spanish, P.E., Gardening, Sustainable Systems, Global Studies are only made available to our students due to the Community Investment Fund. It also pays for extra-curricular teachers' salaries and supplies them with materials.

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1700 per child. This can be paid in one lump sum or monthly payments over the school year.

Child's Name: _____

Parent's Name: _____

Teacher's Name: _____

Please check one of the following payment plan (starting as of **May 1, 2025**):

___ One time (\$1700) ___ 3 months (\$566.67 x 3=\$1700) ___ 5 months (\$340 x 5=\$1700)

Check #: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Credit Card _____ (Please Complete Credit Card Authorization Form)

Parent Signature: _____

Date: _____

MISSION MONTESSORI ACADEMY

★ Annual Tax Credit Campaign ★

YOUR voice **WILL** be heard!
YOU control where **YOUR** tax dollars go!

Remember your money is returned in full upon filing.

1. Send your donation along with this form to: mailing address: 11050 N. 96th St Scottsdale, AZ 85260 You can also drop it off at your child's campus main office. Online Payments Email JMartin@MissionMontessori.com
2. Receive your tax receipt.
3. Complete your state tax return.

*We need 100% participation from our families.
Donations from \$5 to \$400 are credited back to you on your Arizona State Income Tax return.
Any extra is greatly appreciated.*

Your contribution goes directly to:

Gardening, extra assistants in classroom to reduce student/teacher ratio, Music Program, P.E., Spanish, Sustainable System, and more!



Tax credits up to \$200 for single, head of household or filing individually; \$400 if filing jointly.

****Many employers have matching programs. Please check with your HR Department to see if your employer will match your contribution. Return your corporate matching form with your donation****

For more information please visit: www.revenue.state.az.us

Child/ren's Name: _____ Teacher's Name: _____

Select Payment Method:

Check # _____ in the amount of \$ _____

Credit Card: Visa ___ MasterCard ___ Discover ___ In the amount of \$ _____

Card # _____ Expiration: _____

Signature: _____ Date: _____ 3 Digit Code: _____

Your name: _____ Billing Zip Code: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Email Address: _____

Birth Certificate or document prescribed by ARS 15-828(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:

CHECK ONE:

- ☐ A certified copy of the pupil's birth certificate.
- ☐ 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.

a. LIST DOCUMENT _____

- ☐ 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.

**11050 N. 96th St., Scottsdale, AZ
85260 Tel: 480-699-4950 ext. 0
Fax: 480-314-3346
www.missionmontessori.com**

Student Name	Date of Birth	Date of Request
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City/State/Zip

Signature	Relationship to Student	Date
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21 of 22

Mission Montessori Academy

**Authorization to Release Confidential Information
and Records from Current and Previous Schools**

Student's Name

Date of Birth

Parent's Signature

Requesting Confidential Records from all schools student has attended:

Current School: _____

Address: _____
City/State/Zip

Phone No.: _____ Fax No: _____

Kindergarten: _____
School Phone No.

1st Grade: _____
School Phone No.

2nd Grade: _____
School Phone No.

3rd Grade: _____
School Phone No.

4th Grade: _____
School Phone No.

5th Grade: _____
School Phone No.

6th Grade: _____
School Phone No.

7th Grade: _____
School Phone No.

8th Grade: _____
School Phone No.

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