

Family Life Academy Enrollment Forms

Date: _____

Student Information

Full Legal Name: _____ Nickname: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

[] same as physical address

Phone: _____ Email Address: _____

Birthday: _____ Birthplace: _____ Age: _____ Sex: _____

Grade entering: _____ Social Security #: _____ DL # _____

Family Information

Father's Name: _____

SS# _____ DL# _____ Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

[] same as student

Mailing Address: _____ City: _____ State: _____ Zip: _____

[] same as student

Employer: _____ Position: _____

Home Phone: _____ Cell: _____ Business Phone: _____

Mother's Name: _____ Maiden: _____

SS# _____ DL# _____ Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

[] same as student

Mailing Address: _____ City: _____ State: _____ Zip: _____

[] same as student

Employer: _____ Position: _____

Home Phone: _____ Cell: _____ Business Phone: _____

Student Lives with: Both Parents Mother Father Other

Legal Guardian if other than parent (s): _____

Relationship to student: _____

Emergency Contacts

	Name	Phone#	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

General Information *(New student's only. Returning student continue to "Medical Information")*

School student attended during the previous school year: _____

Has the student ever repeated a grade? Yes No If yes, please list the grade and reason. _____
_____.

Has the student ever been suspended, expelled, or had any disciplinary difficulty in school? _____
If yes, please explain _____

Has the student ever been denied admission to another private school?
If yes, please explain _____

Why did you choose this school for your student to attend? _____

Do you and your family attend church regularly? Yes No

Home church: _____

Pastor's Name: _____

Medical Information

Physician's Name: _____ Phone#: _____

Insurance Carrier: _____ Medical Plan#: _____

Dentist's Name: _____ Phone#: _____

Insurance Carrier: _____ Medical Plan#: _____

Known Medical Conditions: _____

List of all medications taken: _____

Specify if allergic to any medication, food, etc.: _____

Authorization to Consent to Treatment

I/We authorize the staff of Family Life Academy to act as my/our agents to seek and/or provide first aide, medical attention, advice, and/or care in my/our absence.

It is understood that this authorization is given in advance of any first aide, specific diagnosis, treatment, or hospital care being required and is given to provide authority to give specific consent to any and all such diagnosis, treatment, or hospital care which may deem advisable and/or necessary.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken.

He/she may be given Tylenol, Cough Syrup, or Pepto-Bismol or other over the counter medicines during school hours if they are requested by your child. **NOTE:** _____

This authorization is for all activities involved with any extra-curricular activity is valid during the time my child is enrolled in Family Life Academy for this school year.

Father's (Guardian's) Signature: _____ Date: _____

Mother's (Guardian's) Signature: _____ Date: _____

Permission to Release

Only those listed on this form will have permission to pick up my child.
My child will not be released to anyone whose name is not listed below including parents.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Agreement on Discipline and Cooperation

One of the goals of our school is to train children to become good, responsible citizens in our society. Proverbs 22:6 states to “Train up a child in the way he should go, even when he is old he will not depart from it.” We believe that children should be taught early that there are acceptable, and unacceptable forms of behavior, and that they are responsible for their behavior. Children should be led to develop a sense of responsibility and integrity that will guide them the remainder of their lives.

To accomplish these goals, a close cooperation between the school and the parent is required. We expect parents to support the school in all matters of policy and discipline. Upon enrollment, parents are required to read and sign the following agreement.

1. We pledge to cooperate with Family Life Academy in encouraging our child to follow fundamental Christian principals, and we agree to abide by the principles and policies set forth by the school.
2. We pledge to uphold the authority of teachers, recognizing the right to use disciplinary measures within the scope of Scriptural methods. We agree to present a positive attitude toward the teacher and school in front of our child. We will seek to build a positive image in his/her mind toward those in authority.
3. We pledge our loyalty to the aims and ideals of the school. We will seek to resolve any dissatisfaction with the school, meeting in person with the Pastor, and with the persons involved rather than spreading criticism, or holding negative attitudes in our hearts.
4. It is the right of Family Life Academy to dismiss any student who does not cooperate with the Education process, who does not submit to the authority of the school, whose actions and values are not consistent with the value we teach, or whose parents do not support the school in its policies and values.
5. When warranted, corporal correction will be exercised under the following guidelines:
 - a) The offense will be clearly discussed with your child.
 - b) A staff member will discuss Biblical applications and will pray with your student.
 - c) The principal, using a simple, flat paddle, will administer corporal correction.
 - d) A staff member of the same sex as your child will be present.
 - e) Your child will not be physically restrained. (If he or she refuses to submit to paddling, you will be asked to discuss the matter; and if it is believed to be in the best interest of the school, you may be asked to withdraw your child from the school.)
 - f) Following correction, the student will be assured of our love.
 - g) A written report will be made and copy will be sent to you.

Father's (Guardian's) Signature: _____ Date: _____

Mother's (Guardian's) Signature: _____ Date: _____

Photo Release

Periodically your child's photo may be taken as part of their daily activities or during special events. These images may be used in promotional material or on social or news media as a means of promoting Family Life Academy and/or the ministries of Family Life Church of God.

I, _____, hereby provide consent for the image of my child to be used on social/news media, or other promotional media, at the discretion of Family Life administration.

Father's (Guardian's) Signature: _____ Date: _____

Mother's (Guardian's) Signature: _____ Date: _____

Financial Agreement

Who has financial responsibility for this account?

- 1. Registration Fees:** Registration fees, in the amount of \$500.00, are due at the time of registration. Application forms will not be processed until fee is paid. In the event of withdrawal, Family Life Academy is under no obligation to refund the fee or buy back books and is not subject to discount.
- 2. Tuition Payments:** The cost of tuition is \$5,750.00 per year or \$575.00 monthly. A 5% discount will be given if tuition is paid in full at beginning of the school year. Families with more than one child enrolled will be given a 15% discount on the second child. Tuition is paid in 10 monthly installments beginning on August 1st and ending May 1st. Payment is due on the first day of each month. Payments not received by the 10th of every month will incur a late fee unless arrangements for late payment have been made. If payment is not received by the end of the month, the child will not be able to attend school until the account is made current. Accounts will not be allowed more than 30 days past due.
- 3. Late Fees:** Accounts not paid by the 10th of each month may be assessed a \$25.00 late fee. A fee of \$25.00 may be assessed for all returned checks (NSF).
- 4. Lunch Accounts:** Lunches are available for purchase for students who do not bring a lunch. If your student fails to bring a lunch they may choose items from the selection and the lunch staff will make a note of the charges. Only students authorized to charge are allowed to make a lunch selection. Students who are not authorized to charge and fail to bring a lunch will be issued a standard economy lunch and water to drink. A minimal fee will be charged to cover the lunch. Note: Students will not be permitted to make a phone call to authorize lunch charging.

Yes, my child is authorized to charge on lunch/snack account.

No, my child is not authorized to make lunch/snack charges.

Parent Signature: _____ Date: _____

- 5. Withdrawal:** This contract remains in effect up to and through the month the student withdraws, or until the school term ends. If a student withdraws during the school year, full tuition is charged through the month of withdrawal.

- 6. **Unpaid Balance:** If a student withdraws or the term ends and an unpaid balance remains, all credits, records, and reports (including report cards) will be held until all bills are paid.
- 7. **Fundraisers:** Family Life Academy may hold several fundraisers during the year. We require that all families participate in our fund raising efforts.
- 8. **Scholarship Co-payment:** Family Life Academy participates in and excepts McKay, Step Up for Students, and AAA Scholarship programs. To apply for McKay Scholarship, a student must currently have an IEP or 504 plan. Apply at:
<https://www.floridaschoolchoice.org/Intent/McKayIntent/StudentIntent.aspx>

Step Up For Students and AAA Scholarships are federally funded scholarships based on household income criteria. Apply at: StepUpForStudents.org or AAAScholarships.org

		Your Student
Tuition	\$5750.00	\$5750.00
Registration Fee	\$500.00	\$500.00
Uniforms	\$150.00	\$150.00
Testing	\$100.00	\$100.00
Exercise Science (McKay)	\$100.00	
Tutoring	\$4000.00 (\$50.00/hr.)	
Base Annual Fees	\$10600.00	
Scholarship Amount Awarded	\$4400.00 (example)	
Monthly Copay		
Total Funding	\$4400.00	
Deficit	(\$6200.00)	

Co-Payments for returning students and students enrolling prior to August 1, 2017 are being waived for the 2017-2018 school year.

I/We, the parents/guardians agree to enroll said student in Family Life Academy for the 2017-2018 school year and hereby agree to all provisions of this contract.

Please sign below indicating that you have read and agree to the terms of this contract.

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Required Supporting Documents

Students:

- Birth certificate
- Social Security Card
- Health Insurance Card
- School entry health exam
- Immunization Record – Form 680
- Copy of Driver's License
- Proof of insurance for student drivers

Parents:

- Driver's License
- Social Security Card

Attached:

- Student Handbook Acknowledgment

FAMILY LIFE ACADEMY
STUDENT HANDBOOK ACKNOWLEDGMENT
2017-2018

Family Life Academy 2017-2018 Student Handbook can be accessed at:
<http://familylifecog.org/20172018student%20handbook.pdf>

As a parent or legal guardian of a student of Family Life Academy I have read the Student Handbook, I understand the responsibilities required of us, and understand the consequences if the policy is not followed. We agree to abide by the policies and procedures as outlined in the Handbook. We agree to support and defend Family Life Academy administration, staff, and student body.

Parent/Legal Guardian's Printed Name	Parent/Legal Guardian's Signature	Date
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As a student of Family Life Academy, I understand that I am required to abide by the rules contained in the Family Life Academy Student Handbook. I have read the Handbook, or had it read to me. I understand my rights and responsibilities as a student, and agree to abide by the rules, both for my privilege and protection.

Student's Printed Name	Student's Signature	Date
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OFFICE USE ONLY:

Date Received: _____

Witnessed By: _____