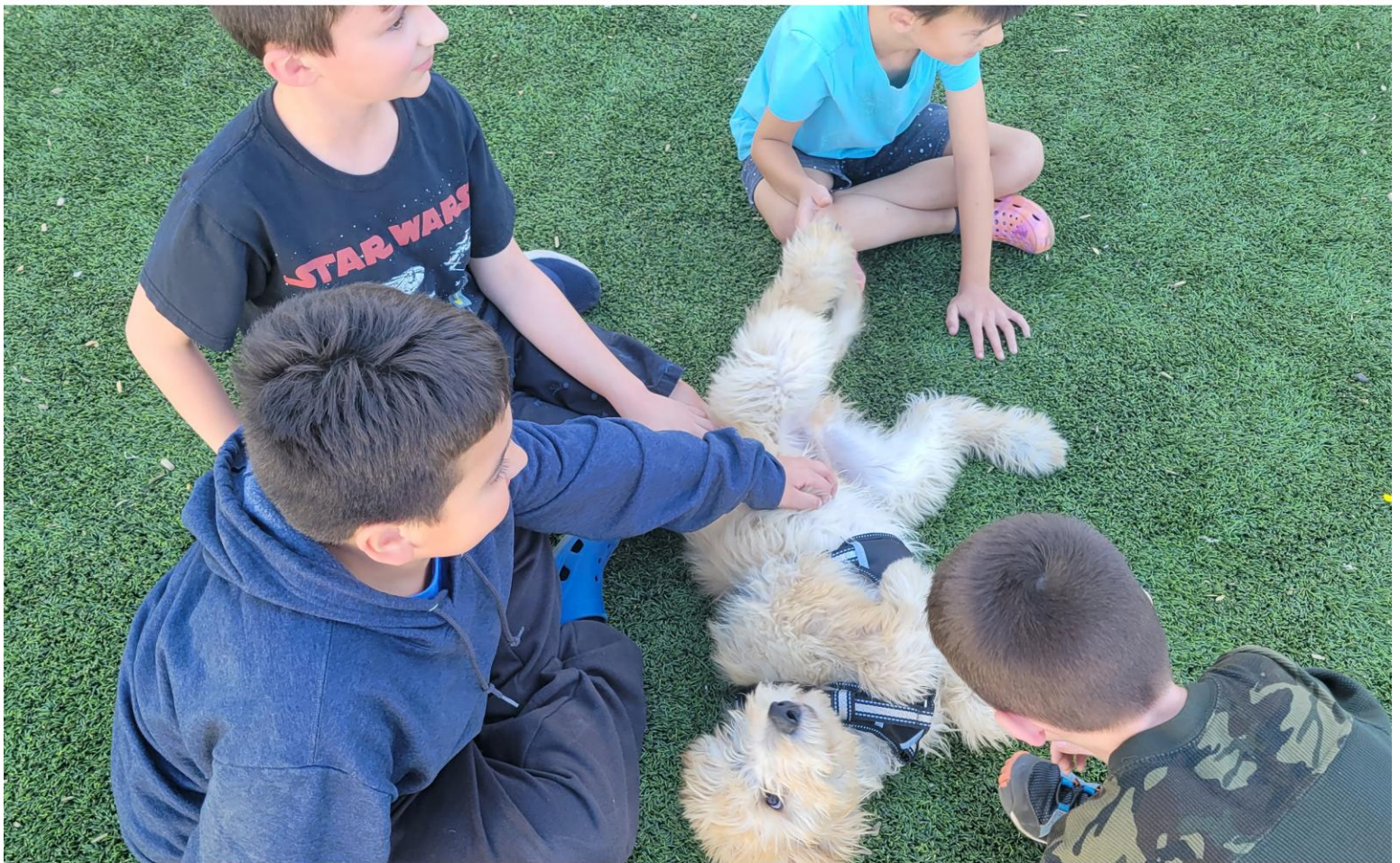


# FAMILY ENROLLMENT APPLICATION



**Glendale:** 602-456-1633  
5044 W. Cactus Rd. Glendale, AZ 85304

**Scottsdale:** 602-980-8019  
4859 E Greenway Rd, Scottsdale, AZ 85254





### Student Demographic Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ District \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Primary Language \_\_\_\_\_

### Parent/Guardian Demographic Information

Legal Guardian \_\_\_\_\_ Primary ☐ Relation to Student \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Secondary ☐ Relation to Student \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Student Resides With \_\_\_\_\_ Legal Custody ☐ Relation to Student \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact 1** \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Authorized to Pick Up ☐

**Emergency Contact 2** \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Authorized to Pick Up ☐

**Emergency Contact 3** \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Authorized to Pick Up ☐

Are there any restraining orders or other legal restraints against persons who may attempt to see your child? Yes ☐ No ☐

Please describe \_\_\_\_\_

**\*\* We will need a copy of any court order or legal document. Without documentation we cannot maintain any orders.**

## Student Medical Information

Is your child currently taking medication at home? Yes ☐ No ☐

Name of Medication	Reason for Medication	Time Given

Is your child currently taking medication at school? Yes ☐ No ☐

Name of Medication	Reason for Medication	Time Given

*Medication is to be furnished by a parent or guardian and is to be in the original prescription container with the name of the medication, the amount to be given, the time to be given, and the physician's name and must not be expired.*

I give Autism FITS Academy personnel the permission to administer my child's medication at school.

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

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

\_\_\_\_\_  
 Date

## Allergy Information

Does your child have allergies? Yes ☐ No ☐ If yes please describe below.

Food \_\_\_\_\_

Insects \_\_\_\_\_

Environmental \_\_\_\_\_

Animals \_\_\_\_\_

Other \_\_\_\_\_

Does your child have an EPI-Pen? Yes ☐ No ☐ Not Applicable ☐

I give Autism FITS Academy personnel the permission to administer my child's EPI-Pen if they determine it is necessary and seek further medical attention.

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

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

\_\_\_\_\_  
 Date

*EPI-Pen must be furnished by parent or legal guardian. Must be new and unused.*

### Seizure Information

Does your child have a Seizure Disorder or Frequent Seizures (Epilepsy)? Yes ☐ No ☐

What types of seizures does your child have? \_\_\_\_\_

Frequency (How Often) do they occur? \_\_\_\_\_

What is the seizure protocol? \_\_\_\_\_

Do you have a recovery medication? Yes ☐ No ☐ ☐ Recover medication is not needed.

Name of Recovery Medication	When to Give Medication	Typical Duration of Seizure	When To Call 911

What are some things that can trigger your child's seizures? *(Please list them below)*

My Child's Seizure Triggers					
01		05		09	
02		06		10	
03		07		11	
04		08		12	

I give Autism FITS Academy personnel the permission to follow the seizure protocol listed above and administer my child's recovery medication if deemed necessary and seek further medical attention.

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

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

\_\_\_\_\_  
Date

### Asthma Information

Does your child have asthma? Yes ☐ No ☐ Does your child use an inhaler? Yes ☐ No ☐ N/A ☐

When does your child typically require the use of their inhaler? \_\_\_\_\_

Does your child need to keep their inhaler on their person at all times? Yes ☐ No ☐ N/A ☐

### Over the Counter Medication

We do have the ability to give your child an over the counter medication. Autism FITS Academy does **not** have a nurse on staff. However, our staff is trained in medication administration and can administer over the counter medications at the parents request. Parents/Legal Guardians must provide their child's over the counter medication in the original bottle with a valid expiration date.

I give Autism FITS Academy personnel permission to administer over the counter medication to my child

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

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

\_\_\_\_\_  
Date

### Doctor Information & Medical Consent to Treat

Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

In the event of severe injury or illness you hereby authorize Autism FITS Academy to seek medical attention. Furthermore, I agree to inform Autism FITS Academy of any changes in my child's medical conditions and/or medications or dosages. I understand that medication changes can seriously affect my child's behavior at school. I understand that this information may be shared with other school personnel on a need-to-know basis to help provide a safe learning environment for my child.

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

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

\_\_\_\_\_  
 Date

### Behavior Information

Does your child demonstrate problem behaviors? Describe.

\_\_\_\_\_

Aggression Towards

Yes ☐ No ☐

Describe \_\_\_\_\_

Property

Yes ☐ No ☐

Self

Yes ☐ No ☐

Others

Yes ☐ No ☐

Triggers \_\_\_\_\_

Elopement Behaviors

Yes ☐ No ☐

Describe \_\_\_\_\_

From Task

Yes ☐ No ☐

From Class

Yes ☐ No ☐

From School

Yes ☐ No ☐

Triggers \_\_\_\_\_

Tantrum

Yes ☐ No ☐

Describe \_\_\_\_\_

Food Stealing

Yes ☐ No ☐

Crying/Screaming

Yes ☐ No ☐

Spitting/Feces/Urine

Yes ☐ No ☐

Other Behaviors We Should Be Aware of. \_\_\_\_\_

## Behavior Intervention Consent Form

Autism Fits Academy (AFITS) staff strives for excellence in providing the highest quality educational programs for all students. We make every effort to provide a healthy, positive, and safe environment promoting academics, life skills, social skills, and positive behavior. We use a variety of behavioral Interventions and techniques to ensure the care, welfare, safety, and security for all students, staff, and others in the educational environment are a top priority.

Physical intervention will only be used as a last resort where we deem a child to be putting themselves or others in immediate physical danger. Therapeutic holds and physical restraint will not be used unless less restrictive interventions appear insufficient to mitigate the imminent danger of bodily harm to the student or others. Therapeutic holds will not impede the student's ability to breathe and will not be out of proportion to the student's age or physical condition. Therapeutic holds will end when the student no longer is a physical danger to themselves or others. A therapeutic hold is defined as a treatment technique where a person in crisis is contained by a group of trained personnel rather than mechanical or chemical restraint. Autism FITS Academy does not use "seclusion" as a form of intervention. Autism FITS Academy staff may, however, take a student on a walk to calm him or her, or provide an alternative area away from the classroom to maintain student dignity, and privacy, and to maintain the safety of peers. Autism FITS Academy staff is trained in the use of physical interventions as well as de-escalation strategies. Physical interventions can be as subtle as a physical cue and as restrictive as a therapeutic hold. Autism FITS Academy staff is trained in therapeutic holds. When a therapeutic hold occurs, the staff member who responded will document the incident on an incident report form. Administration will check the student for any injury that may have occurred during the intervention. Parents or guardians will be informed that day via phone call. Parents may request a copy of the incident report at any time. All incidents are tracked so that we can analyze any patterns related to the behaviors that lead to physical interventions to develop, different techniques to prevent the behavior from occurring in the future, to determine whether a child may need extra supports, and to develop replacement behaviors that will be taught to the student.

### Consent for Therapeutic holds

I understand and accept the above conditions, and I grant permission for the staff of Autism FITS Academy to utilize physical interventions and/or therapeutic holds consistent with state and federal laws. Furthermore, I will contact Autism FITS Academy if I have any questions about behavioral interventions, or therapeutic holds.

I understand and acknowledge the behavior intervention consent explained above. I also acknowledge and understand that the signature of one legal parent/legal guardian is sufficient for this consent.

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

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

\_\_\_\_\_  
Date

## DDD Services

My child has ALTCS (Arizona Long Term Care System) and has DDD services. Yes ☐ No ☐

### Therapy Services

I am interested in learning more about outpatient therapy services.

Speech

Yes ☐ No ☐

OT

Yes ☐ No ☐

ABA

Yes ☐ No ☐

Music

Yes ☐ No ☐

### Summer Camp

Day Treatment Summer-DTS (Summer Camp)

Interested Yes ☐ No ☐

## Technology Use Agreement

Autism FITS Academy will make every effort to enforce all rules concerning student access to the Internet through the use of technology. The school will also make every attempt to keep all students safe from inappropriate information and/or contact while using technology.

Autism FITS Academy has installed web filtering software to eliminate student access to objectionable materials, information, and sites. Each student is responsible for their-own behavior and will be held accountable. Parents will be required to make a decision of whether or not to allow their child access to the Internet. All parties are aware of the consequences for inappropriate behavior or rules violations. As a parent/guardian of this child, I have read the Parent/Student Agreement for Student Use of Autism FITS Academy Technology and Appropriate Use Policy for Student Access to the Internet.

☐ I recognize it is impossible for the school to restrict access to all objectionable material, and I will not hold Autism FITS Academy responsible for materials acquired or contacts made on the internet.

☐ I understand that students may have access to inappropriate information, and should my child access this information, I will not hold Autism FITS Academy liable for any harm it may cause.

☐ I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of any and all access to Autism FITS Academy's technology, including the Internet.

☐ I have explained these responsibilities to my child and discussed the possible consequences for inappropriate behavior.

☐ I give permission to Autism FITS Academy to provide Internet access to my child.

☐ I agree to pay any cost of repair to hardware and/or software that my child may damage through misuse. We ask parents to assist us in training students to help us care for this costly equipment. Our desire is to provide the very best resources available.

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

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

\_\_\_\_\_  
Date



## Photo & Digital Video Consent

During the school year, students may be photographed, recorded, or filmed by Autism FITS Academy staff, while participating in fun and exciting school programs, events, and activities.

The purpose of this consent form is to give Autism FITS Academy permission and authority to use and/or publish your child's name, image, and/or creative works to further the educational mission of Autism FITS Academy.

For example, uses may include positive recognition, yearbook, school newsletters, our website, our Facebook page, or pictures displayed in the school or office.

☐ **I do hereby authorize and consent** to use, release, and/or publication by Autism FITS Academy of my child's name, image (in any form), and creative work through any medium whatsoever, including but not limited to display, internet, written publication, and broadcast for any educational, promotional, business or other purposes without prior notice or compensation. Autism FITS Academy may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes.

☐ I do not authorize the Photo and Video Consent.

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

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

\_\_\_\_\_  
Date

## Animal Therapy Release (Furry Friendships)

I understand that Autism FITS Academy uses live animals in its Furry Friendships therapy and education program. Some of the animals would include: chickens, ducks, pigs, mini-ponies, bunnies, donkeys, dogs, cats, and etc.

Students are always well supervised when they are in close proximity to the animals; however, it is possible for an accident or injury to occur. If you wish for your child to participate in this very valuable part of our program, please sign the release below.

☐ I hereby release Autism FITS Academy and employees from any harm, injury, or accident that might happen to my child as a part of the Animal Therapy program; and give my child permission to participate.

☐ I do not wish to have my child participate in the animal therapy program.

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

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

\_\_\_\_\_  
Date

## Video Monitoring Acknowledgement

Autism FITS Academy video monitors all classrooms and campus grounds. We utilize this video monitoring as a tool to peer into what is happening in the classroom and on campus. We can use this video data for protecting the vulnerable, training exercises, praising staff, and recognizing students for successes reached. Video monitoring is a valuable tool. We offer parents the opportunity to peer into the classroom without disrupting your child's day. Monitoring can be viewed by scheduling an appointment with the Director and coming into the school. Unfortunately, access to classroom videos can only be viewed this way.

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

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

\_\_\_\_\_  
Date

## Kids Club (Before & After School)

We call our before and after school program Kids Club. Where students are able to attend meaningful fun activities. Our before and after school programs are centered around fun, games, arts, crafts, music, sensory activities, food, and more.

Our before school care program begins at 8am at \$7 per day regardless of drop off time. Before school care fees must be paid a week in advance. In order to maintain staff coverage absences will not be prorated for missed sessions.

Our afterschool care program start and end times vary by location. The cost is \$14 per day regardless of pickup time Monday through Thursday. Afterschool care fees must be paid a week in advance. In order to maintain staff coverage absences will not be prorated for missed sessions.

Friday afterschool care program start and end times vary by location. The cost is \$28 per day regardless of pickup time. In order to maintain staff coverage missing days will not be prorated for illness and missed sessions.

Check all that apply

☐ I am interested in Club Care mornings.

☐ I am interested in Kids Club afternoons.

## Lunch & Snack

Autism FITS Academy does not participate in the federal breakfast or lunch program. With specialized diets and other allergenic considerations it is difficult to maintain a school lunch program. Parents typically pack a school lunch with an ice pack for their children. There are opportunities to heat food. During the summer months please pack a water bottle that can be refilled. There is a snack time in the mid-morning where students will have the opportunity to eat a snack brought from home.

☐ I read and understand the lunch and snack information above

## Tuition Information & Understanding

Autism FITS Academy is a private day school for children diagnosed with Autism. We are a tuition based school specializing in working only with children on the autism spectrum. The information below will give you an understanding of what our tuition policy is and what our tuition expectations are.

Please check that you understand.

☐ Tuition is due within 2 weeks from the start of the funding period. For instance, if funding begins on the first, tuition is due on the 14<sup>th</sup>.

☐ It is important that you pay tuition when it is due. If you fail to meet the tuition obligation your child will not be able to attend until the tuition balance is brought current.

☐ We help families walk through the tuition process all of the time. If you need help with processing an expense report or receipt for ESA or other funding organization help is available to you by reaching out to our tuition specialist.

☐ Leaving mid quarter. Tuition will not be prorated for those families that leave mid quarter. We understand there are circumstances that are beyond your control such as moving, hospitalizations, and other unforeseen circumstances. It is recommended that withdraws are done prior to the quarter starting.

☐ Refusing to pay tuition when funding is available will result in the cost of tuition for days attended being billed directly to you as the responsible party.

☐ We may accept your child's enrollment and your child may attend A-FITS in anticipation of receiving scholarship funding. At times funds may not be available until the next quarter for the quarter that your child had started in, thus resulting in two or more tuition payments available to be processed when the scholarship funds become available. This is common and we will let you know if you encounter this circumstance.

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

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

\_\_\_\_\_  
Date

## Consent to Access Class-Wallet (Optional)

Class wallet is the online portal where you will make your quarterly tuition payments. You will also upload your expense reports to this portal as well. The expense report is a requirement of maintain good stand with the Empowerment Scholarship Account (ESA).

ESA would prefer that parents learn the process of managing your Class Wallet account and tuition payments. Some parents prefer that we process class-wallet payments for them.

This consent will allow us to access the Class-Wallet system on your behalf, process payments, and submit your expense report to keep you in good standings with both A-FITS and ESA.

☐ I will process my own tuition payments.

☐ I would like Autism FITS Academy to process my tuition payments.

Class-Wallet Login

User Name \_\_\_\_\_ Password \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

## Tuition Schedule

**1<sup>st</sup> -12<sup>th</sup> Grade Tuition:** \$33,000 per year | \$8,250 per quarter | 2.5% Class Wallet Fee

**Kinder Tuition:** \$20,000 per year | \$5,000 per quarter

**1<sup>st</sup> -12<sup>th</sup> Grade:** We understand that ESA will fund \$33,000-\$42,000 + per year depending on what your child qualified for. If your child receives an amount lower than our tuition of \$33,000 per year we will accept whatever you receive and will not charge anything out of pocket to cover the remaining balance. We only ask that if ESA increases your award amount that you apply that towards your child's tuition not to exceed the annual tuition amount of \$33,000 per year.

**Kinder:** If your child receives an amount lower than our tuition of \$20,000 per year we will accept whatever you receive and will not charge anything out of pocket to cover the remaining balance. We only ask that if ESA increases your award amount that you apply that towards your child's tuition not to exceed the annual tuition amount of \$20,000 per year.





## Authorization to Release Confidential Information

Date of Request \_\_\_\_\_

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Requested By  
Autism Fits Academy

Phone:  
Scan to: tuition@afitsacademy.com

Reason for Request \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

I understand that this information will be used in a confidential and professional manner and in the student's best interests. All information will be maintained in accordance with the Family Education Rights and Privacy Act. I understand that my consent is voluntary and may be revoked in writing at any time.

Please Mail, Email, or Fax the following records

\_\_\_\_ Withdrawn grades-SAIS ID

\_\_\_\_ Transcripts

\_\_\_\_ Discipline Records

\_\_\_\_ Attendance Records

\_\_\_\_ All records of placement in special education

\_\_\_\_ Evaluation reports-including Psychological, reports from outside agencies, Occupational Therapy, Speech/Language Therapy, Physical Therapy, and Counselors

\_\_\_\_ Signed MET reports

\_\_\_\_ Individual Education Plan (IEP) with signed participant page

\_\_\_\_ General medical data and reports

\_\_\_\_ **Class Wallet Login** User Name: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

## Student Intake Questionnaire

---

What are some activities that your child enjoys?

---

Is your child potty trained? Yes ☐ No ☐ | Does your child wear a pull-up? Yes ☐ No ☐  
Is your child able to wipe? Yes ☐ No ☐ | Does your child stem in the restroom? Yes ☐ No ☐  
Does your child initiate needing to use the restroom? Yes ☐ No ☐  
**In your own words:** What level of supports are needed in the restroom?:

---

Are there strategies and incentives at home that your child likes or uses?

---

Does your child vocally stem? Yes ☐ No ☐

Does your child rock? Yes ☐ No ☐

Does your child sensory seek? Yes ☐ No ☐ Explain \_\_\_\_\_

---

What are your some of the other self-stimulatory behaviors that your child exhibits?

Does your child enjoy technology? If so, which?



Is your child verbal? Yes ☐ No ☐

Does your child have a communication system? Yes ☐ No ☐ Which one? \_\_\_\_\_

Does your child use their communication system to communicate? Yes ☐ No ☐ NA ☐ \_\_\_\_\_

Is your child's communications system used for communication only? Yes ☐ No ☐ NA ☐ \_\_\_\_\_

Is your child's communication system a tablet? Yes ☐ No ☐ NA ☐

How does your child communicate?:  
\_\_\_\_\_  
\_\_\_\_\_

To make changes on the communication software we need the password. **PWW:** \_\_\_\_\_

Are there any routines that your child **MUST** complete or partake in?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a highly preferred item or toy?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have challenges with boundaries? Yes ☐ No ☐ \_\_\_\_\_

Is your child able to make friend? Yes ☐ No ☐ \_\_\_\_\_

Does your child prefer to be by themselves? Yes ☐ No ☐ \_\_\_\_\_

Is your child aware of dangerous situations? Yes ☐ No ☐ \_\_\_\_\_

Can your child transition from activity to activity independently? Yes ☐ No ☐ \_\_\_\_\_

Can your child transition around the campus in a small group? Yes ☐ No ☐ \_\_\_\_\_

Can your child transition about the community in a small group? Yes ☐ No ☐ \_\_\_\_\_

Is your child able to go to the store? Yes ☐ No ☐ \_\_\_\_\_

Is your child able to participate in fieldtrips? Yes ☐ No ☐ \_\_\_\_\_

## Transportation Consent (GLENDALE CAMPUS ONLY)

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

☐ I would like to enroll in transportation services (if a seat on route is available)

☐ I do not need transportation services.

Autism FITS Academy offers transportation services. The services are based on a first come first service format and require you to sign up for these services with the administrator. The cost for transportation services is **\$0.00** per month. Basic accommodations regarding pick up and drop off can be made, however time accommodations requiring the driver to be at your location at a specific time cannot be made. For routes that are further than 10 miles from the school can require a bus stop pick up and drop off location. Check with the administrator to determine if your residential location is one that is best suited for a bus stop.

**My child requires a booster seat: Yes ☐ | No ☐**

*(All children under 8 years of age are required to be in a booster seat)*

I authorize Autism FITS Academy to transport my minor child in a company Bus or Van, driven by an individual authorized by Autism FITS Academy.

I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I understand participation in the identified event is not a requirement for participation in the program.

**I have read, understand, and discussed with my child:**

- My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt or seatbelt locking device during travel;
- My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- My child is to remain in their seat and not be disruptive to the driver of the vehicle.

### Initial Each Statement

\_\_\_\_\_ I recognize participation in transportation services, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Autism FITS Academy, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

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



## Admissions Needs Checklist

The following items must be submitted.

- ☐ The attached application in its entirety.
- ☐ Copy of student's birth certificate
- ☐ Most recent copy of student's IEP  
Or
- ☐ Most recent copy of student's MET
- ☐ IF you applied or have ESA we need proof of ESA Scholarship or a copy of the confirmation letter that you have applied for the scholarship
- ☐ Proof of residency (any bill with parent's name and physical address)
- ☐ Immunization records
- ☐ Photocopy of parent's ID (driver's license)



**WHERE EVERY CHILD WITH AUTISM F.I.T.S.!**



**AUTISM F.I.T.S.  
ACADEMY**

**Glendale:** 602-456-1633  
5044 W. Cactus Rd. Glendale, AZ 85304

**Scottsdale:** 602-980-8019  
4859 E Greenway Rd, Scottsdale, AZ 85254