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**STUDENT NOT LISTED AS DEPENDENT ON GUARDIAN'S TAXES**

**PARENT OR GUARDIAN COMPLETE THIS SECTION:**

1. DATE: \_\_\_\_\_
2. STUDENTS NAME: \_\_\_\_\_
3. SCHOOL ATTENDING: \_\_\_\_\_
4. GUARDIAN'S NAME: \_\_\_\_\_
5. ADDRESS: \_\_\_\_\_
6. DOES THE STUDENT RESIDE FULL TIME AT THE GUARDIAN'S ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE EXPLAIN RESIDENCY ARRANGEMENTS:

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

**SCHOOL COMPLETE THIS SECTION:**

1. STATEMENT THAT GUARDIAN OF STUDENT IS RESPONSIBLE FOR TUITION BALANCE:

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

2. DO YOUR RECORDS SHOW THAT THE STUDENT RESIDES AT THE GUARDIAN'S ADDRESS FULL TIME?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO LIST WHERE THE STUDENT RESIDES: \_\_\_\_\_

\_\_\_\_\_

3. SIGNATURE OF SCHOOL ADMINISTRATOR: \_\_\_\_\_

4. DATE: \_\_\_\_\_