

# Quick Reference

School Year

Registration fee is ONLY refundable if your child's scholarship is DENIED or we cannot accommodate child's needs, otherwise the fee is NON-REFUNDABLE. Space is limited; to ensure your child's placement at SPA, the registration fee must be paid in full. If we have not received a scholarship approval (Scholarship award letter) on or before July 15<sup>th</sup> your child's space WILL NOT be held.

**TELL US SOMETHING ABOUT YOUR CHILD:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student Email: \_\_\_\_\_

**PRIMARY PARENT/LEGAL GUARDIAN INFORMATION:**

*Is this person Picking up student: Yes or No*

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECONDARY PARENT/LEGAL GUARDIAN INFORMATION:**

*Is this person Picking up student: Yes or No*

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please specify how child will get home if different from above:* \_\_\_\_\_

**How did you hear about Scholar's Prep Academy**

<input type="checkbox"/> Sibling attends school	<input type="checkbox"/> Another parent	<input type="checkbox"/> Another church
<input type="checkbox"/> Church	Name of Parent _____	Name of Church _____
<input type="checkbox"/> Social Media	<input type="checkbox"/> FLDOE/Website	<input type="checkbox"/> Billboard. Promo Code _____
		<input type="checkbox"/> Other: _____

**Discrimination Policy**

Scholar's Prep Academy admits students from the ages of 5 and up of any race, color, national and ethnic origin to all the rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administrated programs"



# APPLICATION

## STUDENT INFORMATION

Last Name		First Name		Middle Name		Suffix: (Jr. III)	
Social Security Number		Birthdate	Gender (Circle One) M      F		Race (Circle One) White      Black		Hispanic or Latino? (Circle One) Yes      No
Grade	Home Address (Including Apt #)			City	FL	Zip Code	
Scholarship Type? (Circle One) STEP UP      MCKAY      PLSA /GARDNIER AAA      NO SCHOLARSHIP			Have the student ever been arrested or placed in Juvenile Detention Center? YES      NO	Has the student ever been expelled? YES      NO	Is the student a parent or pregnant? YES      NO	Has the student ever been baker acted? YES      NO	
							Has the student ever been suspended? YES      NO
If the child has been expelled, please explain why?				If the child has been arrested or placed in a Juvenile Detention Center, please explain why?			
If the child has been baker acted, please explain why?				If the child has been suspended, please explain why?			

## STUDENT HISTORY

Current/Previous School Name & Address		Grade	Reason for leaving		Passed?
Previous School Name & Address		Grade	Reason for leaving		Passed?
Previous School Name & Address		Grade	Reason for leaving		Passed?

## PARENT/GUARDIAN INFORMATION

Student lives with primarily? (If other than parent, legal documentation is required. Please circle One)

BOTH PARENTS      MOTHER      FATHER      LEGAL GUARDIAN      FOSTER PARENT      OTHER Specify Relationship \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 1

Last Name		First Name		Relationship to Student	
Address <input type="checkbox"/> Same as Student		Email Address		Speak English YES      NO	Primary Number
					Work Number

### PARENT/LEGAL GUARDIAN 2

Last Name		First Name		Relationship to Student	
Address <input type="checkbox"/> Same as Student		Email Address		Speak English YES      NO	Primary Number
					Work Number

*This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

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# EDUCATIONAL EVALUATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

*Has your child ever been evaluated or referred for evaluation for academic/learning, physical, or mental difficulties that may include... (Circle all that apply)*

ADD/ADHD	YES	NO	Mentally Handicapped	YES	NO
Autism Spectrum Disorder	YES	NO	Physically Handicapped	YES	NO
Behavioral Disability	YES	NO	Schizophrenia Disorder	YES	NO
Developmental Disorder	YES	NO	Specific Learning Disability	YES	NO
Dual Sensory Impairment	YES	NO	Speech Impairment	YES	NO
Emotional Disability	YES	NO	Traumatic Brain Injury	YES	NO
Hearing Impairment	YES	NO	Vision Impairment	YES	NO
Intellectual Disability	YES	NO	Other:		

My child has none of the above

Please describe any answers marked "yes": \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has a teacher ever expressed academic concern? If yes, please explain: \_\_\_\_\_

List any medications and dosage: \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any of the following?

IEP	YES	NO	Neurological Report	YES	NO
504 Plan	YES	NO	Psychoeducational Report	YES	NO
General Dr. Report	YES	NO	Psychological Report	YES	NO
Other Report(s):			Receive Counseling	YES	NO

*I certify that the information provided above is the best of my knowledge. I will inform Scholar's Prep of any medical changes.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL/EMERGENCY PLAN**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Guardian 1 Name \_\_\_\_\_  
Primary Number \_\_\_\_\_  
Work Number \_\_\_\_\_  
Email \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Guardian 2 Name \_\_\_\_\_  
Primary Number \_\_\_\_\_  
Work Number \_\_\_\_\_  
Email \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_  
Primary Number \_\_\_\_\_  
Work Number \_\_\_\_\_

Name \_\_\_\_\_  
Primary Number \_\_\_\_\_  
Work Number \_\_\_\_\_

**MEDICAL BACKGROUND**

Please list Food Allergies (Must provide doctor's note)

Other types of allergies

Does your child have an Epi Pen?    \_\_\_ Yes    \_\_\_ No  
Does your child have asthma?        \_\_\_ Yes    \_\_\_ No  
Does your child have Diabetes?       \_\_\_ Yes    \_\_\_ No  
Does your child suffer from seizures? \_\_\_ Yes    \_\_\_ No

Medication for asthma?    \_\_\_ Yes    \_\_\_ No  
Medication for diabetes?   \_\_\_ Yes    \_\_\_ No  
Medication for seizures?   \_\_\_ Yes    \_\_\_ No

Health History: (List any pertinent medical history, injuries, physical limitations, etc.)

Medication(s) presently taking: \_\_\_\_\_

Medication(s) required to be taken at school: \_\_\_\_\_

Primary Doctor \_\_\_\_\_

Primary Doctor Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_

Dentist Phone Number \_\_\_\_\_

*I hereby give my consent for my child to participate in the School Health Services Program. My child may receive emergency care in school, and health appraisals including vision, hearing, growth and development.*

*In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contract the physician or dentist and for those professionals to provide protected health information.*

*In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request that I be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.*

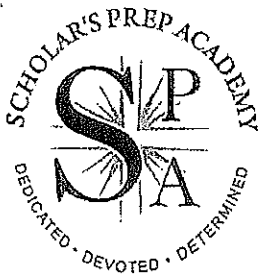
*I certify that the information provided above is the best of my knowledge.*

Parent/Guardian 1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_

Date \_\_\_\_\_



**RELEASE OF STUDENT RECORDS**

Greetings, \_\_\_\_\_ is interested in attending Scholar's Prep Academy.

Please assist us by sending his/her records to complete the registration process. [Scholarsprepinfo@gmail.com](mailto:Scholarsprepinfo@gmail.com) or Fax

STUDENT INFORMATION			
Last Name	First Name	Middle Initial	Social Security Number

SCHOOL RECORDS ARE REQUESTED FROM	
Name of School	School Address
City/State	Zip Code
Phone	Fax Number

**RECORDS TO BE RELEASED**

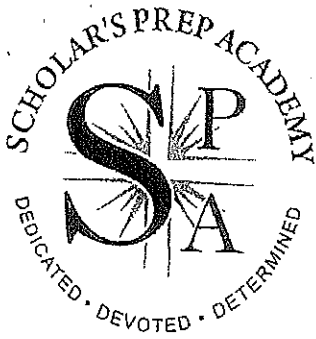
Please fax or email the following records of the above student:

- \_\_\_ Report Cards
- \_\_\_ Immunization and health/medical records
- \_\_\_ Standardized test scores
- \_\_\_ Discipline/Behavior Records
- \_\_\_ Special placement records and report (IEPs, etc)
- \_\_\_ Birth Certificates
- \_\_\_ Social Security Card
- \_\_\_ Withdrawal Form
- \_\_\_ Other \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE**

I, the parent/legal guardian of the above names student, hereby authorize the above names school to release any of the listed school records to Scholar's Prep Academy . I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

Parent/Legal Guardian	Relationship to Student	Date
Administrative Signature	Name	Date



**MEDIA RELEASE**

<b>MEDIA RELEASE/OPT OUT</b>				
Last Name	First Name	Middle Initial	Suffix	Grade

Sometimes outside resources may cover events throughout the district, or the district may highlight students' school and/or athletic or academic related accomplishments and work, thereby publicizing your child's name and image. Your child may be interviewed, recorded, photographed, or videotaped by the media, district or administration staff for a story in the newspaper, radio, television, or digital media, and photos and videos will be posted on the Internet, broadcast, or social media sources for public access. Furthermore, *Scholar's Prep Academy* may take photo or record your child for any in-house events such as, Holiday's graduation ceremonies, school newsletter, etc.

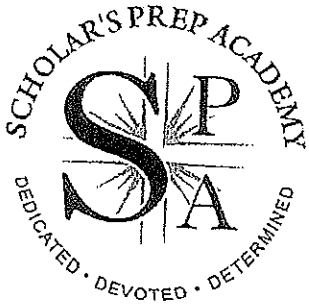
Please check one box below and sign/date.

- I **ALLOW** media personnel or administration to interview, record or photograph my child.
- I do **NOT** allow media personnel or administration to interview, record or photograph my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Scholar's Prep Academy

**PICK-UP FORM**

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby authorize following persons to pick up my child from *Scholar's Prep Academy* at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick-up my child/ward.

Name	Home Phone #	Cell Phone #	Relationship

**Persons NOT permitted to pick-up child: (If listing a parent, please provide court documents)**

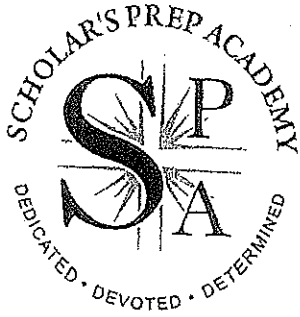
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby agree that if the above authorization for pickup of my child/ward changes, I shall immediately contact and submit a revised authorization form.

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

\_\_\_\_\_  
 Name of Parent/Guardian (Print)

\_\_\_\_\_  
 Date



**CODE OF CONDUCT AGREEMENT**

This is to certify that I have received and reviewed the student code of conduct and understand that this document governs the standard of behavior for each student in *Scholar's Prep Academy*. I understand that these standards of behavior for students apply to school sites, off-site school sponsored activities, and on any form of transportation provided by *Scholar's Prep Academy*.

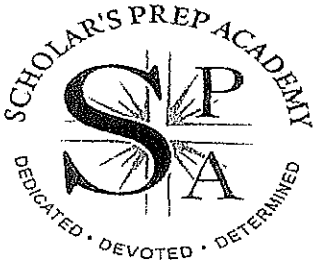
Student's Signature \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_

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





## FINANCIAL RESPONSIBILITIES

Please read **CAREFULLY** and **INITIAL** by **EACH** item.

1. (\_\_\_\_ *initial*) Monthly tuition payments must be paid directly to the tuition payment agency. All fees (application, registration, books, field trips, etc.) are to be paid to *SPA* unless scholarship covers such fees.
2. (\_\_\_\_ *initial*) Entrance Test fee for all new students is to be paid prior to testing and is **NON-REFUNDABLE**. The registration fee must accompany the enrollment form of returning students.
3. (\_\_\_\_ *initial*) The application, registration and material fees are **NON-REFUNDABLE** as they represent the parents' commitment to the school to pay the fees for the entire year.
4. (\_\_\_\_ *initial*) Non-scholarship parents: if the student withdraws prior to April 1<sup>st</sup>, all prepaid tuition for the months in which the student does not attend school will be refunded provided the student is properly withdrawn. There is no refund of tuition for the month in which the student is withdrawn.
5. (\_\_\_\_ *initial*) Childcare fees for extended day students of a family whose account is one month past due will not be permitted to attend classes unless arrangements have been made with the business office.
6. (\_\_\_\_ *initial*) Returned Checks: A \$35 late fee will be charged on all returned checks.
7. (\_\_\_\_ *initial*) Release of Records: Report cards, diplomas, awards, and records will not be given or transferred until accounts have been paid in full. If withdrawal is necessary, no refunds will be made, with the exception of pre-paid tuition.
8. (\_\_\_\_ *initial*) Withdrawal Fee: If you choose to withdrawal your child from *Scholar's Prep Academy* for any reason, for example, Moving out of area, Moving to another school, Not satisfied with services, etc., you will incur a \$300.00 withdrawal fee per child withdrawing.
9. (\_\_\_\_ *initial*) Scholarship: If you have a balance on your account, we will not release your child's scholarship until all fees have been met.
10. (\_\_\_\_ *initial*) Late-sign Fee: If you do not sign or approve your McKay, Step Up, Gardiner, or AAA Scholarship after five days of release, you will be charged a late-sign fee of \$25 and an additional \$5 for each day after that.
11. (\_\_\_\_ *initial*) Your child's registration will be finalized when you sign your financial contract, which includes a detailed breakdown of your costs.

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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