



Mountain Oak School

• 1455 Willow Creek Rd., Prescott, AZ 86301 • 928.541.7700 • <https://mountainoakschool.org/> •

Mountain Oak School nurtures children's highest potential of thought, feeling, and determination by cultivating a sense of truth and wonder, the powers of imagination and practical knowledge, and a feeling of responsibility for themselves and the world around them.

Enrollment 2023-2024

Our school offers a caring, personal atmosphere and an exciting educational program where academic and artistic abilities are fostered side by side. Attention is focused on all areas of a child's development- emotional, social, physical and academic.

Mountain Oak School is a public charter school inspired by Waldorf methods. It is tuition free and open to all age appropriate children. Enrollment forms are enclosed to assist you in enrolling your child for the 2022-2023 school year.

If you have any questions or need assistance in completing your packet, please contact the Office at (928)541-7700 or stop in at the front desk.

Instructions for Enrolling:

Open Enrollment begins for Kindergarten Feb. 1st and for grades 1-8th

The following will need to be provided PRIOR to enrollment being processed:

- Current proof of complete immunizations, immunization schedule, or waiver completed (waiver included in packet)
- Custody papers, if applicable
- **One of the four options:** Original birth certificate/social security card/ baptismal certificate/ 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 agency/caregiver as prescribed by law

- This packet completely filled out and signed
- Enrollment packets will be accepted:
 - a. In person in the Mountain Oak Office
 - b. By mail: Mountain Oak School, 1455 Willow Creek Rd, Prescott, AZ 86301
 - c. Scanned and e-mailed to: admin@mountainoakschool.org
- You will receive a welcome packet in July as confirmation of your enrollment

Arizona Revised Statutes (ARS) 15-872 (B) states that “a pupil shall not be allowed to attend school without submitting documentary proof to the school administration unless the pupil is exempted from immunizations pursuant to section 15-873” with exemption on file.



Mountain Oak School Enrollment Form 2023-2024

1455 Willow Creek Rd ~ Prescott AZ 86301 ~ 928-541-7700

Student Name (Last) _____ (First) _____ GRADE _____
Physical Address _____
Mailing Address _____
Home Phone _____ Cell Phone _____

STUDENT BIRTH DATE
/ /
STUDENT
Birthplace City:
State

Last school attended _____ City _____ State _____ Ph # _____

- RESIDENTIAL STATUS**
- Father
 - Mother
 - Stepfather
 - Stepmother
 - Guardian
 - Foster Care
 - Permanent Housing
 - Migrant
 - Homeless/Shelter
- A CAREGIVER AFFIDAVIT FORM MUST BE PROVIDED FOR STUDENTS LIVING WITH A LEGAL-GUARDIAN OTHER THAN PARENT.

- CUSTODY OF STUDENT**
- Joint
 - Sole
 - Guardianship
- IF THERE IS A LEGAL CUSTODY AGREEMENT PLEASE PROVIDE _____

- STUDENT RACE**
- White (Caucasian)
 - Black (African-American)
 - Hispanic
 - Asia/Pacific Islander
 - American Indian/Alaskan Native

County _____

STUDENT ETHNICITY

- Hispanic
- Non-Hispanic

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

PARENTS/GUARDIANS LIVING WITH STUDENT

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS (print clearly) _____

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS (print clearly) _____

PARENTS/GUARDIANS AT DIFFERENT ADDRESS

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMAIL ADDRESS (print clearly) _____

Should this person receive school information? Y N

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMAIL ADDRESS (print clearly) _____

Should this person receive school information? Y N

OTHER CHILDREN IN THE FAMILY — ADD MORE ,IF NECESSARY, ON BACK OF THIS PAGE

NAME	AGE	GRADE
_____	_____	_____
NAME	AGE	GRADE
_____	_____	_____
NAME	AGE	GRADE
_____	_____	_____

OFFICE USE:

Grade level _____

Teacher _____

SAIS # _____

Enroll Date _____

E code _____

Withdraw date from previous school _____

Identity/ Age verified with _____

Initials _____

Enroll only if ALL are checked ...

- Age/ Identity Verification
- Immunizations/exemption
- Custody Papers or n/a
- Proof AZ residence
- ESEA form with

signature NOTES _____

Date Entered in SM _____

Initials _____

- HOW DID YOU HEAR ABOUT MOUNTAIN OAK SCHOOL?**
- Word of mouth/relative
 - School website
 - Phone book
 - Internet search
 - Sibling enrolled
 - Other _____

- HAS STUDENT BEEN ENROLLED IN ANY OF THESE PROGRAMS?**
- Special Education (IEP)
 - SPEECH / LANGUAGE
 - 504
 - Other _____

PARENT/GUARDIAN SIGNATURE — I hereby acknowledge that the above is complete and all paperwork turned in:

_____ Date _____



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EMERGENCY FORM 2023 - 2024

Student Last Name, First Name, MI _____

2022 -2023

Student Birth date _____

Contact Priority (check one) 1 2

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Contact Priority (check one) 1 2

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

In case of emergency, carpooling or if I cannot be contacted to pick up my child, I hereby authorize the release of my child to the following person(s) without any other advanced permission by me:

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

The following persons may not remove my child from school: Custody Papers on File? Yes or No

Name: _____ Name: _____

- 1) Please list all allergies to foods, medicines, insects or substances. Include anything to be avoided, reaction & procedure to follow:
- 2) Is there any physical or medical condition that we should be aware of? What precautions should be taken?
- 3) Is there any medication currently being taken? List medications:
- 4) Other special instructions:
- 5) Doctor's Name/Phone:

Please check if you give permission for the school to give the following to your child if needed:

Ibuprophen (Advil) Tylenol Itch cream (Caladryl) Antacid (Tums) Homeopathics Cough Drops Neosporin

Do not administer anything (other than what is checked) without calling me first

Be it known that I, the undersigned parent/guardian of the named student, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *emergency basis*. It is further understood that any expense will be the responsibility of the

parent/guardian of the student and in no event will payment of the expense be school responsibility.

Parent/Guardian Signature: _____ Date: _____



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REQUESTED SCHOOL FEES 2023-2024

Student Name	Grade	Enrollment Date	Days
Yearly Fees (KG – 8th Grade)		Yearly Fee	
<input checked="" type="checkbox"/> Yearly Materials Fee Covers natural pigment paints and crayons, colored pencils, painting paper, main lesson books, modeling beeswax/clay, other high quality materials used daily and Specialty Class fees for Woodwork, Handwork and Garden/Stewardship. (.94 cost per day)		\$195	
<input checked="" type="checkbox"/> Yearly Classroom Fee <u>Kindergarten</u> : Covers the cost of everyday snacks, special baking and cooking used for bread, soup and other treats. <u>Grades</u> : This fee covers the costs of many class activities including admission fees to performances, seasonal art and food activities, some field trips, extra art supplies, costume fabrics, gardening and curriculum equipment and classroom enhancement items. (.35 cost per day)		\$75	
Recorder Fees (1-5th grade only)			
Recorders are an important part of the curriculum and are used often. We use beautify crafted wooden Choro recorders. They may be rented yearly or purchased:			
<input type="checkbox"/> I will Rent for 2020-2021 School Year (1 st – 5 th gr.)		\$25	
<input type="checkbox"/> Or <input type="checkbox"/> I will supply my own Pentatonic (grades 1-3) or Diatonic (grades 3-5) Recorder			
Violin Rentals (4-6th grade only)			
<input type="checkbox"/> I will be responsible for renting a violin through the Fiddle Doctor 928-778-9287 or Milano 928-308-0957 before the 1 st week of school. Or <input type="checkbox"/> I qualify for a scholarship and will submit an application to the front desk. Or <input type="checkbox"/> I Own a violin and will be responsible for bringing in the 1 st week of school.			
Recorder/ Percussion Rental (6-8th grade only)			
<input type="checkbox"/> Rental Students use soprano, alto and tenor recorders through the year as part of an ensemble. Students also participate in a trimester of percussion class using African drums.		\$25	

Subtotal	\$
Early Payment Credit (-\$10 if paid in full on or before 1st day of attendance)	-\$
Total due	\$

Suggested Payment Options (please check one):

<input type="checkbox"/> Full lump sum paid on or before the 1 st day of attendance.	<input type="checkbox"/> online*	<input type="checkbox"/> in the school office**
<input type="checkbox"/> Monthly payments of \$ _____	<input type="checkbox"/> online*	<input type="checkbox"/> in the school office**
What I can contribute is: \$ _____ every _____		
in the school office**		
online* If these fees are a hardship the school will waive fees		

*One-time & automatic monthly payments can be set-up at MountainOakSchool.org and clicking on 'Pay School Fees'
 **In the office we accept Visa, MasterCard, American Express and Discover as well as cash and checks. Please make checks payable to 'Mountain Oak School'

Office Use Only

Payment Amount \$ Pd Date / /20

Cash

Check #

Paypal Online

Paypal Here



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PERMISSIONS FORM 2023-2024

I, _____, authorize for my child, _____ the following:
Parent/Guardian's Name *Student's Name*

I authorize the release of:

Yes No CLASS DIRECTORY: My family's *name, phone* number and email for the class directory which is distributed to the families in your class and the Parent Association Chair at Mountain Oak School.

Media Permission Authorization:

Yes No MEDIA PERMISSION: I allow the use of my child's name and or photo to be distributed and or released on the MOS Website, MOS Facebook, MOS Newsletter, MOS brochures, newspaper, TV and or other public media.

Walking Field Trip Permission:

Yes No I hereby give my permission for my child to participate in walking field trips throughout the school year. I extend the Emergency Medical consent Form to cover my child on these walking field trips off the campus. Walking Field trips will take place within a one mile radius of the school and children will be supervised by teaching staff at all times. Motor vehicle trips will require your written permission for each individual trip.

Bike/Walk Permission:

Yes No I hereby give permission for my child to ride a bicycle or walk to and from school each day this year unless otherwise instructed by me in writing. I understand that this permission form will be in effect for the entire school year and that it will be my responsibility to notify the school in writing if there are any changes.

By signing, I authorize that all the information on this page is correct:

Parent/Guardian's Signature

Date



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STUDENT RESIDENCY QUESTIONNAIRE 2023-2024

THIS MUST BE COMPLETED by all parents and or unaccompanied youth. The information provided on this form can assist your campus in identifying the students who are living in transitional housing or are highly mobile as defined by the McKinney-Vento Act. The answers to this residency information can help determine the services your child may be eligible to receive as defined at the bottom of this questionnaire.

● SECTION A:

Grade Level: _____ Age: _____ Male Female
Name of Student: Last: _____ First: _____ Middle: _____
Last School Attended: _____ City: _____ State: _____

● SECTION B:

1. Is your current address a temporary living arrangement? YES NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO

IF YOU ANSWERED "NO" TO QUESTIONS 1 & 2, SKIP TO SECTION C

3. Is there a legal guardian or parent in the household for this child? YES NO
4. Where is the student presently living?
- (Check one) In a motel
 - In a transitional housing or shelter
 - Moving from place to place
 - With more than one family in a dwelling
 - In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Current Address of Student: _____ Zip: _____ Phone: _____

● SECTION C:

Parent/Legal Guardian Signature: _____ Date: _____

At this time is your family in need of assistance in any of the following areas?

- School Records
- Immunization or health records
- School supplies or clothing
- After-school programs
- Preschool/Headstart programs

If you have questions about enrolling in school or need assistance with enrolling in school, contact:

Homeless Liaison School Director of Mountain Oak School at 928-541-7700

___ Copy to Director ___ Original in Student File

(Please Keep for Future Reference)

Mountain Oak Student Residency

Information for Parents and School Aged Children

The Federal McKinney-Vento Act and Arizona state law guarantee that you can enroll in school if you live

- ☐ **In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program);**
- ☐ **In a motel, hotel, or weekly-rate housing;**
- ☐ **In a housing or apartment with more than one family because of economic hardship or loss**
- ☐ **In substandard housing (no electricity, no water, and/or no heat); or**
- ☐ **With friends of family because you are a runaway or unaccompanied youth.**

❖ **If you live in one of these situations, you do NOT need to provide**

- ☐ **Proof of residency,**
- ☐ **Immunization records or a TB skin test result,**
- ☐ **Birth certificate**
- ☐ **School records, or**
- ☐ **Legal guardianship papers to enroll in or attend school.**

❖ **You may also:**

- ☐ **Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;**
- ☐ **Receive transportation from your current residence back to your school of origin;**
- ☐ **Qualify automatically for Child Nutrition Programs (Free and Reduced-Price breakfast, lunch and other district food program);**
- ☐ **Contact the district liaison to resolve any disputes that arise during the enrollment process.**

❖ **If you have questions about enrolling in school or need assistance with enrolling in school, contact:**

❖ **Our School Director is Mountain Oak School's Homeless Liaison at 928-541-7700**



MountaLn Oak School(

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Sent
2nd req
3rd req
NOTES:

Student Name _____

Birth Date _____ Current Grade Level ____ _

Release records to:

Mountain Oak School
1455 Willow Creek Rd
Prescott AZ 86301

ATTN: Attenganc Se.cretary

Or fax to 928-445-1301

Or scan and, email to:
attendance@mountainoakschool.org

School Last Attended

School Name

Dates Attended

Address

Phone Fax _ Email

According to the Final Regulations (Family Educational Rights and Privacy Act, Buckley Amendment, June 17, 1976) it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institutions and officials of other schools in school systems in which the student may intend to enroll, may receive a student record without written consent from the parents/guardians.

This student has enrolled at Mountain Oak School. Please send student records.
Thank you.



ARS 15-828.FNotwithstanding any financial debt owed by the student, any school requested to forward a copy of a transferring student's record to the new school shall comply and forwa,d the record within 10 days after rece pt of the request

Parent/Guardian Signature _____ Date ____ / ____ / 20__

School Official _____ Title: ATTENDANCE SECRETARY



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PARENT/GUARDIAN VOLUNTEER FORM 2022-2023

“In every community there is work to be done. In every nation there are wounds to heal. In every heart there is power to do it”

-Marianne Williams

Today's Date

EVENTS

Event Planning Set-up Event

Clean-up Event Staffing

Cooking/Baking/ Food Prep

OFFICE/CLERICAL

Library Work

Office Help/Filing/Mailings/Organizing

FACILITIES

Grounds/landscaping/gardening Facilities Repair/

Handyman

Janitorial

CLASSROOM

Festival Parent

School Lunch Coordinator Field Trips/

Transportation Playground Duty

Class Parent Festival Parent

MARKETING/GOVERNANCE

Web-Internet

Parent Association Board Member

Name

Phone _____

Email

Comments

Please indicate by checking the box in what capacity you could support volunteer needs.

Use the comments section above to state other volunteer areas you are interested in.

When opportunities arise, we will call to determine your availability at that time.



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OUTDOOR MOVEMENT CURRICULUM



An important aspect of our curriculum is the development of movement. This may be a reason you chose this school for your child.

Movement is essential for body and brain development. Our students go outside every day for part of main lesson, for recess and for movement education.

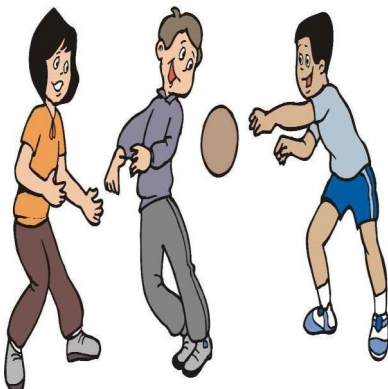
What is required for going outside ...

- ◆ **Running shoes** — We recommend providing an extra pair of shoes for movement class. Not acceptable are cros or any kind of slip-ons.
- ◆ **Water bottle** — Essential to keeping students hydrated and in one location
- ◆ **Sun hat** — To prevent sunburn
- ◆ **Appropriate clothing** for full range of movement and weather conditions — If a girl is wearing a skirt there should be leggings underneath. If it is cold, please provide a jacket. If it is snowing, please provide waterproof boots, gloves and hat.

Students go outside in any weather except in severe rain. When they don't have coats, water bottles or appropriate footwear, valuable time is taken up resolving these issues.

Here are some examples that underscore the need for your cooperation:

- ◆ Susie is playing tag with cowboy boots on or dress shoes that fall off. She twists her ankle or is impeded by bulky footwear.
- ◆ David is excited about playing in the snow but has no waterproof shoes so he has to stay inside. (There is not enough staff to adequately supervise indoor and outdoor recess simultaneously.)
- ◆ Stella is wearing a pretty dress so she refuses to sit on the ground or garden, or dig holes because she wants to keep her clothes tidy.
- ◆ Michael has a sunburn at the end of class.
- ◆ Abby is thirsty after running and doesn't have a water bottle. She is not allowed to go inside to the water fountain unattended.





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 _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



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)

_ 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.

**** Use this form only if you live in someone else's residence. Have them complete and notarize below.**



**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)

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