

Please e-mail completed applications to:

**[enrollment@polarisacademy.org](mailto:enrollment@polarisacademy.org)**

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## **I. LETTER TO PARENTS**

Thank you for your interest in Polaris Academy. This last year has been dedicated to building, developing, and providing the best educators, programs, and facilities possible. The talented individuals who have helped make this dream a reality truly represent the best in their fields and are why we feel Polaris Academy is the new benchmark standard of education for autistic and neurodivergent children. We couldn't be more excited about what the school year will bring and can't wait to meet our new family of students.

Application forms are often lengthy and cumbersome, but they are necessary in learning all we can about you and your child to make sure Polaris Academy is the best resource to meet their education, behavioral, social, and developmental needs. So we appreciate your truthfulness and patience through the process.

Within 3-5 days of submitting the enrollment application you will receive a personal response from our staff to further review the information as well as schedule an in-person appointment. After the initial in-person meeting our goal is to have a formal acceptance or other recommendation to you within 2-3 business days.

Thank you again, and we look forward to meeting you soon :)

Sincerely,



Nathan & Darcy Palmer  
Co-Founders, Polaris Academy



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## II. PERSONAL/FAMILY INFORMATION

Full Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zipcode

Primary Language: \_\_\_\_\_ Verbal: \_\_\_\_\_ Non-Verbal: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Parent/Guardian 1 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are parents/guardians divorced or legally separated? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*If applicable is custody with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Shared \_\_\_\_\_

\*If applicable do you have a current custody agreement? If so please provide.

Student Lives with Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ Siblings: \_\_\_\_\_ Other: \_\_\_\_\_

Number of Siblings at Home: \_\_\_\_\_

Our hope is for parents to be involved and present in our school environment if possible. Do you have an interest in volunteering:

Before \_\_\_\_\_, During \_\_\_\_\_, or After \_\_\_\_\_ school hours?

Do you have an interest in being involved and participating in the Polaris Parent Teacher Organization (PTO): Y \_\_\_\_\_ N \_\_\_\_\_

Please list student's likes: \_\_\_\_\_  
\_\_\_\_\_

Please list student's dislikes: \_\_\_\_\_  
\_\_\_\_\_

Please mark the best description of your child when engaging in activities:

\_\_\_ generally independent, requires little assistance/supervision

\_\_\_ somewhat independent, requires some assistance/supervision

\_\_\_ not independent, requires constant assistance/supervision

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### **III. EDUCATION HISTORY / ACADEMIC INFORMATION**

**Polaris Academy will provide academic instruction along with experiential learning opportunities supported by on-site therapists. This blended approach is designed to maximize opportunities for learning amongst autistic and neurodiverse children. Our students will participate in small and whole group instruction along with participation in our S.T.E.M. Discover Center, Culinary Experience Room, and Intentional Play Gym to develop physical, social, emotional, life, and intellectual skills.**

Current School Attending: \_\_\_\_\_

Please list all prior schools attended, which grades were attended, and reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the last grade attended: \_\_\_\_\_

What grade level do you feel student should be in: \_\_\_\_\_

What is student's favorite school subject: \_\_\_\_\_

Please share any academic strengths or talents of student:

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Please share any academic challenges or limitations of student:

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To the best of your knowledge, please circle whether your child falls above, at, or below other typical peers in the following areas:

MATH:	Gifted	Above	At Level	Below	Significantly Below
READING:	Gifted	Above	At Level	Below	Significantly Below
WRITING:	Gifted	Above	At Level	Below	Significantly Below

What topics, methods, or curriculum have you found successful in helping to educate and improve focused learning with your child:

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What environmental or other triggers over-stimulate or present learning challenges for your child:

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Have there been any disciplinary incidents at student's prior schools: Y \_\_\_\_ N \_\_\_\_  
(If yes, please explain below):

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Has the Student ever been Suspended or Expelled: Y \_\_\_\_ N \_\_\_\_  
(if yes, please explain below):

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Has Student ever been a named party in a Juvenile Court action: Y \_\_\_\_ N \_\_\_\_

Has Student ever been admitted to any juvenile correctional facility: Y \_\_\_\_ N \_\_\_\_  
(if yes to either question, please explain below):

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#### **IV. SOCIAL / BEHAVIORAL**

**Polaris Academy will have on-staff therapists at the school to better assist students, staff, teachers, and parents in identifying, and working towards behavioral and social goals. Additionally, Polaris Academy has been designed to help minimize sensory distractions and promote a more focused learning environment.**

Please list any current therapy services (ABA, Speech, Occupational, Music, Physical) that your child is receiving if any:

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Please list any sensory limitations, triggers, or concerns of your child:

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Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Likes to spin like a top                                    | <input type="checkbox"/> Likes to turn things over        |
| <input type="checkbox"/> Jumps when excited  | <input type="checkbox"/> Moves arms a lot when excited    |
| <input type="checkbox"/> Walks on tippy toes   | <input type="checkbox"/> Bothered if routines are changed |
| <input type="checkbox"/> Makes noises  | <input type="checkbox"/> Picks at fingers/skin            |
| <input type="checkbox"/> Puts objects in a line and insists they are not to be moved |   |
| <input type="checkbox"/> Stares into space and doesn't respond to name when called   |   |
| <input type="checkbox"/> Unusual attachment or hyper-focus on certain objects/topics |   |
| <input type="checkbox"/> Difficulty transitioning from place to place                |   |
| <input type="checkbox"/> Difficulty transitioning from task to task                  |   |
| <input type="checkbox"/> Other _____   |   |

Is it difficult for student to recognize dangerous or harmful situations (ie: not checking for traffic, unaware of objects too hot or cold, unaware of dangers of knives, scissors, or other sharp objects, etc.):

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Please explain any physically dangerous, self-injurious, or aggressive behaviors of student, including, but not limited to: tantrums, fighting, biting, hitting:

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For any dangerous or aggressive behaviors above, please also describe the frequency, causal triggers (if known), and how you or child's provider(s) deal with the behaviors:

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Does student struggle with elopement (running away)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please describe below):

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Please describe your child's social play strengths and weaknesses:

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Can your child follow multi-step instructions in a classroom setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, please explain)

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Does student utilize or require communication supports such as sign language, PECS, or AAC device? Y \_\_\_\_\_ N \_\_\_\_\_ (if yes, please describe)

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Can student understand and follow instructions in a group of 5 or more children?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(if no, please describe what supports have been successful to assist in group instruction):

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Is there any other social or behavioral information you would like us to know about your child?

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## **V. MEDICAL**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please list any medical diagnoses of child:

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Please list any medications for child, and how frequently they are required:

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Please list any known allergies:

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Does student suffer from seizures? Y\_\_\_\_\_ N\_\_\_\_\_ (if yes, please explain)

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Please describe any difficulties your child has with:

Toileting - \_\_\_\_\_

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Eating - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **VI. PAYMENT / TUITION**

Please select your intended payment method for tuition at Polaris Academy:

- \*ESA funding (Empowerment Scholarship Account)
- STO (School Tuition Organization award)
- Private Pay

In Arizona, students attending private schools, including those funded through the Empowerment Scholarship Account (ESA) program, are generally subject to the same attendance requirements as public school students. While private schools may charge tuition, ESA is a state program that provides eligible students with funds to attend private schools or use other approved educational services. Parents using ESA funds should comply with attendance regulations outlined by the Arizona Department of Education and the specific policies of the private school involved.

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## **VI. OTHER INFORMATION**

Please provide any additional information you would like us to know about your child:

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\_\_\_\_\_  
\_\_\_\_\_

Please tell us how you heard about Polaris Academy:

\_\_\_\_\_  
\_\_\_\_\_

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## VII. ATTACHMENTS

Please include copies of the following additional forms/documents, if applicable to your child, when you submit the enrollment application:

- **Most recent copy of student's \*IEP, \*\*ILP, and/or \*\*\*MET Report**  
(*\*Individual Education Plan / \*\*Individual Learning Plan / \*\*\*Multidisciplinary Evaluation Team Report*)
- **Most recent copy of any \*FBA or \*\*BIP if applicable**  
(*\*Functional Behavior Assessment / \*\*Behavior Intervention Plan*)
- **Copy of student's State Certified Birth Certificate**
- **Recent photo of student**

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## VIII. ACKNOWLEDGMENT / CONSENT

The undersigned represents that the information provided in this enrollment application is truthful and accurate, and acknowledges that grade-level placement, teacher assignment, and learning group break-out levels will be determined by future academic, behavioral, and/or social assessments to be performed before and during the school year. The undersigned further consents to the release of any information within this enrollment application, including any related attachments, to such employees, therapists, educators, and staff as Polaris Academy deems appropriate and necessary to make a formal determination of enrollment acceptance for the child in question.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

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