

# Pre-Enrollment Form 2021-2022

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



**Park View Middle School**  
9030 E. Florentine Road, Prescott Valley, AZ 86314  
Office (928)775-5115 Fax (928)775-6253

### For Office Use Only

Grade Level: \_\_\_\_\_  
Entry Date: \_\_\_\_\_  
ADE ID #: \_\_\_\_\_  
ID #: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

Student Information

Legal Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last Name (If other than legal): \_\_\_\_\_ Nickname: \_\_\_\_\_  
Is student homeless?  Yes  No (If Yes, please speak to the site administrator.)  
Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  Male  Female Age (as of Sept.1) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(month/ day / year) (city, state)  
Please answer both of the following questions: Is this student of Hispanic/Latino ethnicity?  Yes  No  
What is the student's race? (Choose one or more.)  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Pacific Islander  White  
Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Has the student ever been suspended or expelled from school in the past?  Yes  No  
If yes, please explain: \_\_\_\_\_  
Has the student been out of school for:  1-4 weeks  One semester  One Year  Two years  
If yes, please explain: \_\_\_\_\_  
Has the student been enrolled in any special programs?  None  Special Education  Chapter 1  Gifted  
 Bilingual  ESL  Title I  504  
If Special Education: Date of last IEP: \_\_\_\_\_ Date of last accommodation plan: \_\_\_\_\_

Grade the student is in right now at his/her current school: \_\_\_\_\_

Parent Information

Student lives with:  Mother  Father  Both Parents  Guardian  Relative  Friend  
Are parent(s) of the student:  Married  Divorced  Separated  Never Married  
**Parental Permissions:**  
If divorced or separated, does  Mother  Father  Both have permission to (check all that apply):  
 Pick up student  Receive mailings  Contact school for student information  Have contact with student  
**Custody:**  
 Joint Custody  \*Separate Custody with  Mother  Father  Other  
**(\*If you are a guardian or not sharing joint custody, please provide legal documentation.)**  
Is student a ward of the court?  No  Yes—Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Active Military?  No  Yes  
Mother/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Active Military?  No  Yes

**Additional paperwork is necessary to complete enrollment.**

# Consent Form

Enrollment Form (Page 2)

**Please list your emergency contacts.** These contacts may be called to pick up your student in case you cannot be reached. The State requires us to have two additional contacts beyond the parents or guardians. The first and second contact priorities are listed on *Page One* of the Enrollment Form.

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

I, \_\_\_\_\_, **Do Not Want** the School to publish the following information for my child:

- Publish student's name (first name only) on the school's web site which is available on the world wide web.
- Publish student's photo on the school's web site which is available on the world wide web.
- Publish student's photo and full name in school's publications, i.e., School newsletters, local newspapers.
- Allow my student to appear on Television.
- Publish student's photo (no names) in School's advertising venues, i.e., school's newsletters, local newspapers.

Yes, my student listed prior has my permission to ride in a school vehicle for field trips and other school-related activities.

No, my student does not have my permission to ride in a school vehicle for field trips and other school-related activities.

**If you do not want your student to receive any of the products listed below, please check that particular medication. Many of these medications may be purchased in the generic equivalent. NOTE: There is not a school nurse on campus.**

### MEDICINE APPLIED TO THE SKIN

- \_\_\_ Antibiotic Ointment
- \_\_\_ Caladryl
- \_\_\_ Hydrocortisone Cream
- \_\_\_ Hydrogen Peroxide
- \_\_\_ Sterile Eye Wash Solution

Does your student have a medically prescribed inhaler?  No  Yes (If yes, medication consent form must be completed) Reason: \_\_\_\_\_

Does your student have any serious illness or handicaps? \_\_\_\_\_

Does your student have any allergies? \_\_\_\_\_

## IMPORTANT PARENT INFORMATION

The administration of prescription or over-the-counter medications requires written consent from the parent/guardian on the "Parents Consent for Giving Medication at School" form. **No medications will be given by the health aide without this form.** If a child is to take medication both at school and at home, please ask your pharmacist to provide you with **two marked containers**, one for home and one for school. All medications (prescription or over-the-counter) must be in the original container, checked in to the office by the parent, along with the form. For safety precautions, students are not allowed to carry medication (with the exception of a prescribed inhaler, which requires a completed form) on school grounds All medications given to students must be supplied by parent/guardian; the School does not supply medications.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Health and Emergency Information

Enrollment Form (Page 3)

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Counselor: \_\_\_\_\_ Facility: \_\_\_\_\_

## Student Insurance Information

None

Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Insurance Holder: \_\_\_\_\_

**Has your student ever had any of the following?** Please check yes or no. If yes, note the year.

	Yes	No	Year		Yes	No	Year		Yes	No	Year
Asthma				Headache				Paralysis			
Allergies				Head Injury				Rheumatism/Arthritis			
Back Pain				Hearing Problems				Rubella			
Bronchitis				Heart Condition				Scoliosis			
Chest Pain				Hepatitis				Skin Disease			
Chickenpox				High Blood Pressure				Sore Throat			
Convulsions				Intestinal Trouble				Speech Problems			
Depression				Kidney/Urinary Infection				Stomach			
Diabetes				Measles				Upper Respiratory			
Dizziness/ Fainting				Meningitis				Ulcers			
Earache				Mononucleosis				Valley Fever			
Emotional Problems				Mumps				Vision Problems			
Epilepsy				Orthopedic Problems							

Comments to "Yes" items: \_\_\_\_\_

Any other problems not listed above: \_\_\_\_\_

Any physical restrictions for any activity: \_\_\_\_\_

Please list any medications your child is currently taking at home: \_\_\_\_\_

Is your child presently receiving any medical treatment? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

**\*In the event we are unable to reach listed parents or emergency contacts, and medical care is necessary, the student will be taken to the nearest medical facility by whatever means necessary, including ambulance, to ensure the health and safety of your student. Fees incurred will be the responsibility of the parent/guardian and not that of the School or its employees. Your signature below for authorization and completeness of the information will be considered in force until changed by the parent/guardian in person.**

**Student's Name:** \_\_\_\_\_

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

*Park View Middle School*                      *Canyon View Preparatory Academy*  
**FIELD TRIP & EMERGENCY MEDICAL CONSENT FORM**

*This form must be updated (by parent) when any changes occur.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE                                      STUDENT'S NAME

Parent/Guardian: #1 \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_  
 Parent/Guardian #2 \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 STUDENT'S DOB                                      AGE

**Field Trip Permission**

I hereby give permission for my child to attend field trips sponsored by the School during the regular school year. I will receive a separate permission slip to sign for my child on any field trip that travels beyond the Tri-City boundary area, and any travel that extends beyond the regular hours of school operation.

**X**

\_\_\_\_\_  
**Parent/Guardian Signature**

*Emergency Medical Information*

List any allergies: \_\_\_\_\_  
 List any medical problems: \_\_\_\_\_  
 List any current medication: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_ ID Number: \_\_\_\_\_

**List people who may care for your child if you are not available.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*In the event we are unable to reach listed parents or emergency contacts, and medical care is necessary, the student will be taken to the nearest medical facility by whatever means necessary, including ambulance, to ensure the health and safety of your student. Fees incurred will be the responsibility of the parent/guardian and not that of the School or its employees. Your signature below for authorization and the completeness of the given information will be considered in force until changed by the parent/guardian in person.**

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

The above signed parent/guardian, having legal custody or control of this minor, **grants permission** for any emergency treatment and hospital services that may be rendered to said minor, under the general or specific directions of

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ or any hospital  
 emergency department physician.

# Enrollment Questionnaire

## Special Education, Support Service, Disciplinary Action Questionnaire

**(This form is optional; however, incomplete or omitted information may  
delay or impair proper services.)**

Has your child received any of the following services? Please check all that are applicable:

- \_\_\_\_\_ Special Education
- \_\_\_\_\_ Resource Room
- \_\_\_\_\_ Speech/Language Therapy (If exited, when \_\_\_\_\_, Please provide exit documentation.)
- \_\_\_\_\_ Physical/Occupational Therapy
- \_\_\_\_\_ Title 1
- \_\_\_\_\_ Counseling (If Yes, Where: \_\_\_\_\_)
- \_\_\_\_\_ Learning Disability Classroom
- \_\_\_\_\_ Classroom For Emotional/Behavior Problems
- \_\_\_\_\_ Remedial Reading
- \_\_\_\_\_ Severe Learning Disabled
- \_\_\_\_\_ English As a Second Language (ESL)
- \_\_\_\_\_ English Language Learner (ELL)
- \_\_\_\_\_ Gifted Program
- \_\_\_\_\_ Hearing or Vision Special Services
- \_\_\_\_\_ Residential Placement
- \_\_\_\_\_ Alternative School
- \_\_\_\_\_ Vocational Special Education
- \_\_\_\_\_ Probation/Legal/Juvenile Detention Programs
- \_\_\_\_\_ Section 504
- \_\_\_\_\_ Suspension, Expulsion or other disciplinary action (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Other (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ None

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Welcome to Park View Middle School and to Canyon View Prep Academy. We are happy that you have chosen our schools, and we look forward to working with you to further your student's education.

### Entry Survey

In our continuing effort to improve our educational program, we ask that you take just a few minutes to answer the following questions. We value the partnership between home and school. Your input will be greatly appreciated. Thank you.

- **How did you find out about our school?**  
(Current/previous student (*list name*), friend, family, internet, radio, print, etc.)  
\_\_\_\_\_
  
- **Are you enrolling in Park View Middle School or Canyon View Prep from another school in our area?**  
  
**If yes, please list the last two schools attended with dates attended:**  
\_\_\_\_\_  
\_\_\_\_\_
  
- **Why did you choose Park View Middle School and/or Canyon View Prep?** \_\_\_\_\_  
\_\_\_\_\_
  
- **What classes, programs or activities would you like to see offered at these schools?**  
\_\_\_\_\_
  
- **Additional comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Enrollment Disciplinary Statement**

Your application for enrollment of your son/daughter is being considered with the understanding that, should the application be approved, it is a temporary approval for enrollment into our School until all records are received from previous school(s). When records are received and they are in order-- with no record of current expulsion, suspension, or non-compliance with a condition of disciplinary action imposed by the juvenile court -- regular registration and enrollment will be initiated. Acceptance for enrollment may be revoked upon finding the existence of any of these conditions.

Name of Student—please print	Parent's Signature	Date
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## 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 01-2020)



## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

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2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

---

3. **¿Qué idioma habló o entendió el estudiante primero?**

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Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



## RIGHTS OF HOMELESS STUDENTS

The School District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth applies to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- In a bus station, park, car, or abandoned building.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

**Immediate enrollment:** *Documentation and immunization records cannot serve as a barrier to enrollment in school.*

**School Selection:** *McKinney-Vento eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

**Remain enrolled** *in his/her selected school for the duration of homelessness, or until the end of the academic year in which he/she became permanently housed.*

**Participate in programs** *for which they are eligible including Title I, National School Lunch Program, Head Start, etc.*

**Transportation services:** *A McKinney-Vento eligible student attending his/her School of Origin has the right to transportation to and from that School of Origin.*

**Dispute Resolution:** *If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the School District. The School District must respond and attempt to resolve it quickly. During the dispute time, the student must be immediately enrolled in the School and provided transportation until the matter is resolved. The Homeless Liaison will assist the student in making decisions, providing notice of any appeal process, and filling out the dispute forms.*

**For more information, refer to [www.azed.gov/asd/nclblibrary/McKinney\\_Vento\\_Homeless\\_Guidance.pdf](http://www.azed.gov/asd/nclblibrary/McKinney_Vento_Homeless_Guidance.pdf), or contact:**

Betsy Bowers, Homeless Liaison  
Park View Middle School & Canyon View Prep Academy  
9030 E. Florentine Road, Prescott Valley, AZ 86314  
Telephone: (928) 775-5115  
[Betsy.Bowers@pvcvedu.org](mailto:Betsy.Bowers@pvcvedu.org)

Silvia Chavez, State Coordinator for Homeless  
Arizona Department of Education  
1535 W. Jefferson Street, Phoenix, AZ 85007  
Telephone: (602) 542-4963  
[silvia.chavez@azed.gov](mailto:silvia.chavez@azed.gov)

No, I do not need assistance at this time.

Yes, I do qualify for assistance due to the following circumstances:

Stepping Stones, Turning Point, or other Group Home

With Grandparent(s) with legal custody?  Yes  No (temporary)

Print name of parent/guardian \_\_\_\_\_

Doubled up (living with others due to hardship)

Living with \_\_\_\_\_ Relationship \_\_\_\_\_

Unsheltered (living in cars, parks, etc.) \_\_\_\_\_

Hotel/Motel \_\_\_\_\_

-----  
Parent/Guardian Signature

-----  
Contact Phone No.

-----  
Student Name

-----  
School of Attendance

-----  
Date

**PARK VIEW MIDDLE SCHOOL and  
CANYON VIEW PREPARATORY ACADEMY**

9030 E. Florentine Road  
Phone (928) 775-5115

Prescott Valley, AZ 86314  
Fax (928) 775-6253

**REQUEST FOR STUDENT RECORDS**

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

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Previous School(s) Attended in the last 12 months: \_\_\_\_\_

School's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLEASE PROVIDE STUDENT A.D.E. I.D. NUMBER:** \_\_\_\_\_  
(State of Arizona only)

- Please send **current** IEP, Evaluations (Speech, Psychological, and Language), Special Education Records, 504, ELL, and/or any other Special Programs Records.
- Please send all grades, test scores, attendance records, transfer grades, and other pertinent information. **(For high school, please also mail official transcript.)**
- Please send **current** health screenings, immunization records, and birth certificate.

NOTE: According to the Final Regulation (Family Education Rights and Privacy Act, Buckley Amendment June 17, 1976), it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institutions, and officials of other schools in school systems in which they may intend to enroll, may receive a student's record without written consent from parents/guardians.

**For Office Use Only**

Date of 1st Request: \_\_\_\_\_ Date of 2nd Request: \_\_\_\_\_ Date Received: \_\_\_\_\_

Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Arizona Department of Education  
Arizona Residency Documentation Form**

**PLEASE PROVIDE A COPY OF YOUR DOCUMENTATION—such as a bill, driver's license, payroll stub. A COPY CAN BE MADE IN THE SCHOOL OFFICE.**



Student \_\_\_\_\_

School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and **submit in support of this attestation a copy of the following document** that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit. (See reverse side of form.)

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

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

PLEASE PROVIDE A COPY OF YOUR DOCUMENTATION—such as a bill, driver's license, payroll stub. A COPY CAN BE MADE IN THE SCHOOL OFFICE.



State of Arizona

COMPLETE THIS SIDE ONLY IF NECESSARY!

Affidavit of Shared Residence

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

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 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:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
Valid Arizona Address Confidentiality Program authorization card
Real estate deed or mortgage documents
Property tax bill
Residential lease or rental agreement
Water, electric, gas, cable, or phone bill
Bank or credit card statement
W-2 wage statement
Payroll stub
Certificate of tribal enrollment(506 Form) or other identification issued by a recognized Indian tribe in Arizona.
Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

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

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

Acknowledgement

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

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

Notary Public

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