





# Our Lady of Perpetual Help Catholic School

7521 N 57<sup>th</sup> Ave, Glendale, AZ 85301

623-931-7288

[www.school.olphglendale.com](http://www.school.olphglendale.com)

## REQUIRED DOCUMENTS FOR REGISTRATION Preschool – 8<sup>th</sup> Grade

The following is a list of all the required documents that are needed to register your child. Please note that your application will not be accepted if any of the following documents are missing.

Forms to be completed by Parent/Guardian or Child's School:

- \_\_\_\_\_ Individual Student Registration Form
- \_\_\_\_\_ Photo Release Form
- \_\_\_\_\_ Home Language Survey (PHLOTE)
- \_\_\_\_\_ Private School Affidavit of Intent (Must be notarized, Grades K-8)
- \_\_\_\_\_ Public School Verification (Completed by last public school attended, Grades 1-8)
- \_\_\_\_\_ Emergency Information Form

Documents Required for Enrollment:

- \_\_\_\_\_ Birth Certificate (Original document or notarized copy of original document)
- \_\_\_\_\_ Immunization Records (Original document or notarized copy of original document)
- \_\_\_\_\_ Sacramental Certificate(s)
  - Baptismal Certificate
  - First Communion Certificate
  - Confirmation Certificate
- \_\_\_\_\_ Custody Papers (If applicable)
- \_\_\_\_\_ Last Report Card (Grades 1-8)
- \_\_\_\_\_ Achievement Tests (AZ Merit, ITBS, or other) (Grades 3-8)
- \_\_\_\_\_ FACTS Registration Confirmation Sheet – copy of confirmation page or email received after creating an account. <https://factsmgt.com/parents/#payment-plans>

**All of the above documents are required in order to complete the application process.**



# Our Lady of Perpetual Help Catholic School

## 2025-2026 Tuition Agreement

**Tuition - \$7,000 per student**

### Payment Options

- In full by May 15, 2026
- In two payments August, 2025, and December 2025 (OR)
- In 10 monthly payments, beginning August, 2025

**Non-Refundable Registration Fee (due at the time of registration)**

**Existing Families - \$75 per family**

**Early bird discount for existing families if you register before February 21st - \$50 per family**

**New Families - \$100 per family**

### Fundraising and Donations

- **Annual Fundraisers:** OLPH conducts annual fundraising campaigns to support its operational needs, special programs, and facility improvements. Parents, alumni, and friends of the school are invited to contribute. Additionally, all parents are required to participate in our annual chocolate fundraiser.
- **Capital Campaigns:** Occasionally, OLPH may conduct capital campaigns to fund large-scale projects such as building renovations, new facilities, or major infrastructure improvements. These contributions are typically designated for specific projects.
- **Voluntary Giving:** OLPH encourages voluntary giving, and all gifts, regardless of size, are appreciated. Donors may designate their contributions for specific needs, such as classroom materials, technology upgrades, or extracurricular programs.

### Volunteer Hours

- Parents are required to volunteer 15 hours per semester, totaling 30 hours per year. Alternatively, they may opt to pay a fee of \$10 per hour in lieu of volunteering, amounting to \$300 per year.

### Tuition Refund Policy

- Any families withdrawing students after August 1st shall be refunded the entire amount of tuition minus first month's payment. After the first day of school, tuition refunds shall be prorated over the number of school days the student has attended Our Lady of Perpetual Help.

### Payment Responsibility

- **Parents and Guardians:** The financial responsibility for tuition, fees, and any additional charges rests with the student's parents or legal guardians. Parents are required to sign an agreement acknowledging their financial obligations upon registration.
- **Third-Party Payments:** If a third party (e.g., employer or relative) is paying for tuition, it is the parent's responsibility to ensure that payments are made in full and on time. The school will communicate directly with the responsible party for any late payments.

**Special Programs and Fees**

- **Extracurricular Activities:** Additional fees may be assessed for extracurricular programs, including athletics, arts, clubs, and field trips. These fees will be outlined at the time of registration or prior to the start of the activity.

**After-School Programs:** The school offers after-school care, and fees are based on the hours of service used. Parents must register in advance and pay the applicable fees.

**Financial Communications**

- **Statements:** Monthly statements will be provided to families to keep them informed about tuition payments, balances, and fees. Statements will be available through FACTS online portal.

**Contacting the School Office:** For questions or concerns about financial matters, families should contact Paola Santana at 623-931-7288.

**NOTICE REGARDING TUITION FUNDING PROGRAMS**

The State of Arizona provides several options to assist families in paying for your child's Catholic education, including the Empower Scholarship Account (ESA) Program and through State Tuition Organization (STO) tax credit funds. These programs are offered through the State and/or through the individual STO, and are not managed by the school.

Therefore, you are responsible for compliance with all terms, conditions to eligibility, and legal requirements related to any programs in which you participate. Please note in particular that pursuant to state law, if you choose to utilize an Empower Scholarship Account, you may not utilize STO funds (or vice versa). The school is not responsible for ensuring your compliance with this or any other term, condition, law or requirement relating to tuition assistance programs.

Furthermore, please be aware that payment of your child's tuition is your responsibility, whether or not you choose to participate in ESA, STO, or any other programs or options to assist your family. These programs may not cover 100% of the cost of tuition and fees, and therefore any outstanding portion will remain your responsibility.

**Check to confirm which option you will be using.**

- I will not be requesting assistance with tuition and will pay out-of-pocket.
- I will be using ESA funding for tuition.
- I will/have applied to STOs and will NOT be using ESA funding. List STOs below:

**Student Tuition Organizations (STOs) applied to (i.e. CEA, AAA, IBE, etc.) Please refer to the Student Tuition Organizations Information Sheet.**

STOs:

**I have read and fully understand the statements regarding tuition and fundraising requirements. I acknowledge that any tuition not paid with STO or ESA funds is my financial responsibility.**

Print Parent Name: \_\_\_\_\_ Print Student Name: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Print Student Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Print Student Name: \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

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:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
------------------------------	-------	---------------------------

\*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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

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](http://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**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:
-------------------------------	--------------	-------



**Roman Catholic Diocese of Phoenix  
PHOTOGRAPHIC AND INTERVIEW RELEASE  
PHOTO/PUBLICITY RELEASE**

I, \_\_\_\_\_ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age, \_\_\_\_\_ (print full legal name of minor) (hereinafter "the Minor"), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter "the Diocese"), all of its parishes, schools, affiliated organizations and entities, and \_\_\_\_\_ (print full name of school) (hereinafter, the "School") to record the minor's picture, voice and likeness in photographs, films, videotapes or other media during and in connection with the minor's participation in School or Diocesan activities or events, and to use the minor's picture, voice or likeness on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission.

I further authorize the Diocese, its parishes, schools, affiliated organizations, entities and agents, and/or the School to edit any recordings of the minor's likeness and/or voice and incorporate any such recordings into print publications, electronic publications, software, movie and sound films or tapes, broadcasts (radio and television), programs or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used.

I further agree to indemnify and hold the Diocese, its parishes, schools, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability that I may make for damages, losses or expenses of any kind arising from the making or use of any such recordings, including, without limitation, claims with respect to the minor's privacy or publicity.

I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

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

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

Parent/Guardian Address: \_\_\_\_\_

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



Roman Catholic Diocese Of Phoenix  
**LIABILITY/PUBLICITY RELEASE**  
**Yearbook Use Only**

I, \_\_\_\_\_ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following child, who is under eighteen (18) years of age, \_\_\_\_\_ (print full legal name of minor) (hereinafter "the Minor"), hereby authorize \_\_\_\_\_ (print full name of the school) (hereinafter, "the School") to take, use and/or reproduce photographs of the Minor during and in connection with the Minor's attendance at and involvement with the School for the sole purpose of including and/or publishing said photographs in the School's annual yearbook. I do not consent to the School's taking, use and/or reproduction of photographs of the Minor for any other purpose.

This release applies to any photographs that are included or published in the School's annual yearbook, including but not limited to individual student portraits, School athletic teams or programs, honors awards and academic distinction, School concerts and theatrical presentations, student council events, science fair activities and School extracurricular clubs. I understand that this list is meant to be exemplary and not inclusive, and it relates to any School activity that may be featured in the School yearbook.

I understand and agree that neither the Minor, nor his or her parents, legal representatives, agents or heirs will be provided any financial or other compensation by the School for the use of his/her photograph in the School yearbook.

I hereby release and discharge the School, and its respective officers, employees and agents, as well as the Roman Catholic Church of the Diocese of Phoenix, from and against any and all claims and liabilities arising out of or resulting from the publication of the Minor's photograph in the School's annual yearbook.

**Parent/Guardian Consent**

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

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

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

Parent/Guardian Address: \_\_\_\_\_

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



### Extended Day Contract

By entering into this Extended Day Contract, I/we the undersigned parent(s) guardian(s) of Child's Name (first last) \_\_\_\_\_ in grade \_\_\_\_\_ accept the policies and procedures of Our Lady of Perpetual Help Catholic School and hereby apply for enrollment in the Extended Day Program for the academic year 2024-2025 in accordance to the following terms and conditions.

Highlights of the Extended Day Rules and Regulations -- Please see OLPH Handbook for additional details:

1. Payment must be paid twice a month, if the account is past due 15 days your child is no longer eligible for Extended Day Services until the account is current.
2. Late pick-up fees will be charged for students who are not picked up by 5:30 PM. **Extended Day students picked up after 5:30 PM will be billed at \$1.00 per minute.**
3. OLPH reserves the right to refuse services if payments are not current or if a student's behavior is deemed disruptive or unacceptable.
4. Parents are required to sign in their child in the morning and sign them out when you pick them up in the afternoon.

#### Extended Day fees are as follows:

##### Morning Care

\$2.00 per day (6:30 AM - 7:10 AM daily)

##### After School Drop-In

After Care is \$6.00 per hour for drop-in students (not full time)

##### Full Time

After Care students is \$60 per week per student  
(Monday - Thursday= 3:15 - 5:30 PM, Friday=1:15-5:30 PM)

#### Choose which service you will require:

Full time: \_\_\_\_\_ Drop-in Program: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Contrato de Extended Day (Jornada Extendida)**

Al firmar este Contrato de Extended Day, yo/nosotros, los padres o tutores firmantes de (nombre y apellido del niño/a \_\_\_\_\_ en el grado \_\_\_\_\_, aceptamos las políticas y procedimientos de la Escuela Católica Nuestra Señora del Perpetuo Socorro y solicitamos la inscripción en el Programa de Extended Day para el año académico 2024-2025 de acuerdo con los siguientes términos y condiciones.

Puntos importantes de las Reglas y Regulaciones de Extended Day – Por favor, consulte el Manual de OLPH para detalles adicionales:

- El pago debe realizarse dos veces al mes. Si la cuenta tiene un retraso de 15 días, su hijo ya no será elegible para los Servicios de Extended Day hasta que la cuenta esté al día.
- Se cobrarán tarifas por recogida tardía para los estudiantes que no sean recogidos antes de las 5:30 PM. **Los estudiantes de Extended Day recogidos después de las 5:30 PM serán facturados a \$1.00 por minuto.**
- OLPH se reserva el derecho de rechazar servicios si los pagos no están al día o si el comportamiento de un estudiante se considera perturbador o inaceptable.
- Los padres deben registrar a su hijo en la mañana y firmar cuando lo recojan por la tarde.

### **Las tarifas de Extended Day son las siguientes:**

#### **Cuidado en las Mañanas**

\$2.00 por día (6:30 AM - 7:10 AM diariamente)

#### **Cuidado Después de la Escuela:**

Cuidado después de clase es \$6.00 por hora para estudiantes de entrada ocasional (no de tiempo completo)

#### **Tiempo Completo:**

Cuidado después de clase es \$60 por semana por estudiante  
(Lunes - Jueves = 3:15 - 5:30 PM, Viernes = 1:15 - 5:30 PM)

### **Elija el servicio que requiere:**

Tiempo completo: \_\_\_\_\_ Programa de Entrada Ocasional: \_\_\_\_\_

Firma del Padre/Madre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

### General Waiver for Participation - Our Lady of Perpetual Help Catholic School

I give permission for \_\_\_\_\_ to attend Our Lady of Perpetual Help Catholic School ("School"), realizing that there is some potential for injury and illness inherent in such all School activities. I acknowledge that School is using is good faith, reasonable efforts to implement the recommendations of the Centers for Disease Control and Prevention (CDC), Arizona Department of Education, and state and local health authorities in light of the unique needs and circumstances of the School community, and in order to allow for in-person learning while protecting students, teachers, administrators, and staff and helping slow the spread of COVID-19. While the CDC states that these efforts help lower the risk of COVID-19 exposure and spread during school sessions and activities, they cannot eliminate all risk of exposure and transmission, and School cannot ensure my child's complete safety.

By allowing my child to attend the School in person, therefore, I specifically acknowledge and assume the risks and hazards associated with my child's participation in all school activities, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with teachers, administrators, staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in activities at school. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in School activities, which may not have a medical professional on staff. I will notify the School and not send my child to School or School functions if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore, I will not send my child to School or School functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms. I further agree that I will follow, and will take reasonable steps to ensure that my child will follow all rules, policies and guidelines of OLPH in order to protect other students, teachers, administrators, and staff and help slow the spread of COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the School, the Diocese of Phoenix, their insurers, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any injury or illness, including those related to COVID-19, that may occur to my child, me, or my household members due to my child's participation in the School activity.

Parent/Guardian (Printed) \_\_\_\_\_

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

Date \_\_\_\_\_

## PARENT OR GUARDIAN RELEASE FORM INTERNET AGREEMENT

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Internet Terms, Conditions and Regulations of the Acceptable Use Policy. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for the Diocese of Phoenix Catholic Schools Office to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that information on this form is correct.

Dear Parents:

Your child has qualified to receive an Internet account and needs your permission to do so. Your child will be able to communicate with other schools, colleges, organizations and students around the world. An Internet account allows your child the opportunity to reach out to many other people to share information, learn concepts, and research subjects.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed Access Release form and the Acceptable Use Policy and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules be followed. Failure to follow the rule will result in the loss of the privilege to use this educational tool.

Remember that you are legally responsible for your child's actions. Please stress to your child the importance of using only his or her own account and password, and the importance of keeping it a secret from other students. Under NO circumstances should your child let anyone else use his or her account and password.

Although we have established acceptable use policies, please be aware that there may be unacceptable material or communications on the Internet that your child can access. We cannot control material available on other computer systems. After you have read and discussed this with your child and if you agree to allow your child to have an Internet account, please sign the authorization form and return it to your school.

Sincerely,

School Staff

---

Student Name (PLEASE PRINT)

Grade

---

Parent/Guardian Name PRINTED

---

Parent/Guardian Signature Date

**Our Lady of Perpetual Help Catholic School  
Student Technology Agreement**

This agreement outlines the expectations and responsibilities for students using school-owned technology devices. By signing this agreement, students and their parents/guardians acknowledge that they understand and accept these terms.

**Terms of Use:**

**Ownership and Purpose:**

- All technology devices provided by Our Lady of Perpetual Help Catholic School are the property of the school.
- These devices are intended for educational purposes only and must be used in accordance with the school's policies and guidelines.

**Care and Maintenance:**

- Students are expected to handle all devices with care and respect.
- Devices should be kept in the charging station when not in use.
- Any damage, loss, or theft must be reported immediately to a teacher or school administrator.

**Responsibility for Damage:**

- If a device is damaged due to misuse, negligence, or intentional actions, the student and their parent/guardian will be responsible for the cost of repair or replacement.
- The cost of repair or replacement will be determined by the school based on the extent of the damage.

**Appropriate Use:**

- Devices should only be used for school-related activities.
- Accessing inappropriate content, engaging in cyberbullying, or using the device for non-educational purposes is strictly prohibited.

**Privacy and Security:**

- Students should not share their device and/or passwords with others.
- Personal information should not be stored on school devices.
- The school reserves the right to monitor and review all use of school devices to ensure compliance with school policies.

**Acknowledgment:**

We have read and understand the terms of the Student Technology Agreement. We agree to adhere to these terms and take responsibility for the care and appropriate use of the school-owned technology devices.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Parent/Guardian Name (Printed): \_\_\_\_\_

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

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



## REQUEST FOR IN-SCHOOL ADMINISTRATION OF MEDICATION

Our Lady of Perpetual Help Catholic School personnel/volunteers are not permitted to give medication of any kind (prescription and non-prescription) unless the student's parent/ guardian authorizes, in writing, that the medication is needed. The parent's/guardian's authorization must be accompanied by written physician authorization for prescription medication. This authorization form is provided for this purpose. Medication must be delivered to the school with the label intact. The label on prescription medication must include the student's name, date of expiration, and directions for use (i.e., dosage; when to consume, what, if anything to eat or drink when consuming).

If it is necessary that medication be administered while the student is at school, the following information must be provided:

NAME OF CHILD: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HEIGHT OF CHILD: \_\_\_\_\_ WEIGHT OF CHILD: \_\_\_\_\_

OTHER MEDICATION BEING TAKEN BY THE CHILD: \_\_\_\_\_

For prescription medications, the physician must complete this required information:

Name of medication: \_\_\_\_\_

Serial number of medication: \_\_\_\_\_

Strength of medication: \_\_\_\_\_

Reason medication is provided: \_\_\_\_\_

Are other medications contraindicated? \_\_\_\_\_

Form of medication to be given is circled below:

Tablet/Pill

Capsule

Liquid Inhalation

Injection

Other (specify): \_\_\_\_\_

How often or what time is medication to be given? \_\_\_\_\_

Potential reaction to medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Emergency treatment: \_\_\_\_\_

Storage instructions: \_\_\_\_\_

Date medication is to be discontinued: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature Phone Number

\_\_\_\_\_  
Print Physician's Name

I consent to administration of medication indicated above and to be responsible for maintaining an adequate supply of medication at OLPH School to meet the child's needs.

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Work Phone



## Parent/Guardian Consent Form for Use of Google Services

**Our Lady of Perpetual Help Elementary School**  
**7521 N 57<sup>th</sup> Ave**  
**Glendale, AZ 85302**

Dear Parent/Guardian,

As part of our commitment to providing a comprehensive educational experience, OLPH Glendale utilizes various Google services, including Google Earth, Google Photos, Google Maps, and Google Translate. These tools are valuable for enhancing learning and engagement in the classroom. To comply with the latest guidelines and ensure your child's privacy, we require your explicit consent for their use of these services. Please review the information below and indicate your consent by signing this form.

### **Purpose of Google Services:**

- **Google Earth:** To explore geographical concepts and enhance understanding of the world.
- **Google Photos:** To share and collaborate on school projects and activities.
- **Google Maps:** To learn about locations and geographical features for various subjects.
- **Google Translate:** To assist in language learning and support non-English speaking students.

**Data Privacy:** OLPH Glendale is committed to protecting the privacy of our students. We will ensure that:

- Only authorized staff have access to student information.
- No personal identifiable information will be shared without further consent.
- Google services will be used in accordance with applicable privacy laws.

**Consent:** By signing below, you grant permission for your child, \_\_\_\_\_, to use the above-mentioned Google services as part of their educational experience at OLPH Glendale.

### **Please check one:**

I give consent for my child to use Google Earth, Google Photos, Google Maps, and Google Translate.

I do not give consent for my child to use these services.

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

**Signature:** \_\_\_\_\_

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

### **Contact Information:**

- **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

Thank you for your attention to this important matter. If you have any questions, please feel free to contact us at (623) 931-7288.



Office of the Maricopa County  
**School Superintendent**  
*Steve Watson*

**PRIVATE SCHOOL AFFIDAVIT OF INTENT**

STUDENT INFORMATION (LAST, FIRST, MIDDLE) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SCHOOL DISTRICT # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

TELEPHONE NUMBER \_\_\_\_\_

PRIVATE SCHOOL INFORMATION:

PRIVATE SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading,

grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private or charter school or, if none school

is defined in this section, provide instruction.

**Parents are not required to submit an Affidavit if the child has an Empowerment Scholarship Account Program (ESA)**

AUTHORIZATION:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY

Subscribed and sworn (or affirmed) before me this: \_\_\_\_\_

STATE OF: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_

NOTARY SEAL

Submit this form either by mail or in person to the Private School Services Division at the address listed on the bottom of this page.





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.



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? \_\_\_\_\_
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? \_\_\_\_\_
3. ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_

---

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 Public School Enrollment Verification

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Student Name:
---------------

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year (mm/dd/yy) - (mm/dd/yy): to	Grade:
Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year (mm/dd/yy) - (mm/dd/yy): to	Grade:
Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	



## OPTION 1 SCHOOL TUITION ORGANIZATIONS

**Tuition 2025-2026 \$7,000.00 PK-8th**

**Scholarships for students in grades Kindergarten through 8th grade.**

**Preschool Students have a separate scholarship process.**

<b>AZ LEADERSHIP FOUNDATION*</b> <a href="http://www.arizonaleader.org">www.arizonaleader.org</a> 602-525-7355 <b>April 15- June 18</b>	<b>CATHOLIC EDUCATION ARIZONA*</b> <a href="http://www.fairapp.com">www.fairapp.com</a> 602-218-6542      School Code: 700 \$31 fee      Password: cea700 <b>February 1st - April 1st Round April-August 2nd Round</b>
<b>BROPHY FOUNDATION*</b> <a href="http://www.brophyfoundation.org">www.brophyfoundation.org</a> 602-264-5291      \$35 Fee <b>February 1st Closed May</b>	<b>Pappas Kids Scholarship Foundation*</b> <a href="https://pappaskissf.org/pappas-kids-scholarship-foundation">https://pappaskissf.org/pappas-kids-scholarship-foundation</a> 602-441-5707 <b>February 5 - May 10 Able to sent application by email</b>
<b>AAA Scholarship 1-888-707-2465</b> <a href="https://www.aaascholarships.org">https://www.aaascholarships.org</a> <b>Now you can combine AAA with other STO's March 3rd 2025 for Renewing</b> <b>March 31 for New Families</b>	

*\* All Families MUST apply for AZ Leadership Foundation, Catholic Education Arizona, Brophy*

*Foundation, Pappas Kids Scholarship Foundation*

**INSTITUTE FOR BETTER EDUCATION**

[www.ibescholarships.org](http://www.ibescholarships.org)

520-512-5438

February 1

**SCHOOL CHOICE AZ**

[www.schoolchoicearizona.org](http://www.schoolchoicearizona.org)

480-722-7502

Opens March

**ARIZONA TUITION CONNECTION**

[www.arizonatuitionconnection.com](http://www.arizonatuitionconnection.com)

Phone: 480-409-4106

Available after May 15

**TOPS FOR KIDS**

[www.topsforkids.com](http://www.topsforkids.com)

480-414-8677

Opens May

Requirements for STO: Taxes, W2/1099, Two most recent paystubs, Recommendations letters, Previous Award letters if the student is at Privat School, Public School verification form if the student attended public school previous year

**If you apply to all of the scholarships you will get more possibilities to covered the full tuition.**

## OPTION 2 EMPOWERMENT SCHOLARSHIP ACCOUNT ESA

**EMPOWERMENT SCHOLARSHIP ACCOUNT**

602-364-1969

**Please see website for eligibility.**

<http://www.azed.gov/esa/>

Applying to this scholarship de not covered the full tuition you will be in charge of a partial amount

Requirements for ESA Birth Certificate of the student, Parent ID, and Bill of water or electricity or w2 with your addres on the bill

## INFORMATION YOU WILL NEED TO COMPLETE APPLICATION

- \* Income Taxes
- \* W2s/1099s
- \* Two (2) most recent pay stubs
- \* Amount of household expenses.
- \* Checking/Credit card account information.
- \* Birth Certificate, if you child is entering Kindergarten
- \* Public School Attendance Verification (attended a public school previous year)
- \* Previous Year's STO Award letter (private school student, if award received)
- \* If applicable:
  - \*Food Stamp Letter with amount received
  - \*Social Security Benefits
  - \*Other public assistance
  
- ✓ Letter of Explanation(Optional)- This is your opportunity to explain any special circumstances your family is going through, express gratitude for previous scholarships, and/or to let them know a little bit about your family. Although it is optional, it is highly recommended.

## DISABLED/DISPLACED\* SCHOLARSHIP OPPORTUNITIES

**EMPOWERMENT SCHOLARSHIP**  
602-364-1969

Please see website for eligibility.  
<http://www.azed.gov/esa/>

**Academic Opportunity of Arizona**  
[www.academicopportunity.org](http://www.academicopportunity.org)  
Phone: 480-378-6650

**AZ Private Education Scholarship Fund**  
[www.apesf.org](http://www.apesf.org)  
Phone: 480-699-8911

**Arizona Education and Scholarship Opportunity Program**  
[www.aesopkids.org](http://www.aesopkids.org)  
Phone: 480-315-8263

**Life Development Institute Education Fund**  
[www.ldieducationfund.org](http://www.ldieducationfund.org)  
Phone: 623-773-2774

\*A qualified disabled/displaced student is a student who has been either:

1. Identified as having a disability at any time by a school district as a child with a disability or a child with a disability who is eligible to receive services from a school district, OR
2. Placed in foster care in Arizona

The student is eligible if they meet the Income Requirement Academic Year 2024/25  
Most of the STO's use this chart of income in order to qualify and to be awarded

Household Size	Annual Family Gross Income
1	\$51,543
2	\$69,956
3	\$88,369
4	\$106,782
5	\$125,195
6	\$143,608
7	\$162,021
8	\$180,434