



# 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 education 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 teach and 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, or even dismissal from enrollment at FLA.

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 \$7800.00 per year, or \$780.00 monthly. For fourth grade through twelfth grade, the cost of tuition is \$7150.00 per year, or \$715.00 monthly.
3. Late Fees: Account not paid by the 10<sup>th</sup> 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: \_\_\_\_\_

### **Required Supporting Documents**

Student:	Birth Certificate
	Social Security Card
	Health Insurance Card
	School Entry Health Exam
	Immunization Record – Form 680
	Copy of Driver's License (if applicable)
	Proof of Student Auto Insurance (if applicable)
Parents:	Driver's License

**Student Handbook Acknowledgement**

The student handbook can be accessed at: [www.familylifeearcher.com](http://www.familylifeearcher.com)

As parent or legal guardian of a student at Family Life Academy, I have reviewed the Student Handbook. I understand the responsibilities required of us and the consequences if the policies are not followed. I have spoken to my child and we agree to support the mission, vision, and processes set forth by Family Life Academy as outlines in the Student Handbook. We agree to support and defend Family Life Academy administration, staff, and student body.

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

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 agree to abide by the rules, both for my privilege and protection.

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Student Printed Name

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Student Signature

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Date