

# Masada Charter School

## Re-enrollment/Information Update

Masada Charter School is updating school records and other information for the coming school year. Please take a few minutes to fill out the following information to ensure that your students can be enrolled for the coming school year.

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### Parent Contact Information

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Home#: \_\_\_\_\_

Phone Home#: \_\_\_\_\_

Work#: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ Mark here if the Mothers Address is the same as the Fathers.

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical: \_\_\_\_\_

Physical: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to inform you: ☐ Mail ☐ E-mail ☐ Both

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### Emergency Contact Information

Emergency Contact #1

Emergency Contact #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Health Care Provider Contact Information

Provider's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### Student Re-Enrollment

Please list the students who wish to attend Masada for the **2024 - 2025** school year.

Kindergarten: \_\_\_\_\_

Fifth: \_\_\_\_\_

First: \_\_\_\_\_

Sixth: \_\_\_\_\_

Second: \_\_\_\_\_

Seventh: \_\_\_\_\_

Third: \_\_\_\_\_

Eighth: \_\_\_\_\_

Fourth: \_\_\_\_\_

Ninth: \_\_\_\_\_

# Free & Reduced Lunch Information

## Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following Fiscal Year 2024 Income Guidelines for determining the eligibility of students between the ages of 5 and 17, who attend public school(s). Eligibility is used to determine if a student qualifies for certain Federal Funds. The majority of Federal funds available to schools provide direct supplemental services to students who are at risk of not meeting Arizona's content and performance standards. **The school holds all information given in strict confidence.**

## Guidelines to Determine Funding Allocations for Certain Federal Programs

### Current Income Guidelines (2024-2025)

<b><u>FREE</u></b>			
<u>Family Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
4	40,560	3,380	780
5	47,554	3,963	915
6	54,548	4,546	1,049
7	61,542	5,129	1,184
8	68,536	5,712	1,318
For Each Additional Family Member			
Add	+6,994	+583	+135

<b><u>REDUCED</u></b>			
<u>Family Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
For Each Additional Family Member			
Add	+9,953	+830	+192

## ELIGIBILITY

Based on the guidelines above, is your family at or below the current income guidelines?

☐ FREE      ☐ REDUCED      ☐ NO

Please complete the following information for all of your school age children.

<u>CHILD'S NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

\* If possible, please attach a copy of a W-2 or a recent check stub to verify eligibility.

Thank you for your assistance and the opportunity for us to serve you and your students'.