VICTORY AUTISM ACADEMY

2026–2027 Student Enrollment Guide & Registration Packet

Welcome

Welcome to Victory Autism Academy!

We are honored that you have chosen Victory Autism Academy for your child's educational journey. Our mission is to provide an exceptional educational experience that empowers every student to reach their fullest potential through individualized instruction, therapeutic support, and meaningful partnerships with families.

This packet contains the forms and information necessary to complete your child's enrollment. Please review each section carefully and complete all required forms. Providing complete and accurate information allows us to prepare for your child's successful transition into our school community.

Before You Begin

Please have the following documents available before completing this enrollment packet.

Required Enrollment Documents

☐ Birth Certificate

☐ Current Individualized Education Program (IEP)

☐ Most Recent Multidisciplinary Evaluation Team (MET) Report

☐ Most Recent Psychological Evaluation (if applicable)

☐ Medical Diagnosis

☐ Immunization Record

☐ ESA Award Letter (if applicable)

☐ Custody or Court Documents (if applicable)

☐ Current Medication Information (if applicable)

☐ Any Additional Educational or Medical Documentation

Incomplete enrollment packets may delay your child's enrollment and official start date.

Student Start Dates

To ensure classrooms, transportation, related services, and staff are fully prepared to welcome each student, Victory Autism Academy follows a standardized enrollment timeline.

- Complete enrollment packets received by Wednesday at 5:00 p.m. are eligible for a Monday start date.
- Complete enrollment packets received by Friday at 5:00 p.m. are eligible for a Wednesday start date.

Please note: Student start dates are not finalized until all required enrollment documentation has been received, reviewed, and approved by Victory Autism Academy.

What Happens Next?

Once your completed enrollment packet has been submitted:

1. Our Enrollment Team will review your packet for completeness.
2. Any missing documentation will be communicated to you.
3. Your child's educational records will be reviewed.
4. Classroom placement, transportation (if applicable), and related services will be coordinated.
5. Your family will receive your child's official start date along with additional first-day information.

Our goal is to ensure every student has a safe, smooth, and successful transition into Victory Autism Academy.

Questions?

If you have questions regarding the enrollment process or need assistance completing this packet, please contact us.

Victory Autism Academy

Phone: 602-489-2789

Email: enrollment@victoryschoolsaz.com

Website: www.victoryautismacademy.com

Campus Applying To:

☐ Anthem ☐ GCU ☐ Phoenix ☐ Sun City ☐GY Elementary

☐ GY MS ☐ GY HS ☐ QC Elementary ☐ QC MS/HS

Grade Applying For:

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

SECTION 1 | STUDENT & PARENT INFORMATION

Please complete all information below. This information is used for enrollment, emergency contacts, communication, and student records.

Student Information

Student's Legal Name: _____

Preferred Name: _____

Date of Birth: _____ **Gender:** _____

Grade Entering: _____ **Primary Language:** _____

School District of Residence: _____

Home Address

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Student Resides With

☐ Both Parents ☐ Mother ☐ Father

☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Transportation

How will your child typically get to and from school?

☐ Parent/Guardian Drop-Off & Pick-Up

☐ Victory Autism Academy Transportation

☐ Other Transportation Provider

☐ Combination of Transportation Methods

If other or combination, please explain:

Parent / Legal Guardian #1

Full Name: _____

Relationship: _____ **Employer:** _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Parent / Legal Guardian #2

Full Name: _____

Relationship: _____ **Employer:** _____

Cell Phone: _____ **Home Phone:** _____

Email Address: _____

Primary Contact

Who should Victory Autism Academy contact first?

☐ Parent/Guardian #1 ☐ Parent/Guardian #2

☐ Other _____

Preferred Method of Communication

☐ Phone ☐ Text Message ☐ Email ☐ No Preference

Emergency Contact #1

Name: _____

Relationship: _____ **Phone:** _____

☐ Authorized to Pick Up Student

Emergency Contact #2

Name: _____

Relationship: _____ **Phone:** _____

☐ Authorized to Pick Up Student

Custody Information

Is there a custody order, parenting plan, restraining order, or other legal documentation regarding this student?

☐ Yes ☐ No

If yes, please explain:

SECTION 2 | STUDENT EDUCATIONAL INFORMATION

Please provide the information below regarding your child's educational program and support services.

Current Educational Information

Current School: _____

School District of Residence: _____

Current Grade: _____

Has your child previously attended Victory Autism Academy?

☐ Yes ☐ No

If yes, which campus? _____

Medical Diagnosis

Please list your child's current medical diagnosis(es).

Does your child have documentation supporting the diagnosis?

☐ Yes ☐ No

Special Education

Does your child currently have an Individualized Education Program (IEP)?

☐ Yes ☐ No

If yes:

Primary Eligibility: _____

Date of Most Recent IEP: _____

Current Related Services

Please check all services your child currently receives.

☐ Speech Therapy ☐ Occupational Therapy ☐ Physical Therapy

☐ Adaptive Physical Education ☐ Counseling ☐ Nursing

☐ Behavioral Services ☐ Vision Services ☐ Hearing Services

☐ Other: _____

Behavior Supports

Please check all supports currently in place.

☐ Behavior Intervention Plan (BIP) ☐ Functional Behavior Assessment (FBA)

☐ 1:1 Aide ☐ Safety Plan

☐ None ☐ Other: _____

Communication

How does your child primarily communicate?

☐ Verbal Speech ☐ AAC Device ☐ PECS

☐ Sign Language ☐ Gestures ☐ Other: _____

Current Educational Placement

☐ Public School ☐ Private School ☐ Home School

☐ Self-Contained Classroom ☐ Resource Classroom

☐ Other: _____

SECTION 3 | MEDICAL INFORMATION

Please provide the following medical information to assist Victory Autism Academy in meeting your child's health and safety needs while at school.

Primary Medical Information

Primary Care Physician: _____

Phone: _____ **Preferred Hospital: _____**

Medical Diagnoses

Please list all current medical diagnosis(es).

Date of Diagnosis (if known): _____

Allergies

Does your child have any known allergies?

☐ Yes ☐ No

If yes, please list the allergy(ies) and describe the reaction(s).

Does your child require an EpiPen? ☐ Yes ☐ No

Current Medications

Does your child currently take medication?

☐ Yes ☐ No

If yes, please complete the information below.

Medication	Dosage	Time Given	Purpose

Note: If medication is required during the school day, a Medication Authorization Form must be completed before medication may be administered by Victory Autism Academy staff.

Medical Conditions

Please check all that apply.

☐ Seizure Disorder ☐ Diabetes ☐ Asthma

☐ Heart Condition ☐ Vision Impairment ☐ Hearing Impairment

☐ Feeding Tube ☐ Sleep Disorder ☐ Other: _____

Medical Equipment

Does your child require any medical equipment during the school day?

☐ Wheelchair ☐ Walker ☐ Orthotics

☐ AAC Device ☐ Feeding Equipment ☐ Oxygen

☐ Other: _____

Dietary Information

Does your child have any dietary restrictions or feeding concerns?

☐ Yes ☐ No

If yes, please explain.

Toileting

Please select the statement that best describes your child.

☐ Independent ☐ Verbal Prompts

☐ Physical Assistance ☐ Pull-Ups/Briefs

☐ Scheduled Toileting ☐ Other: _____

Emergency Medical Information

Is there any emergency medical information or health concern that school staff should be aware of?

Hospitalizations / Surgeries

Has your child had any significant hospitalizations or surgeries that the school should be aware of?

☐ Yes ☐ No

If yes, please explain.

Parent Certification

I certify that the medical information provided in this section is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify Victory Autism Academy of any changes to my child's medical information, medications, emergency contacts, or health needs.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

SECTION 4 | PARENT AUTHORIZATIONS

The following authorizations are required as part of your child's enrollment at Victory Autism Academy. Please read each authorization carefully before making your selection and signing where indicated.

EMERGENCY MEDICAL AUTHORIZATION

The health and safety of every student is a priority at Victory Autism Academy. In the event of a medical emergency, every reasonable effort will be made to contact the student's parent(s), legal guardian(s), and emergency contact(s).

If a parent, legal guardian, or emergency contact cannot be reached and immediate medical treatment is deemed necessary, I authorize Victory Autism Academy to obtain emergency medical care for my child, including transportation by Emergency Medical Services (EMS), when appropriate.

I understand that Victory Autism Academy will make every reasonable effort to notify me as soon as possible regarding any medical emergency involving my child.

I understand that I am responsible for any medical expenses incurred as a result of emergency treatment or transportation.

Authorization

☐ **I AUTHORIZE** Victory Autism Academy to obtain emergency medical treatment for my child if I or my designated emergency contacts cannot be reached.

☐ **I DO NOT AUTHORIZE** Victory Autism Academy to obtain emergency medical treatment for my child.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

PHOTO & VIDEO CONSENT

During the school year, students may be photographed, audio recorded, or video recorded by employees, contractors, or authorized representatives of Victory Autism Academy, Victory Schools, Victory Foundation, and all affiliated Victory entities while participating in classroom instruction, educational programs, school events, community outings, extracurricular activities, and other school-related activities.

The purpose of this consent is to authorize Victory to use your child's name, likeness, image, voice, photographs, video recordings, audio recordings, artwork, written work, and other creative works in support of its educational mission. Materials may be used in school publications, newsletters, yearbooks, brochures, presentations, fundraising materials, websites, social media, marketing materials, digital communications, news media, displays within Victory facilities, and other print, electronic, or broadcast media.

I understand that once images or recordings are published through public media or the internet, Victory cannot control or guarantee the removal or future distribution of those materials by third parties.

Authorization

☐ **I AUTHORIZE** Victory Autism Academy and all affiliated Victory entities to use my child's name, image, voice, photographs, video recordings, audio recordings, and creative works as described above.

☐ **I DO NOT AUTHORIZE** Victory Autism Academy or any affiliated Victory entity to use my child's name, image, voice, photographs, video recordings, audio recordings, or creative works for these purposes, except as otherwise permitted by law or for internal educational, safety, security, or student record purposes.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

AGREEMENT FOR STUDENT USE OF TECHNOLOGY

Victory Autism Academy utilizes technology to enhance student learning, communication, and access to educational resources. The school strives to enforce all rules regarding student access to technology and the Internet while making every reasonable effort to provide a safe online environment.

Victory Autism Academy utilizes internet filtering software to help prevent student access to inappropriate materials, information, and websites. While these safeguards are in place, no filtering system can guarantee that all objectionable content will be blocked. Accordingly, Victory Autism Academy cannot guarantee that students will never encounter inappropriate information or online contacts while using school technology.

Students are expected to use school technology responsibly and in accordance with all school rules and expectations. Each student is responsible for his or her own behavior while using technology. Inappropriate use of school technology or Internet access may result in the suspension or revocation of technology privileges and may also result in disciplinary action.

Parents and guardians play an important role in supporting responsible technology use. Victory Autism Academy encourages families to discuss appropriate online behavior with their child and to reinforce the responsible use and care of school-issued technology.

By signing below, I acknowledge and agree that:

- I have read and understand the Victory Autism Academy Agreement for Student Use of Technology.
- I understand that Victory Autism Academy utilizes internet filtering software but cannot guarantee that all objectionable material or online content will be blocked.
- I understand that my child is expected to use school technology responsibly and that inappropriate use may result in disciplinary action and/or the loss of technology privileges.
- I understand that Victory Autism Academy is not responsible for materials accessed or contacts made through the Internet despite reasonable safeguards.
- I agree to accept financial responsibility for damage to school-owned hardware or software caused by my child's misuse or negligence.
- I have discussed these responsibilities and expectations with my child and understand the importance of responsible digital citizenship.

Authorization

☐ **I AUTHORIZE** Victory Autism Academy to provide my child with access to school technology and the Internet for educational purposes in accordance with the Student Use of Technology Agreement.

☐ **I DO NOT AUTHORIZE** Victory Autism Academy to provide my child with access to school technology and the Internet.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

ANIMAL THERAPY CONSENT

Victory Autism Academy incorporates supervised animal-assisted educational experiences into various instructional programs. Animals may include, but are not limited to, chickens, ducks, pigs, miniature ponies, rabbits, donkeys, dogs, and other appropriate therapy or educational animals. Students are supervised at all times while participating; however, as with any interaction involving animals, there is an inherent risk of injury.

Authorization

☐ **I AUTHORIZE** for my child to participate in Victory Autism Academy's supervised Animal Therapy Program. I understand the potential risks associated with participation and release Victory Autism Academy and its employees from liability for injuries or accidents that may occur during participation.

☐ **I DO NOT AUTHORIZE** for my child to participate in the Animal Therapy Program.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

BEHAVIOR INTERVENTION POLICY

Victory Autism Academy ("VAA") is committed to providing the highest quality educational programs while maintaining a safe, positive, and supportive learning environment for all students. We strive to promote academic achievement, life skills, social skills, and positive behavior through individualized instruction and evidence-based practices.

To ensure the care, welfare, safety, and security of all students, staff, and visitors, Victory Autism Academy utilizes a variety of behavioral interventions and Crisis Prevention Intervention (CPI®) techniques designed to safely prevent and de-escalate behavioral crises. The safety and dignity of every student remains our highest priority.

Use of Physical Intervention

Victory Autism Academy is committed to using the least restrictive intervention possible. Physical intervention will only be used as a last resort when a student's behavior presents an immediate risk of physical harm to themselves or others and less restrictive interventions have been determined to be ineffective in preventing imminent bodily harm.

Therapeutic Holds

A therapeutic hold is a treatment technique in which a student experiencing a behavioral crisis is safely contained by trained personnel rather than through the use of mechanical or chemical restraint.

When a therapeutic hold is utilized:

- It will never impede a student's ability to breathe.
- It will always be appropriate for the student's age, size, and physical condition.
- It will immediately end once the student no longer presents an immediate danger to themselves or others.

Seclusion

Victory Autism Academy does not use seclusion as a behavioral intervention.

Staff may, however, provide a supervised alternative location or accompany a student on a walk to assist with emotional regulation while maintaining the student's dignity, privacy, and the safety of peers and staff.

Staff Training

Victory Autism Academy staff receive annual Crisis Prevention Intervention (CPI®) training and no fewer than two refresher trainings during each school year.

Staff are trained in a continuum of intervention strategies, ranging from subtle physical prompts to therapeutic holds. Therapeutic holds are implemented only by trained personnel under the oversight of a certified Crisis Prevention Intervention trainer.

Documentation & Parent Notification

Whenever a therapeutic hold occurs:

- The responding staff member will complete a Therapeutic Hold Incident Report.
- School administration will assess the student for any injuries that may have occurred during the intervention.
- The student's parent or legal guardian will be notified by telephone the same day.
- Parents or guardians may request a copy of the incident report at any time.
- All incidents are reviewed and tracked to identify behavioral patterns, evaluate intervention effectiveness, determine whether additional supports are needed, and develop replacement behaviors to promote future student success.

Parent Consent for Crisis Prevention Intervention (CPI)

By signing below, I acknowledge that I have read and understand the Victory Autism Academy Behavior Intervention Policy.

I understand that trained Victory Autism Academy staff may utilize Crisis Prevention Intervention (CPI®) techniques, including therapeutic holds, when necessary to protect the immediate safety of my child or others and in accordance with applicable federal and state laws.

I understand that physical intervention will only be used as a last resort when less restrictive interventions have been determined to be ineffective, and that I will be notified whenever a therapeutic hold is implemented.

I understand that I may contact Victory Autism Academy at any time with questions regarding behavioral interventions, Crisis Prevention Intervention (CPI), or therapeutic holds.

By signing below, I grant permission for trained Victory Autism Academy staff to utilize Crisis Prevention Intervention (CPI®) techniques and therapeutic holds consistent with applicable laws and school policy. I acknowledge that the signature of one legal parent or legal guardian is sufficient for this authorization.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Educational Screening Authorization

Victory Schools is committed to identifying and addressing the educational needs of every student to promote academic, behavioral, communication, motor, and functional success within the school environment. As part of this commitment, qualified members of the Victory Schools Related Services team may conduct educational screenings and observations when the school team identifies a potential area of concern or believes additional information is needed to support a student's educational program.

The purpose of an educational screening is to gather information regarding a student's educational performance and to assist the school team in determining appropriate educational supports, interventions, and recommendations.

Educational screenings may be conducted by qualified personnel in one or more of the following related service areas:

- Speech-Language Therapy
- Occupational Therapy
- Physical Therapy

An educational screening is a brief educational process and is not a comprehensive evaluation, medical examination, or clinical diagnosis. Screening activities may include, but are not limited to:

- Classroom observations;
- Review of educational records;
- Consultation with teachers and other school personnel;
- Brief discipline-specific screening activities; and
- Other educationally appropriate methods of gathering information related to the student's functioning within the school setting.

Based on the results of the screening, the Related Services team may recommend classroom strategies, consultation with school staff, additional educational supports, referral for further assessment, or related services, as appropriate. Any recommendations resulting from the screening will be reviewed and discussed with the parent/guardian prior to implementation, when applicable.

Parent Authorization

I understand the purpose of educational screenings conducted by Victory Schools and authorize qualified members of the Victory Schools Related Services team to conduct educational screenings and observations, as described above, during my child's enrollment at Victory Schools.

☐ **I AUTHORIZE** Educational Screenings

☐ **I DO NOT AUTHORIZE** Educational Screenings

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

STUDENT & PARENT HANDBOOK ACKNOWLEDGMENT & AGREEMENT

2026–2027 School Year

The Victory Autism Academy Student & Parent Handbook contains important information regarding school policies, procedures, student expectations, attendance, health and safety, student conduct, and other guidelines that support a safe and successful educational environment.

The handbook is provided electronically for your convenience.

Student & Parent Handbook

Please scan the QR code below to access and review the 2026–2027 Victory Autism Academy Student & Parent Handbook.

Parent Acknowledgment

By signing below, I acknowledge and agree that:

- I have received access to the Victory Autism Academy Student & Parent Handbook.
- It is my responsibility to review and become familiar with the policies, procedures, and expectations contained within the handbook.
- I understand that compliance with the Student & Parent Handbook is a condition of my child's enrollment and continued attendance at Victory Autism Academy.
- I understand that the handbook may be revised during the school year to reflect changes in school operations, policies, or applicable laws. Victory Autism Academy will communicate any significant revisions to families.
- If I have questions regarding the handbook or any school policy, I understand that I should contact my child's campus administration.

By signing below, I acknowledge that I have received access to the Student & Parent Handbook and agree to support the policies, procedures, and expectations of Victory Autism Academy.

Legal Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

SECTION 5 | ENROLLMENT AGREEMENT & PARENT CERTIFICATION

The following authorizations are required as part of your child's enrollment at Victory Autism Academy. Please read each authorization carefully before making your selection and signing where indicated.

By signing below, I certify and acknowledge that:

☐ The information provided in this Student Enrollment Packet is true, complete, and accurate to the best of my knowledge.

☐ I understand that it is my responsibility to notify Victory Autism Academy promptly of any changes to my child's educational, medical, behavioral, legal, emergency contact, or custody information.

☐ I understand that Victory Autism Academy may request additional documentation or updated evaluations as necessary to determine appropriate educational programming or placement.

☐ I understand that enrollment is contingent upon the completion of the admissions process and receipt of all required documentation.

☐ I understand that Victory Autism Academy reserves the right to determine whether it can appropriately meet my child's educational, behavioral, and safety needs.

☐ I acknowledge that I have reviewed and completed all applicable forms and authorizations included in this enrollment packet.

Parent/Guardian Information

Student Name: _____

Legal Parent/Guardian Name: _____

Relationship to Student: _____

Legal Parent/Guardian Signature: _____

Date: _____