



# CHOICE ACADEMY INC

3350 N Arizona Ave Suite 2, Chandler, AZ 85225

Phone: 480-656-5374 Fax: 1480-546-4536

Email: [admin@choiceacademyedu.org](mailto:admin@choiceacademyedu.org)

Website: [www.choiceacademyedu.org](http://www.choiceacademyedu.org)

## Choice Academy Academic Calendar 2024-25

Sep 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Oct 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Nov 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Dec 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Feb 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Mar 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Apr 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Jun 2025						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Jul 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug 2025						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

### IMPORTANT DATES

Fall Break	Winter Break	Sprint Break	Reminder
October 7 - 11	December to January 3	March 10 - 14	<b>First Day of School: Aug. 5</b> <b>Holidays-No School:</b> <b>Last Day of School: May 23</b>



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## SCHOOL ENROLLMENT FORM

Please fill in the following fields to complete your child's enrollment at our school. Ensure that all the required fields are completed for submission.

### STUDENT INFORMATION

Student Full Name	
Date of Birth	
Grade Level	
Gender	
Student Address (Street, City, State, ZIP)	

### PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name	
Email Address	
Phone Number	
Emergency Contact Name	
Emergency Contact Phone Number	

### HEALTH AND MEDICAL INFORMATION

Does the student have any medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe the condition(s):	
Allergies	

## AGREEMENT AND ACKNOWLEDGMENT

### Parental Acknowledgment

By submitting this form, I acknowledge that the information provided is accurate to the best of my knowledge.

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

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

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

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**Transcript Request Form**

I, \_\_\_\_\_, hereby request the release of all my official student records, including but not limited to transcripts, IEP, and any other academic records held by:

Name of School:		
Address:		
City:	State:	Zip:
Student Name:	DOB:	20
Parent/Guardian Name:	Date:	24
Parent Signature:		

Please send the requested records via email or fax:

Email: <a href="mailto:admin@choiceacademyedu.org">admin@choiceacademyedu.org</a>	Fax: 480-546-4536
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If any additional information is required or requested, please inform Choice Academy for additional requests.

**PACK PRIDE**



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## Enrollment Assistance and Tuition Recurring ESA Payment Authorization Form

Schedule your tuition and extra-care payment to be automatically deducted from your Arizona State ESA account. Complete and sign this form to get started.

### How Choice Academy's Recurring Payments Work:

By signing below, you authorize Choice Academy to be your advocate and assist with the timely tuition payments for your student, including ESA enrollment assistance. You authorize Choice Academy access to your designated ESA account and to facilitate the regularly scheduled charges for Tuition with your ESA account. You will be charged the normal Quarterly tuition amount (per the Tuition & Fees schedule for each school year), if elected. A receipt for payment will be provided *upon request*. You agree that no prior notification will be provided for regular Quarterly tuition unless specifically requested in writing.

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**Please complete the information below:**

I \_\_\_\_\_ authorize **Choice Academy INC**  
(Full Name)

To be my advocate and assist in the timely processing of my quarterly Tuition payments and have access to my ESA account and able to transfer on my behalf the quarterly tuition payments to charge my ESA account indicated below quarterly at the 1st of that month as designated by the State of Arizona payment calendar for payment of my tuition.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CHOICE ACADEMY INC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that CHOICE ACADEMY INC may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

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

Signature: \_\_\_\_\_

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



## Empowerment Scholarship Account

### Affidavit of Shared Residence

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

Parent/Legal Guardian Name: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me and/or at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Property tax bill with name and address within one year
- Utility bill within the past 60 days (water, electric, gas, cable, phone)
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
- Other documentation with a current address from a state, tribal, or federal agency within the past 60 days (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security)
- For Reservation addresses: Physical address verification letter from a fire department, police department, tribal agency, or Chapter House within the past 60 days
- Temporary on-base billeting facility (for military families) within the past 60 days

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

### Acknowledgement

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_  
Affiant name

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

# Prototype Household Application for Free and Reduced Price School Meals

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

Complete one application per household. Please use a pen (not a pencil).

**STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

**STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?**

**NO** → Go to STEP 3.     
  **YES** → Write case number here and proceed to STEP 4.     

Write only one case number in this space.

**STEP 3 List ALL household members and income for each member (before taxes and deductions)**

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**  
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 50%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) 
 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) 
 Check if no Social Security Number

**Please see application's back for list of income sources.**

**B. Child Income**  
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$ 

How often received?				
Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address (if available)	City	State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Zip	Phone (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
		Email (optional)

**Return completed form to your child's school.**

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <b>If you are in the U.S. Military:</b> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL**

**Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. **\*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

**DO NOT FILL OUT**

For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

\*MAIL: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: program.intake@usda.gov

**\*Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.



**Arizona Department of Education**  
Office of English Language Acquisition Services

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

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

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

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

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Student Name_____	District Student ID_____
Date of Birth_____	SSID_____
Parent/Guardian Signature_____	Date_____
District or Charter_____	
School_____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)





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**Student Name:** \_\_\_\_\_

## **Registration Documents Checklist**

- Student Enrollment Form
- Home Language Survey
- Media Release Form
- Color Copy of Student's Birth Certificate
- Copy of Student's immunization records
- Arizona Residency Documentation Form (Please see the allow the List of valid documentation listed on the form)
- Copy of Parent/Guardian State Issued Identification

## **Please provide the following documentation, if applicable:**

- Relevant Custody Information (e.g. Guardianship/Custody Documentation, divorce decree order, foster care.
- Medical Alerts (e.g., Physicians instructions/Documentation for severe health conditions)
- IEP/504 Documentation/Evaluation (Please note, this documentation can be retrieved through transcript requests)
- Affidavit of Shared Residency (Choice Academy Notary is available upon request).  
Please note: The Affidavit of Shared Residency does not apply to parents/guardians who are able to provide the Valid Arizona Residency Documentation.

## **Once Registration has been completed, the Parent/Guardian will receive the following:**

- Parent and Student Email
- ESA Information
- Parent/Student Handbook
- Orientation Meeting will be schedule with parents and student

**NOTE: WRITE DOWN MISSING DOCUMENTS FOR FOLLOW-UP**

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**Dear Parents and Guardians,**

We are thrilled to share that Choice Academy is enhancing our educational offerings by utilizing the Edgenuity curriculum. This innovative online learning platform allows us to provide a personalized and engaging experience for each of our students.

Edgenuity's adaptive curriculum is designed to meet the diverse learning needs of our students, enabling them to progress at their own pace while still adhering to state educational standards. The platform's interactive content and assessments foster active participation, helping students develop a deeper understanding of the material.

We believe this approach not only supports academic success but also equips students with essential skills for lifelong learning. Our dedicated teachers are committed to guiding and supporting your child throughout their educational journey, ensuring they fully benefit from the resources available.

We encourage you to engage with your child about their learning experience and explore their progress. If you have any questions or would like more information about Edgenuity and how it benefits your child's education, please don't hesitate to reach out.

Thank you for your ongoing support as we work together to provide the best possible learning environment for our students.

Warm regards,

**THE CHOICE ACADEMY TEAM**

GOOOOOO WOLVES!!!