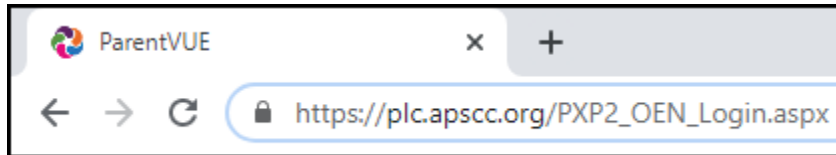


PLC Charter Schools Online Registration

NOTE: These instructions are to be used by parents/guardians who have never registered a student with PLC Charter Schools.

1. Using your internet browser, go to https://plc.apscc.org/PXP2_OEN_Login.aspx



2. Click the **More Options** tab, then click **Create a New Account**

A screenshot of the PLC Charter Schools login page. The page has a header 'Login' and the school name 'PLC Charter Schools'. It features two input fields: 'User Name:' and 'Password:'. Below the password field is a link 'Forgot Password'. A blue 'Login' button is centered. At the bottom, there are two links: 'Create a New Account' (with a power icon) and 'Forgot Password' (with a lock icon). A 'More Options' button with an upward arrow is also visible on the right side. Red boxes highlight the 'More Options' button and the 'Create a New Account' link.

3. Answer the questions and click the **Continue** button.

Please answer the following question(s) before proceeding.

Have you had any students attend PLC Charter Schools (currently or in the past)? ☐ Yes ☒ No


Have you previously registered a student at PLC Charter Schools? ☐ Yes ☒ No

[Continue](#) [Return to login](#)

4. Read the Privacy Statement and click the **I Accept** button.

Step 1 of 3: Privacy Statement

Read through the following Privacy Statement and click the Accept button to agree to the privacy agreement

 If you have one or more students already enrolled in the district, you need to use your existing ParentVUE account.

We take privacy seriously and we have implemented numerous physical and technological safeguards to protect all parent and student data. If you suspect your privacy has been violated, please contact us immediately at 623-474-2120. To help us protect your information, please do not share your username and password with anyone!

Clicking I Accept means that you agree to the above Privacy Statement.

I Accept

Return to login

5. Enter the requested information and click the **Continue to Step 3** button.

Step 2 of 3: Create Your Account

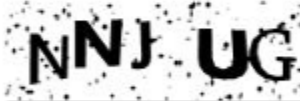
Please enter your first name, last name, and your email address

First Name

Last Name

Email Address

Confirm Email Address

 **Type the characters you see in this picture**

[Continue to Step 3](#)

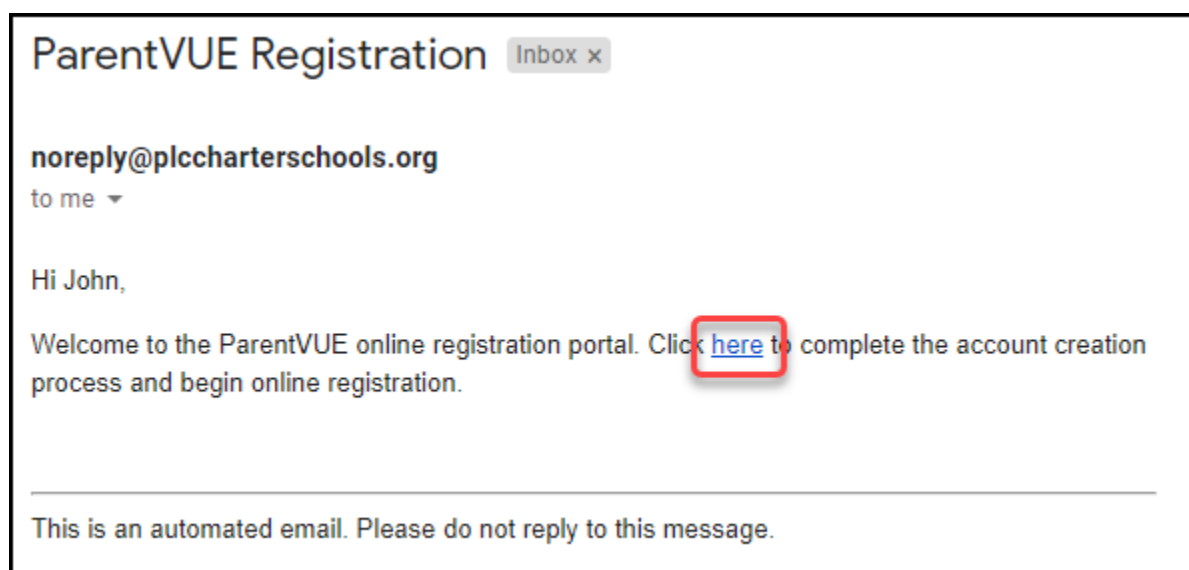
6. Check your e-mail to complete your account creation.

Step 3 of 3: Complete Account Creation

Thank you for creating your account. You will receive an email shortly that will contain a link that will allow you to complete your account creation and begin the enrollment process.

[Return to login](#)

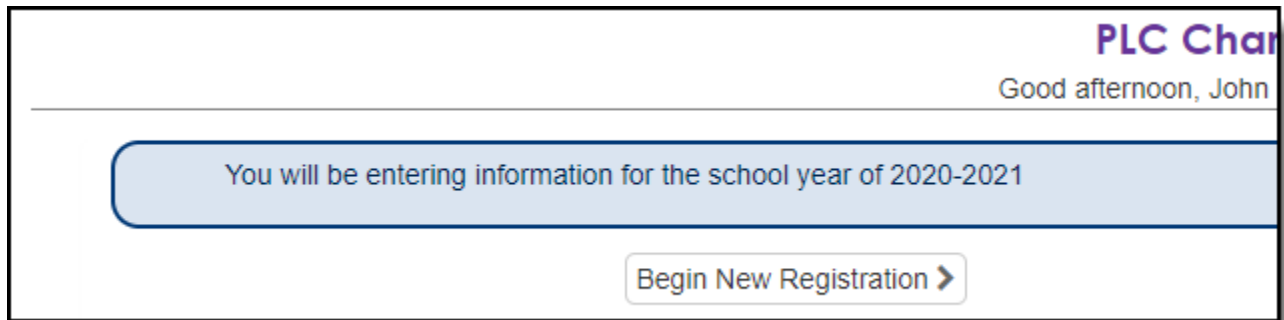
7. Click on the **here** link in the e-mail.



8. Enter the requested information and click the **Save and Continue** button.

A screenshot of a web form titled "Create Password". The form is for "John Smith (jsmith@plcaaem.org)". It instructs the user to "Please choose a login and enter your password to complete account creation and begin the online enrollment process." There are three input fields: "User ID" containing "jsmith@plcaaem.org", "Password" containing seven dots, and "Confirm Password" containing seven dots. At the bottom of the form is a blue button labeled "Save and Continue". Below the form, there is a note: "If you forget your user ID or password, the login information can be emailed to you from the 'Forgot my password' link on the login page."

9. Click on the **Begin New Registration >** button



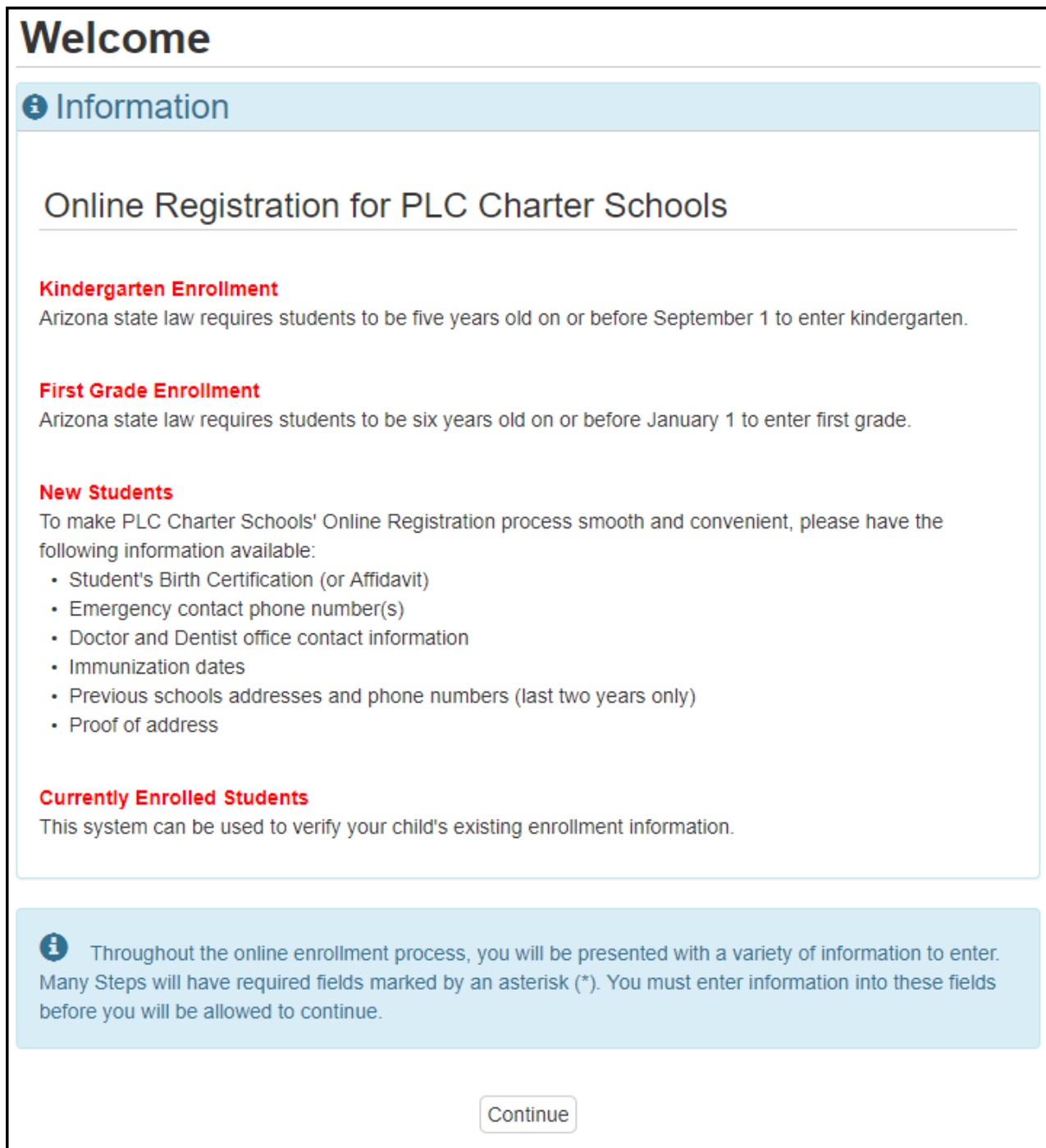
PLC Charter Schools

Good afternoon, John

You will be entering information for the school year of 2020-2021

Begin New Registration >

10. Read the Welcome information and click the **Continue** button.



Welcome

Information

Online Registration for PLC Charter Schools

Kindergarten Enrollment
Arizona state law requires students to be five years old on or before September 1 to enter kindergarten.

First Grade Enrollment
Arizona state law requires students to be six years old on or before January 1 to enter first grade.

New Students
To make PLC Charter Schools' Online Registration process smooth and convenient, please have the following information available:

- Student's Birth Certification (or Affidavit)
- Emergency contact phone number(s)
- Doctor and Dentist office contact information
- Immunization dates
- Previous schools addresses and phone numbers (last two years only)
- Proof of address


Currently Enrolled Students
This system can be used to verify your child's existing enrollment information.

Information: Throughout the online enrollment process, you will be presented with a variety of information to enter. Many Steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue.

Continue

11. Read the Student Summary information and click the **Save and Continue** button.

Student Summary

 Information

No student(s) associated with this ParentVUE account are shown to be currently or previously enrolled at PLC Charter Schools. Therefore, they are eligible for enrollment as new student(s). Please click the Save and Continue button.

First Name	Last Name	Grade	School Year	School	Status
------------	-----------	-------	-------------	--------	--------

Save And Continue >

12. Type your name as your electronic signature and click the **Save and Continue** button.

Signature

Please enter your first and last name below:

By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.


Electronic Signature*

John Smith


Save And Continue >

13. In the search bar, type your home address and press the Enter key. Alternatively, you can fill out the individual fields.

Home Address

 **Instructions**

Please enter your home address in the address editor below. Once complete, the home address should be formatted as it would on normal postal mail.

 2504 S 91st Ave, Tolleson, AZ 85353

Street Number*

Fraction

Direction

Street*

Type

Post Direction

Apartment


City*


State*

Zip Code*

+4


Address as entered from above:

 Previous

Save And Continue 

14. Once your home address appears correctly, click the **Save and Continue** button.

Home Address

 **Instructions**

Please enter your home address in the address editor below. Once complete, the home address should be formatted as it would on normal postal mail.

Street Number*	Fraction	Direction	Street*
<input type="text" value="2504"/>	<input type="text"/>	<input type="text" value="S"/>	<input type="text" value="91st"/>

Type	Post Direction	Apartment
<input type="text" value="Ave"/>	<input type="text"/>	<input type="text"/>

City*	State*	Zip Code*	+4
<input type="text" value="Tolleson"/>	<input type="text" value="AZ"/>	<input type="text" value="85353"/>	<input type="text"/>

Address as entered from above:

2504 S 91st Ave
Tolleson, AZ 85353

15. Is your home and mailing address the same?

YES: Check ***Mail address is the same as home address***, click the ***Save and Continue*** button and skip to Step 18.

NO: Uncheck ***Mail address is the same as home address*** and continue to Step 16.

Mail Address

Instructions

Please enter your mailing address in the address editor below. Once complete, the mailing address should be should be formatted as it would on normal postal mail.

☒ Mail address is the same as home address


2504 S 91st Ave
Tolleson, AZ 85353

[< Previous](#)

[Save And Continue >](#)

16. Type your mail address in the search bar and press the Enter key. Alternatively, you can fill out the individual fields.

Mail Address

 **Instructions**

Please enter your mailing address in the address editor below. Once complete, the mailing address should be formatted as it would on normal postal mail.

☐ Mail address is the same as home address


- OR -

PO Box <input type="checkbox"/>	Street Number* <input type="text"/>	Fraction <input type="text"/>	Direction <input type="text" value="▼"/>
Street* <input type="text"/>	Type <input type="text" value="▼"/>	Post Direction <input type="text" value="▼"/>	Apartment <input type="text"/>
City* <input type="text"/>	State* <input type="text" value="▼"/>	Zip Code* <input type="text"/>	+4 <input type="text"/>

[< Previous](#) [Save And Continue >](#)

17. Once your mail address appears correctly, click the **Save and Continue** button.


Mail Address

 **Instructions**

Please enter your mailing address in the address editor below. Once complete, the mailing address should be formatted as it would on normal postal mail.

☐ Mail address is the same as home address

- OR -

 9830 W Lower Buckeye Rd, Tolleson, AZ 85353

PO Box	Street Number*	Fraction	Direction
<input type="checkbox"/>	9830		W ▼

Street*	Type	Post Direction	Apartment
Lower Buckeye	Rd ▼	▼	

City*	State*	Zip Code*	+4
Tolleson	AZ ▼	85353	



9830 W Lower Buckeye Rd
Tolleson, AZ 85353


[< Previous](#) [Save And Continue >](#)

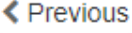
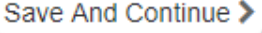
18. To complete the parent/guardian details, click the **Edit** button.

PARENT/GUARDIAN2020-2021

Add or update Parent/Guardian details.


	Legal First Name	Legal Last Name	Gender	Status
 Edit	John	Smith		 In Progress

 Add New Parent/Guardian

 PreviousSave And Continue 

19. Enter the requested information and click the **Save and Continue** button.

Demographics: **John Smith**

 Instructions

Provide the following information for the parent/guardian you want to enter:

Legal First Name *

John

Legal Middle Name

Quincey

Legal Last Name *

Smith

Gender

Male

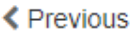
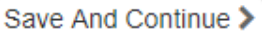
Education Level

Some College or Trade School

Preferred language for written materials

English

2504 S 91st St
Tolleson, AZ 85353

 PreviousSave And Continue 

20. Does this parent/guardian have an employer?

YES: Enter the requested information and click the **Save and Continue** button.

NO: Check the box by **Check here if parent/guardian does not have an employer** and click the **Save and Continue** button.

Work Address: John Smith

i Instructions
Enter the work address for the parent/guardian:

☐ **Check here if parent/guardian does not have an employer**

Employer Name

Job Title

Uniformed Military ☐

Parent/guardian is an employee of this school district ☐

i Enter the work address for the parent/guardian:

Street Number	Fraction	Direction	Street
<input type="text" value="8280"/>	<input type="text"/>	<input type="text" value="W"/> ▼	<input type="text" value="Lower Buckeye"/>


Type	Post Direction	Suite
<input type="text" value="Rd"/> ▼	<input type="text"/>	<input type="text"/>

City	State	Zip Code	+4
<input type="text" value="Phoenix"/>	<input type="text" value="AZ"/> ▼	<input type="text" value="85043"/>	<input type="text"/>

8280 W Lower Buckeye Rd
Phoenix, AZ 85043

21. Enter the requested information, adding more than one phone number if applicable. Check the **Primary** box next to your primary phone number. Click the **Save and Continue** button.

Contact Information: John Smith

 Instructions

Enter the contact information for this parent/guardian. If the parent/guardian does not have a phone number, enter (999) 999-9999 under Phone.

Phone Numbers

✕	Line	Primary	Type	Phone	Extension
<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	Cell ▾	(602) 555 - 1234 *	<input type="text"/>
<input type="checkbox"/>	2	<input type="checkbox"/>	Work ▾	(623) 555 - 9876 *	<input type="text"/>

+ Add New


Email Address *

◀ Previous



Save And Continue ▶


22. Enter the requested information, if applicable, and click the **Save and Continue** button.

Military Status: John Smith

 Instructions

Provide the following Military information for the parent/guardian you want to enter:

Military Status					
✕	Line	Start Date		Military Service	End Date
<input type="checkbox"/>	1	01/18/1995	 *	Active ▾ *	01/07/1999 

 Add New

◀ Previous

Save And Continue ▶



23. Do you need to add another parent/guardian?


YES: Click the **Add New Parent/Guardian** button and continue to Step 24.

NO: Click the **Save and Continue** button and skip to Step 32.

PARENT/GUARDIAN

Add or update Parent/Guardian details.

	Legal First Name	Legal Last Name	Gender	Status
<div> Edit</div>	John	Smith	Male	<div> Complete</div>

 Add New Parent/Guardian


◀ Previous

Save And Continue ▶

2020-2021

24. Enter the requested information. If applicable, check ***No further information is known for this Parent/Guardian*** and skip to Step 32.

Demographics: Jane Smith

 Instructions

Provide the following information for the parent/guardian you want to enter:

Legal First Name *

Jane

Legal Middle Name

Quintessa

Legal Last Name *

Smith

Gender

Female ▼

Education Level

College Graduate ▼

Preferred language for written materials

English ▼

☐ No further information is known for this Parent/Guardian.

25. Does this parent/guardian live at the same address?

YES: Check ***Parent/Guardian lives at this address***, click the ***Save and Continue*** button and skip to Step 27.

NO: Uncheck ***Parent/Guardian lives at this address***, click the ***Save and Continue*** button and continue to Step 26.

☒ Parent/Guardian lives at this address:


2504 S 91st Ave
Tolleson, AZ 85353

< Previous


Save And Continue >


26. Type the parent/guardian's separate home address in the search bar and press the Enter key. Alternatively, you can fill out the individual fields. Once the home address appears correctly, click the **Save and Continue** button.

Home Address: Jane Smith

 Instructions

Enter the individual's home address below:

 Enter the individual's home address below:

 6140 E Thunderbird Rd, Scottsdale, AZ 85254

Street Number*

6140

Fraction

Direction

E ▾

Street*

Thunderbird

Type

Rd ▾

Post Direction

▾

Apartment

City*

Scottsdale

State*

AZ ▾

Zip Code*

85254

+4

6140 E Thunderbird Rd
Scottsdale, AZ 85254

◀ Previous

Save And Continue ▶

27. Is this parent/guardian's home and mailing address the same?

YES: Check **Mail address same as home address**, click the **Save and Continue** button and skip to Step 29.

NO: Uncheck **Mail address same as home address** and continue to Step 28.

Mail Address: Jane Smith

i Instructions

Enter the mailing address for this individual:


☒ **Mail address same as home address**

6140 E Thunderbird Rd
Scottsdale, AZ 85254

[< Previous](#) [Save And Continue >](#)

28. Type this parent/guardian's mail address in the search bar and press the Enter key. Alternatively, you can fill out the individual fields. Once the mail address appears correctly, click the **Save and Continue** button.


Mail Address: Jane Smith

 Instructions

Enter the mailing address for this individual:

☐ Mail address same as home address

- OR -

 Type to find an address...

PO Box

☒

Street Number*

1234

City*

Scottsdale

State*

AZ

Zip Code*

85254

+4

PO Box 1234
Scottsdale, AZ 85254

◀ Previous

Save And Continue ▶

29. Does this parent/guardian have an employer?

YES: Enter the requested information and click the **Save and Continue** button.

NO: Check the box by **Check here if parent/guardian does not have an employer** and click the **Save and Continue** button.

Work Address: Jane Smith

i Instructions

Enter the work address for the parent/guardian:

☐ **Check here if parent/guardian does not have an employer**

- OR -

Employer Name
Arrivederci Ristorante

Job Title
Manager

Uniformed Military
☐

Parent/guardian is an employee of this school district
☐

i Enter the work address for the parent/guardian:

Street Number
7101

Fraction

Direction
E ▼

Street
Thunderbird

Type
Rd ▼

Post Direction
▼

Suite

City
Scottsdale

State
AZ ▼

Zip Code
85254


+4

7101 E Thunderbird Rd
Scottsdale, AZ 85254

[< Previous](#) [Save And Continue >](#)

30. Enter the requested information, adding more than one phone number if applicable. Check the **Primary** box next to the primary phone number. Click the **Save and Continue** button.


Contact Information: Jane Smith

 Instructions

Enter the contact information for this parent/guardian. If the parent/guardian does not have a phone number, enter (999) 999-9999 under Phone.

Phone Numbers

✕	Line	Primary	Type	Phone	Extension
<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	Cell ▾	(480) 555 - 4567 *	
<input type="checkbox"/>	2	<input type="checkbox"/>	Work ▾	(480) 555 - 1594 *	753

 Add New

Email Address *

jsmith47@gmail.com

- OR -


☐ Parent/Guardian does not have an email address

< Previous

Save And Continue >


31. Enter the requested information, if applicable, and click the **Save and Continue** button.

Military Status: Jane Smith

 Instructions

Provide the following Military information for the parent/guardian you want to enter:

Military Status

Line	Start Date	Military Service	End Date	
<div><div> Add New</div></div>				






◀ Previous


Save And Continue ▶

32. When all parents/guardians are added, click the **Save and Continue** button.

PARENT/GUARDIAN

Add or update Parent/Guardian details.

	Legal First Name	Legal Last Name	Gender	Status
<div><div> Edit</div></div>	John	Smith	Male	<div><div> Complete</div></div>
<div><div> Edit</div><div> Delete</div></div>	Jane	Smith	Female	<div><div> Complete</div></div>

 Add New Parent/Guardian

◀ Previous

Save And Continue ▶

2020-2021

33. To add an emergency contact, click the **Add New Emergency Contact** button.

EMERGENCY2020-2021

Please add at least 1 emergency contacts:

First Name	Last Name	Gender	Status
<div>+ Add New Emergency Contact</div>			
		<div>< Previous</div> <div>Save And Continue ></div>	

34. Enter the requested information and click the **Save and Continue** button.

Demographics: **New Contact**


Instructions

Please fill in the following fields:

First Name *	<input type="text" value="Joseph"/>
Last Name *	<input type="text" value="Smith"/>
Gender	<input type="text" value="Male"/>
Address	<input type="text" value="9118 W Van Buren St"/>
City	<input type="text" value="Tolleson"/>
State	<input type="text" value="Arizona"/>
Zip Code	<input type="text" value="85353"/>
Language	<input type="text" value="English"/>
<div>< Previous</div> <div>Save And Continue ></div>	

35. Enter the requested information and click the **Save and Continue** button.

Contact Information: **Joseph Smith**

 **Instructions**

Enter the contact information for the emergency contact below:

Home Phone

(623) 555 - 7535

Mobile Phone

(480) 555 - 8524

Work Phone

(602) 555 - 8410

Ext. 159

Other

() -

Phone Type

◀ Previous

Save And Continue ▶




36. Would you like to add another emergency contact?

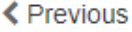
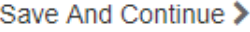
YES: Return to Step 33.

NO: Click the **Save and Continue** button and continue to Step 37.

EMERGENCY2020-2021

Please add at least 1 emergency contacts:

	First Name	Last Name	Gender	Status
 Edit	Joseph	Smith	Male	 Complete
 Add New Emergency Contact				


 Previous Save And Continue 

37. Click the **Add New Student** button.

STUDENTS2020-2021

Below are the students currently enrolled in the school year listed.

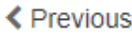
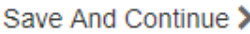
Students to enroll in 2020-2021

First Name	Last Name	Gender	Grade	Status
 Add New Student				

The students below are not enrolled in the school year listed. If you intend for any student below to be enrolled for the school year, please click on the include button to the left of the student's name.

Students to exclude from 2020-2021

First Name	Last Name	Gender	Grade	Reason
------------	-----------	--------	-------	--------

 Previous Save And Continue 

38. Enter the requested information. The home and mail addresses will match the Primary Address you select. When finished, click the **Save and Continue** button.

Demographics: New Student

Instructions

Please enter the following information **EXACTLY** as it appears on the student's birth certificate, including the student's middle name.

If the student does not have a middle name on the birth certificate please check the "No Middle Name" checkbox.

Legal First Name *

Samuel

Legal Middle Name *

Qwerty

No Middle Name

☐

Legal Last Name *

Smith

Suffix

Gender *

Male ▼

Birth Date *

01/17/2008



Entering Grade *

07 ▼

Primary Address *

Smith, John ▼

Home Address

2504 S 91st St
Tolleson, AZ 85353

Mail Address

9830 W Lower Buckeye Rd
Tolleson, AZ 85353

◀ Previous

Save And Continue ▶

39. Enter the requested information and click the **Save and Continue** button.

Additional Information: **Samuel Smith**

i Instructions

Please enter the birth country and birth state **EXACTLY** as it appears on the student's birth certificate.

Student's birth country*

United States of America ▼

Student's birth state*

MN: Minnesota ▼

Birth verification document type*

Birth Certificate or Affidavit ▼

◀ Previous

Save And Continue ▶

40. Check the applicable boxes and click the **Save and Continue** button.

Additional Student Demographics: **Samuel Smith**

i Instructions

Please enter the following additional student demographic information.

Please check the corresponding box(es) if any of the statements below are TRUE.

The student is in Foster Care.

☐

The student is a single parent.

☐

The student is a migrant.

☐

◀ Previous

Save And Continue ▶

41. Enter the student's phone number or check ***Student has no phone numbers.*** When finished, click the ***Save and Continue*** button.

Contact Information: Samuel Smith

i Instructions

Enter the student's phone number below. If the student does not have a phone number please indicate by checking the checkbox.

☐ **Student has no phone numbers.**

Phone Numbers

✕	Line	Primary	Type	Phone	Extension
<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	Cell ▾	(623) 555 - 2120 *	

+ Add New

< Previous

Save And Continue >

42. Answer the question(s) and click the ***Save and Continue*** button.

McKinney-Vento: Samuel Smith

i Instructions

The purpose of this survey is to determine eligibility for potential services under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001

Is the student
homeless? *

☒ No ☐ Yes

< Previous

Save And Continue >

43. Select your residency documentation and click the **Save and Continue** button.

Proof of Residency: **Samuel Smith**

Instructions

Using the drop down menu below, indicate the proof of Arizona residency that you will be providing.

Arizona Department of Education **Arizona Residency Documentation Form**

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:

Choose from the drop down the residency documentation you will provide.*

Water, electric, gas, cable, or phone bill ▼

[Link to Arizona Residency Guidelines](#)


*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 onbase billeting facility as the address for proof of residency.

◀ Previous

Save And Continue ▶

44. Enter the requested information making sure to check the appropriate boxes next to each parent/guardian. When finished, click the **Save and Continue** button.

Parent/Guardian Relationships: Samuel Smith

 Instructions

Indicate the relationship each parent/guardian has with the student. **Check the appropriate boxes next to each parent/guardian.** The check boxes are explained below.

Relationship	First Name	Last Name	Gender	Lives With	Contact Allowed	Ed Rights	Has Custody	Mailings Allowed	Release To	Financial Resp
Father	John	Smith	Male	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mother	Jane	Smith	Female	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Lives With: Indicates the parent/guardian lives in the household with the student.

Contact Allowed: Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.

Ed. Rights: Indicates the parent/guardian has rights to make decisions regarding the student's education and access to student information in the Synergy parent portal.

Has Custody: Indicates the parent/guardian has legal custody of the student.

Mailings Allowed: Indicates the parent/guardian may receive mailings regarding the student.

Release To: Indicates the school may release the student to the parent/guardian.

Financial Resp.: Indicates the parent/guardian is financially responsible for the student.

Previous

Save And Continue

45. Enter the requested information, being sure to check the **Release To** box if the school can release your student to that emergency contact. When finished, click the **Save and Continue** button.

Emergency Contact Relationships: **Samuel Smith**

i Instructions

Indicate the relationship each emergency contact has with the student. **Check the "Release To" box next to each parent/guardian to which the school can release the student.**

Associate at least 1 contacts.

Relationship	First Name	Last Name	Gender	Release To
Uncle	Joseph	Smith	Male	<input checked="" type="checkbox"/>

[< Previous](#) [Save And Continue >](#)

46. Reorder the emergency contacts (if applicable) and click the **Save and Continue** button.

Emergency Contact Order: **Samuel Smith**

i Instructions

Drag and drop the contacts below in the order in which they should be contacted in the event of an emergency:

1 John Howell (Father)

2 Jane Smith (Mother)

3 Joseph Smith (Uncle)

[< Previous](#) [Save And Continue >](#)

47. Enter the requested information and click the **Save and Continue** button.

Ethnicity: **Samuel Smith**

Instructions

Provide the following information about the student's ethnicity:

Select One*

Non-Hispanic ▼

Provide the
following
information about
the student's
race:*

☐ Black or African American

☒ **White**

☐ Asian

☐ American Indian/Alaskan Native


☐ Native Hawaiian/Pacific Islander

◀ Previous

Save And Continue ▶

48. Enter the requested information and click the **Save and Continue** button.

Language Survey: **Samuel Smith**

 Instructions

Provide the following information about the student:

1. What language do people speak in the home most of the time? *

English ▼

2. What language does the student speak most of the time? *

English ▼

3. What language did the student first speak or understand? *


English ▼

◀ Previous

Save And Continue ▶

49. Enter the requested information and click the **Save and Continue** button.

Health Information: **Samuel Smith**

 **Instructions**

Please provide the following health information:

Physician

Name

Dr. Bones

Phone Number

(623) 555 - 8888 **extn.**

Preferred Hospital

Banner Estrella, 9201 W Thomas Rd, Phoenix

Dentist

Name

Dr. Sweets

Phone Number

(602) 555 - 7007 **extn.**

Office Location


14441 W McDowell Rd B106, Goodyear, AZ

< Previous

Save And Continue >

50. Specify what over-the-counter medicines the school can provide to the student and click the **Save and Continue** button.

Over-the-Counter Medicines: **Samuel Smith**

 **Instructions**

Please indicate if you will allow the school to provide the following to your student:

Acetaminophen
(Tylenol)*

☐ No ☒ Yes

Ibuprofen (Advil)*

☐ No ☒ Yes

☒ Antacid Tablets (Tums)

☒ Cough Drops

☒ Eye Wash

☒ Hydrocortisone Cream

☒ Antibiotic Ointment (Neosporin)

☒ Eye Drops

☒ Ear Ache Drops

☒ Hydrogen Peroxide Spray

☒ Burn/Antiseptic Spray

☒ Oral Pain Relief Ointment

< Previous

Save And Continue >

51. Does the student have any health conditions?

YES: Uncheck ***Student has no health conditions***, enter the requested information, then click the ***Save and Continue*** button.

NO: Check ***Student has no health conditions*** and click the ***Save and Continue*** button.

Health Conditions: Samuel Smith

 Instructions

If your student has any medications for any health condition below, please bring into school office.

☐ **Student has no health conditions**

- OR -

	Health Condition	Comment
<div> Delete</div>	Allergy	Bee Stings
<div> Add New Condition</div>		

 Previous

Save And Continue 

52. Respond to the release of student information questions and click the **Save and Continue** button.

Consent: **Samuel Smith**

Instructions

Provide the following information about the release of student information:

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to ensure against the possibility of accidents. I understand the school or teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost, and means of transportation will be sent to the parent/guardian prior to each school sponsored event.



Permission to Participate in Off-Campus Activities

There may be times during the school year when PLC Charter Schools, news media, or others may wish to photograph or videotape your child at school for use in print, video, Internet, or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture, or voice to be used for display or in promotional material in a variety of mediums.

Permission to Release Information

Yes, I give permission



If you selected **No with the exception of specific circumstances** above, please check the circumstances below where you grant permission for information about your child to be released.



Classroom Composite Photo



Yearbook



Classroom Activity Pictures



Website

There may be times during the school year when PLC Charter Schools, news media or others may wish to use artwork created by your student at the school for use in print, video, Internet, or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.



Permission to use Artwork

[< Previous](#)

[Save And Continue >](#)

53. Respond to the Internet Authorization and click the **Save and Continue** button.

Internet Authorization: **Samuel Smith**

Instructions

Provide the following information about the release of student information:


I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that he/she will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold PLC Charter Schools accountable for unsuitable materials acquired by the student through Internet usage for school.

Please Note: Not allowing your student to use the internet will prevent them from using all online educational resources including Google Classroom, Clever, Galileo, etc.

I acknowledge that I have read the Internet Use Policy.

**Permission to
Participate in the
Use of Internet**

Student is authorized, by parent, to use the 



Save And Continue 

54. Respond to the Directory Information question. Since this is an opt-out selection, it's okay if none of the boxes are checked. When finished, click the **Save and Continue** button.

Directory Opt Out: **Samuel Smith**

Instructions

Provide the following information about the release of student information:

DESIGNATION OF DIRECTORY INFORMATION

During the school year, school staff may compile confidential student directory information specified below.

According to state and federal law, this directory information may be publicly released to educational or occupational representatives without your permission.

If you **do not** want any of the information listed below released to any person or organization without your prior written consent, indicate by checking the checkbox(es) below.

The items checked below are designated as directory information I **do not** want released to any person or organization without my prior **signed and dated** written consent:

Please Note: Checking any/all of the items listed below will prevent the student from using all online educational resources including Google Classroom, Clever, Galileo, etc.

- Name
- Most Recent Educational Agency Attended
- Grade Level
- Enrollment Status
- Email Address


- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Most Recent Educational Agency Attend |
| <input type="checkbox"/> Address | <input type="checkbox"/> Date/Place of Birth |
| <input type="checkbox"/> Grade Level | <input type="checkbox"/> Major Field of Study |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Honors/Awards Received | <input type="checkbox"/> Sports Participation |
| <input type="checkbox"/> Weight/Height of Athletes | |

[< Previous](#)

[Save And Continue >](#)

55. Respond to the Survey Consent question and click the **Save and Continue** button.

Survey Consent: Samuel Smith

 Instructions

Provide the following information about the release of student information:

SURVEY CONSENT FORM:

SurveyConsent*

I give permission

for my child to participate in any survey described in A.R.S. § 15-117 subsection A. See information below.

Explanation: Arizona law, A.R.S. § 15-117(A), requires the District to obtain written informed consent of a parent/guardian before giving any non-anonymous survey to a student that contains questions on any of the subject matter listed below. This consent is valid for the entire school year.

1. Critical appraisals of another person with whom a pupil has a close relationship.
2. Gun or ammunition ownership.
3. Illegal, antisocial or self-incriminating behavior.
4. Income or other financial information.
5. Legally recognized privileged or analogous relationships, such as relationships with a lawyer, physician or member of the clergy.
6. Medical history or medical information.
7. Mental health history or mental health information.
8. Political affiliations, opinions or beliefs.
9. Pupil biometric information.

For more information on Arizona Revised Statute: [ARS 15-117](#)

< Previous

Save And Continue >

56. **For Grades 6-8 Only:** Click on ***Please click here for the Student Special Area & Focus Elective Registration Form.*** You will need to print the form, fill it out, and either upload it using Online Registration or deliver it to the school. After downloading, click the ***Save and Continue*** button.

Special Area and Focus Elective: **Samuel Smith**


Use the link below to download and complete the Student Special Area & Focus Elective Registration Form. The completed form can either be uploaded via online registration or brought to the office with any other required forms

[Please click here for the Student Special Area & Focus Elective Registration Form](#)

[< Previous](#) [Save And Continue >](#)

57. Enter the previous school attended. This will be used to request the student's file. When finished, click the ***Save and Continue*** button.

Previous Schools Attended: **Samuel Smith**

 **Instructions**

Please provide the requested information. This information will be used to contact the student's previous school to obtain their records.

Please enter the last school that your student attended.

Name of most recent school attended	<input type="text" value="Wilson Elementary School"/>
Address	<input type="text" value="1025 Sunny Lane"/>
City	<input type="text" value="Anoka"/>
State	<input type="text" value="Minnesota"/>
Zip	<input type="text" value="55303"/>
Grade	<input type="text" value="06"/>
Year Attended	<input type="text" value="19/20"/>
Phone	<input type="text" value="(763) 555 - 4700"/>
Fax Number	<input data-bbox="518 1808 755 1864" type="text" value="() - "/>

[< Previous](#) [Save And Continue >](#)

58. Enter the previous schools attended during the past two years, including the one entered during the previous step. When finished, click the **Save and Continue** button.

Previous Schools Attended: Samuel Smith

i Instructions

Please enter the schools attended by the student during the past two years, including the one entered on the previous screen.

School Name	City	State	Country	Grade	School Year Attended	Phone
Wilson Elementary	Anoka	MN	United States of	06	2019-2020	(763) 555 - 4700
Andover Elementa	Andover	MN	United States of	05	2018-2019	(763) 555 - 1700
						() -
						() -

◀ Previous Save And Continue ▶

59. Enter the requested information and click the **Save and Continue** button.

Discipline History: Samuel Smith

i Instructions

Please provide the requested information. Your responses will not influence enrollment.

Has this student ever been suspended from school? *

☐ No ☒ Yes

Date of suspension *

04/15/2019

Reason for suspension *

Cheating

Length of suspension (in days) *

1

Has this student ever been expelled from school? *

☒ No ☐ Yes

◀ Previous Save And Continue ▶

60. Enter the requested information and click the **Save and Continue** button.

Special Services: **Samuel Smith**

Instructions

Please provide the requested information. Your responses will not influence enrollment. It is requested solely for purposes of ensuring continuity of services upon enrollment.

Has this student
ever been tested for
special services or
programs? *

☐ No ☒ Yes

Has this student
ever participated in
special services or
programs? *

☐ No ☒ Yes

Identify which of the following apply to this student:

Extended Learning
Program (ELP) /
Gifted / GATE /
Accelerated *

☒ No ☐ Yes

Speech Therapy *

☒ No ☐ Yes

Does this student
have a current 504
plan? *

☒ No ☐ Yes

Special Education *

☐ No ☒ Yes

Does the student
have a current
IEP? *

☐ No ☒ Yes

What is the
approximate date
of signature? *

02/26/2020



What is the name of
the school where
signed? *


Wilson Elementary School

[< Previous](#)

[Save And Continue >](#)


61. Under **School Selection**, select **Arts Academy at Estrella Mountain** and click the **Save and Continue** button.


School Selection: **Samuel Smith**

 **Information**

PLC Charter Schools accepts students from any area within Arizona. Using the drop-down menu below, select Arts Academy at Estrella Mountain.

Home Address:

 2504 S 91st Ave
Tolleson, AZ 85353

 **School Selection**

Arts Academy at Estrella Mountain ▼

2504 S 91st Ave, Tolleson, AZ 85353

◀ Previous

Save And Continue ▶

62. Would you like to add another student?

YES: Return to Step 37.

NO: Click the **Save and Continue** button and continue to Step 63.

STUDENTS

2020-2021

Below are the students currently enrolled in the school year listed.

Students to enroll in 2020-2021

	First Name	Last Name	Gender	Grade	Status
<div><div>Edit</div><div>Exclude</div><div>Delete</div></div>	Samuel	Smith	Male	07	<div>Complete</div>

+ Add New Student

The students below are not enrolled in the school year listed. If you intend for any student below to be enrolled for the school year, please click on the include button to the left of the student's name.

Students to exclude from 2020-2021

First Name	Last Name	Gender	Grade	Reason
------------	-----------	--------	-------	--------

< Previous

Save And Continue >

63. Upload the requested documents by clicking the **Upload** button or using the ParentVUE mobile app. If you are unable to upload the documents, check ***I will deliver a hard copy to the school instead of uploading it.***

DOCUMENTS

2020-2021

Upload with ParentVUE

If you have electronic copies of the requested documents, select the document type from the pull-down menu and click the Upload button.

If you have hard copies of the requested documents but don't have a scanner, you can upload photos of the documents using the ParentVUE mobile application. You can download it for free from the Apple App Store or Google Play Store. Log into the ParentVUE app using the username and password created during the online registration process. Once logged in, tap the OLR Documents icon to upload documents using the device's camera or by selecting files from the device's photo library.

If you are unable to upload any of the documents, check the box next to "I will deliver a hard copy to the school instead of uploading it. This must be done before the registration is submitted.

Please Note: ALL DOCUMENTS REQUIRED FOR ENROLLING A STUDENT MUST BE RECEIVED PRIOR TO ACCEPTANCE FOR ENROLLMENT

Family

Primary Home Address Verification:

☐ I will deliver a hard copy to the school instead of uploading it.

Document Type *

Driver's License



Select document *

Upload

Students


Samuel Smith

Birth Verification:

☒ I will deliver a hard copy to the school instead of uploading it.

64. Download copies of forms for your records (if needed) and click the **Save and Continue** button.


Student	Document
Samuel Smith	AZ Proof of Residency Form
	Enrollment Form

 Download All Documents


[< Previous](#) [Save And Continue >](#)

65. Click the **Review** button.

REVIEW/SUBMIT 2020-2021


 Review

Click the review button to confirm the accuracy of the data entered during the registration process. When you've completed the review, check the box at the bottom of the review page and click the Submit button.

Status	Student	Grade Level	School Selection	Comments
<div> Ready To Submit</div>	Samuel Smith	07	1. Arts Academy at Estrella Mountain	

[< Previous](#) [Review](#)

66. Review the information and edit as needed. When finished, check ***I have reviewed all registration data and verified that it is correct*** then click the **Submit** button.

 Edit

Special Services

< Previous Change

Next Change >

Show Changes

ON

Has this student ever been tested for special services or programs?: Yes

Has this student ever participated in special services or programs?: Yes

Extended Learning Program (ELP) / Gifted / GATE / Accelerated: No

Speech Therapy: No


Does this student have a current 504 plan?: No

Special Education: Yes

Does the student have a current IEP?: Yes

What is the name of the school where signed?: Wilson Elementary School


What is the approximate date of signature?: 02/26/2020

 Edit

School Selection

Arts Academy at Estrella Mountain

Student	Document
Samuel Smith	AZ Proof of Residency Form
	Enrollment Form

 Download All Documents

☒ I have reviewed all registration data and verified that it is correct

< Previous

Submit

67. If you wish to submit the registration information, click the **OK** button.

Confirm

Pressing OK will submit the student registration information for the 2020-2021 school year. From this point on you will not be able to make any further changes to the registration information in this portal; however, you may return to Online Enrollment to check the status of your submission.

OK

Cancel

68. You will receive an e-mail confirming your online registration has been submitted.

PLC Charter Schools Registration - Submitted

synergy@plccharterschools.org
to me ▾

Dear John Smith,

We have received your online registration for Samuel Smith.

To complete your student's enrollment and receive subsequent class placement, you will need to bring any remaining documents to the front office (if applicable). This includes any required forms that were not uploaded during the online registration process.

If you have any questions, please do not hesitate to contact Arts Academy at Estrella Mountain at 623-474-2120 or office@plccharterschools.org.

Thank you for choosing to PLC Charter Schools and Arts Academy at Estrella Mountain!

69. Until your online registration is accepted, you will only be able to view the status page. Click the **Status** button.

2020-2021 Registration

Status

Thank you for submitting your online registration to PLC Charter Schools. Your file will be reviewed and you will be notified by email as to whether your enrollment has been approved.

All required documents must be reviewed before approval.

If you did not upload the following documents (which are required by state statute), you will need to bring them to the front office.

- Certified Birth Certificate
- Original Immunization Record
- Proof of Residency
- Certificate of Indian Blood (if applicable)

The status of your registration(s) that are in progress can be found [on the status page](#)



70. Before the registration is accepted, you will be able to view the current status. If you would like to review the registration information, click the **Review** button.

Online Registration

2020-2021

Review

Submitted: 5/4/2020 3:33 PM

Status	Last Name	First Name	Grade	School Name	Comments
<div> Waiting</div>	Smith	Samuel	07	<div> Arts Academy at Estrella Mountain: Waiting</div>	

71. Once your registration information and documents have been reviewed by office staff, you will receive an e-mail regarding the decision.

