



Family Life Academy Enrollment Application

Scholarship Award ID

Shirt Size for Uniform Polo

[] Youth Small [] Youth Medium [] Youth Large
[] Small [] Medium [] Large [] X-Large [] 2XL [] 3XL

Student Information

Full Legal Name: _____ Nickname: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address (if different): _____ City: _____ Zip: _____
Phone: _____ Email: _____
Date of Birth: _____ Birthplace: _____ Age: _____ Sex: _____
Grade Entering: _____ Social Security #: _____ DL#: _____

Family Information

Father's Name: _____
SS#: _____ DL#: _____ Email: _____
Physical Address: [] Same as student (or) _____ City: _____ Zip: _____
Mailing Address: [] Same as student (or) _____ City: _____ Zip: _____
Employer: _____ Position: _____
Primary Phone: _____ Business Phone: _____

Mother's Name: _____ **Maiden:** _____
SS#: _____ DL#: _____ Email: _____
Physical Address: [] Same as student (or) _____ City: _____ Zip: _____
Mailing Address: [] Same as student (or) _____ City: _____ Zip: _____
Employer: _____ Position: _____
Primary Phone: _____ Business Phone: _____

Household Information

Student Lives with: Both Parents Father Mother Other
Legal Guardian (if other than parent(s)): _____
Relationship to Student: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

General Information *New Students Only – Returning students continue to “Permission to Release”*

School Attended during the previous 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? Yes No If yes, please explain: _____

Has the student ever been denied admission to another private school? Yes No If yes, please explain: _____

Why did you choose Family Life Academy? _____

Do you and your family attend church regularly? Yes No

Home Church: _____ Pastor: _____

Permission to Release

Only those listed on this form will be authorized to pick up my child from school. My child will not be released to anyone whose name is not listed below:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Photo Release

Periodically, a photo or video may be taken of your student as part of their daily activities or during special events. These images may be used in, but not limited to, the promotion of the school through social media, commercial media, and the school’s yearbook. By signing below you give consent/release for these purposes.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Medical Information

Physician's Name: _____ Phone #: _____

Insurance Carrier: _____

Dentist's Name: _____ Phone #: _____

Insurance Carrier: _____

Known Medical Conditions: _____

List of all medications taken: _____

Allergies (Food, Medication, Etc.): _____

Authorization to Consent to Treatment

- I/We authorize the staff of Family Life Academy to act as agents to seek and/or provide first aid, medical attention, advice, and/or care.
- It is understood that this authorization is given in advance of first aid, treatment, or emergency hospital care being required, and is given to provide authority to give specific consent to any and all such treatment or care which may be deemed advisable and/or necessary.
- It is understood that a valid and conscientious effort will be made to notify me before such action if taken.
- This student may be given Tylenol, Ibuprofen, Cough Drops, or Pepto-Bismol or other similar over-the-counter medications during school hours if they are requested by the student. Yes No Note: _____

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

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Agreement on Discipline and Cooperation

One of the goals of FLA is to educate and train children to be upstanding, Godly citizens in our society. We believe in the scriptural mandate to train our children that there are acceptable and unacceptable forms of behavior, and that each person is responsible for his/her own behavior.

To accomplish these goals, a close cooperation between the school and parent is required. We expect each parent to support the school in all matters of policy and discipline.

1. I pledge to cooperate with FLA in encouraging our child to follow fundamental Christian principals and I agree to abide by the principles and policies set forth by FLA.
2. I pledge to uphold the authority of teachers, recognizing the right to use disciplinary measures within the scope of scriptural methods. I agree to present a positive attitude toward the school in the presence of my child. I will seek to build a positive image in his/her mind toward those in authority.
3. I pledge my loyalty to the aims and ideals of FLA. I will seek to resolve any dissatisfaction with the school by meeting in person with the pastor and with the persons involved rather than spreading criticism or holding negative attitudes in my heart.

4. It is the right of FLA 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 values we teach, or whose parent does not support the school in its policies and values.
5. FLA will use progressive discipline beginning with verbal warnings and redirections. Should these verbal cues not successfully resolve behaviors, discipline may progress to demerits, detentions, suspension, corporal correction, or even dismissal from enrollment at FLA.
6. When warranted, corporal correction may be exercised under the following guidelines:
 - a. The offense will be clearly discussed with the student.
 - b. A staff member will discuss Biblical applications and will pray with the student.
 - c. The principal (or his designee), 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/she refuses to submit to discipline, the child will be suspended and administration will consider whether the student should remain enrolled at FLA.
 - f. Following correction, the student will be assured of our love.
 - g. A written report will be made and a copy will be sent home.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Financial Agreement

I understand that the guardians listed on this application have financial responsibility for this account.

1. Registration Fees: Registration Fee in the amount of \$600.00 are due at the time of registration. In the event of withdrawal, FLA is under no obligation to refund the fee or buy back books.
2. Tuition Payments: For Kindergarten through third grade, the cost of tuition is \$6850.00 per year, or \$685.00 monthly. For fourth grade through eighth grade, the cost of tuition is \$6250.00 per year, or \$625.00 monthly. For ninth through twelfth grade, the cost of tuition is \$6150.00 per year, or \$615.00 monthly. A 10% discount will be given if tuition is paid in full at the beginning of the school year.
3. Late Fees: Account not paid by the 10th of the month will be assessed a \$25.00 late fee. A fee of \$25.00 will also be assessed for all returned checks (NSF).
4. Withdrawal: This contract remains in effect up to and through the end of the school term in which a student withdraws. If a student withdraws more than ten days into a term: tuition, curriculum, and uniform fees must be paid for the entire term.
5. Unpaid Balance: If a student withdraws leaving an unpaid balance, all credits, records, report cards, certificates, and/or diploma will be held until the balance is paid in full.
6. Fundraisers: Periodically, FLA will hold a fundraiser. It is expected for all students to participate in fund raising efforts.

I agree to enroll my child at FLA and hereby agree to all provisions of this contract.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

