

**Pensacola Learning Academy**

3186 Gateway Lane • Cantonment, FL 32533

850-780-6132 • [www.PensacolaLearningAcademy.com](http://www.PensacolaLearningAcademy.com)

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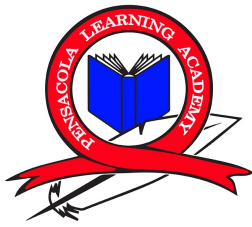
Please review the checklist below to ensure all forms and documents are returned.

**Registration Forms Checklist**

- Student Registration Information Forms (2 pages)
- Student Medical Form
- Parent/Guardian Information Form
- Student Waiver
- Absence Policy
- Policy & Procedure Agreement
- Consent for Release of School Records Form
- Step Up for Students Scholarship Info/Auto Draft Form
- Laptop Agreement (3 pages)
- Driver's Permission Form
- PLA Scholarship Application (to cover any fees not covered under the SUFS scholarship)
- Getting To Know Your Child
- Birth Certificate\*
- Physical signed by physician\*
- Immunization/exempt records\*

\*Returning students do not need to provide these records.

**Applications and records can be dropped in person, mailed or emailed to  
[Admin@PensacolaLearningAcademy.com](mailto:Admin@PensacolaLearningAcademy.com)**



# Pensacola Learning Academy

## Student Registration Information

(Please type or print clearly)

OFFICE USE ONLY  
SCHOOL:

- ☐ Birth Certificate  
☐ Immunization/PE School  
☐ School Entry Health Forms

Student Information			
Legal Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal First Name		Home Phone	
Full Middle Name		Email	
Student's Residential Address (Street address required)		Student's Mailing Address (if different from residence; P.O. Box)	
Date of Birth (MM/DD/YYYY)	City of Birth	State of Birth	Country of Birth
Current School		Entering Grade Level	Year of Graduation
Student Lives With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> State Ward <input type="checkbox"/> Foster Home <input type="checkbox"/> Other – Please Specify:			

Parent/Guardian Information			
Parent/Guardian 1 (Must match information provided on the Parent/Guardian Information Form)	Legal First Name	Email	
	Legal Last Name	Phone Number	Relationship
Parent/Guardian 2 (Must match information provided on the Parent/Guardian Information Form)	Legal First Name	Email	
	Legal Last Name	Phone Number	Relationship

Legal Status = Custodial Parent, Non-Custodial Parent or Guardian; Relationship = Mother, Father, Grandparent, etc.

Emergency Contact Information		
Local Emergency Contact #1 (a neighbor, close friend, or relative)	Name	Phone
	Relationship	
Local Emergency Contact #2 (a neighbor, close friend, or relative)	Name	Phone
	Relationship	

# Pensacola Learning Academy

## Student Registration Information

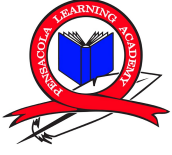
### Continued

<b>Other Information</b>	
Has the student previously attended Pensacola Learning Academy? <input type="checkbox"/> Yes (Check if yes)	Grade Level(s):
Has student previously attended another school? <input type="checkbox"/> Yes (Check if yes)	
Previous School and Address	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool
Child's Primary Language:	Primary Language Spoken at Home:
Does your child receive special services? <input type="checkbox"/> Yes (Check if yes) Explain:	

<b>Race &amp; Ethnicity:</b> Education student data by race and ethnicity categories that are set by the federal government and have to be reported.
<b>Is the student's Ethnicity Hispanic or Latino?</b> (Check one) <input type="checkbox"/> Yes A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to Hispanic or Latino <input type="checkbox"/> No Not Hispanic or Latino
<b>Student's Race</b> (Check one or more) <input type="checkbox"/> American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community Attachment. <input type="checkbox"/> Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> Black or African American – A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander – A person having origins in any of the original s of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

<b>Additional Information</b>	
Please feel free to provide any additional information you would like to share:	
Signature of Parent/Guardian	Date
Print Name	Relationship

**Please complete the Parent/Guardian Information form. Only one form is required per family. Supply with first student registered.**



## Pensacola Learning Academy

### STUDENT MEDICAL HISTORY

This information will be kept confidential and stored in a locked file cabinet. If any of this information changes remember to notify the office.

#### SECTION 1 - STUDENT INFORMATION

First Name: _____ Middle Name: _____	
Last Name: _____	DOB: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth (City/State): _____

#### SECTION 2 - HEALTH CARE PROVIDER INFORMATION

Does your child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name: _____	Phone: _____
Doctor's Address: _____	
Dentist's Name: _____	Phone: _____
Dentist's Address: _____	

#### SECTION 3 - MEDICAL INFORMATION

Please explain any medical problems your child might have (or had): _____ _____
Please list any medication your child takes, the dose, and when it is taken (including prescription, over-the-counter, herbal, vitamins, etc.): _____ _____
Please list any allergies your child has (please be specific and explain how each allergy is managed): _____ _____ _____

#### SECTION 4 – PARENT/GUARDIAN SIGNATURE

Signature: _____	Date: _____
Printed Name: _____	Relationship: _____



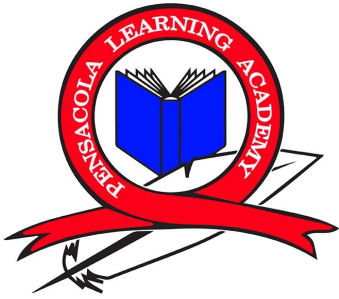
# Pensacola Learning Academy

## Parent/Guardian Information

<b>Parent/Guardian 1 (Primary Contact)</b>	
Legal First Name:	Middle Name:
Legal Last Name:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick-up Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Default will be Guardian #1)</i>
Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

<b>Parent/Guardian 2</b>	
Legal First Name:	Middle Name:
Legal Last Name:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick-up Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Default will be Guardian #1)</i>
Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

<b>Reference Key**</b>	
<b>Relationship</b>	Choose from: Mother, Father, Parent, Step Mother, Step Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
<b>Legal Status</b>	Indicate "Custodial Parent" or "Non-Custodial Parent", "Legal Guardian", "State Ward" or "Self" (18+ Yrs) <i>(Default = Custodial)</i>



# Student Waiver Form

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

Grade: \_\_\_\_\_

## **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in *Triple Play or Pensacola Learning Academy* I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue *Triple Play or the Pensacola Learning Academy*, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I understand that *Triple Play or the Pensacola Learning Academy* produces promotional material about their programs. I understand that my child may be included in video tape or photography taken during participation at *Triple Play or the Pensacola Learning Academy*. I hereby grant *Triple Play or Pensacola Learning Academy*, its successors, licensees, assignees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and or video tape my child and further utilize my child's name, face, likeness, voice, and appearance part of the event and in advertising and promotions of the event, without reservation or limitation. In granting this license, I understand that *Triple Play or Pensacola Learning Academy* is under no obligation to exercise any of its rights, licenses and privileges herein granted.

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

**Printed name of student**

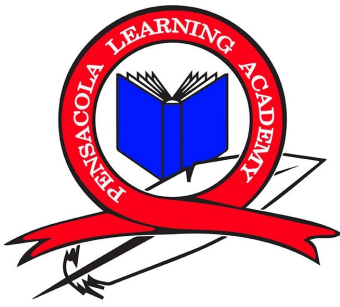
## **PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the *Triple Play or Pensacola Learning Academy* from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the *Triple Play or Pensacola Learning Academy* or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above *Triple Play or Pensacola Learning Academy*, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the *Triple Play or Pensacola Learning Academy* from any litigation expenses, attorney fees, loss liability, damage, or cost any *Triple Play or Pensacola Learning Academy* may incur as the result of any such claim.

\_\_\_\_\_  
**Printed name of Parent/or Legal Guardian**

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

\_\_\_\_\_  
Date



# Absence Excuse Policy

## Pensacola Learning Academy

### Absence Policy

Students are expected to attend School regularly. Please avoid scheduling vacations, trips, doctor appointments and other planned absences during the time school is in session. Our structured and sequential teaching makes it difficult for teachers to recreate lessons for students who spend excessive time away from the classroom. Excessive absences may cause students to have problems academically.

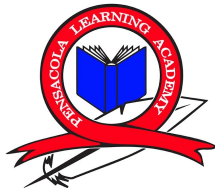
Each time a student is absent from school, a written excuse note, on the **PLA Absence Excuse Form**, is **required upon return**, so that formal record of the parent's knowledge of the absence may be kept on file in the school student records. Absence excuse forms must be turned in upon the day students return to school. Forms must be turned in to the office or emailed to [Admin@PensacolaLearningAcademy.com](mailto:Admin@PensacolaLearningAcademy.com)

- An excused absence or tardy permits a student to make up missed class work/tests.
  - ⇒ Examples of excused absences include, but not limited to:
    - Sickness
    - Medical or dental appointments (we ask that you try to schedule around school hours)
    - Emergencies
    - Death in the family
- Teachers are not required to provide students with the work missed prior to the absence. However, teachers will do their best to accommodate requests for planned absences. Upon returning to school teachers will provide all make-up work and allow the appropriate time to complete it.

### Release of students not on the pick up list /Early Check Out

- **Release to individuals not on the student's pick up list:** Parents are required to sign out their child in the Front Office and the office staff will call the classroom for release of the student. Parents are not permitted to go directly to the classroom.
- **Early Check Out:** If your child will be leaving school at a different time (e.g. for a doctor's appointment, trip out of town, etc.) or will be riding home with someone other than someone who is listed on the student pickup list, you must fill out the **driver permission form** and **send to Admin@PensacolaLearningAcademy.com**. Your student will not be allowed to go unless the School has written notification or email. Please also contact the front office as an added precaution. If you are faced with an emergency or unavoidably changed plans, please call the Front Office 850-780-6132 as soon as possible

**Policy & Procedure Agreement**  
**Initial the policies below**



- \_\_\_\_\_ **Attendance** Scholastic achievement attained by any student is directly related to his/her pattern of attendance at school. It is the student's responsibility to complete any work missed due to the absence, students will be given a reasonable amount of time to complete their missed work.
- \_\_\_\_\_ **Address or Phone Number Change** Any time an address, phone number (home or work) or email is changed, please notify us immediately. We will send information via email and text. Please make sure that your information is correct.
- \_\_\_\_\_ **Illness/ Communicable Diseases** Please keep your child home if they have an illness. A child with a 100-degree fever or high er, diarrhea, or vomiting will not be permitted to enter the facility. Your child should be symptom free for a minimum of 24 hours before returning to school. Triple Play reserves the right to make all final decisions necessary to enforce its communicable disease policy and to take all necessary actions to control the spread of communicable diseases.
- \_\_\_\_\_ **Medication** PLA will only administer medication with a doctor and parents' consent. Medication bottles should be properly labeled.
- \_\_\_\_\_ **Harassment** PLA committed to maintaining an academic environment in which all students treat each other with dignity and respect. This is free from all forms of intimidation, exploitation, harassment, which includes sexual harassment. PLA is prepared to take action to prevent and correct any violations of this policy. Anyone who violates this policy will be subject to discipline, up to and including suspension or expulsion.
- \_\_\_\_\_ **School Closings and Inclement Weather Procedure** In the event of inclement weather, PLA families and staff will be notified via text message regarding closing or delayed openings.
- \_\_\_\_\_ **Pick-Up Policy** Children may only be picked up by the adults listed on their pick up list and guardians, on time. Late pick-ups will result in a late fee of \$20, per 15 minutes.
- \_\_\_\_\_ **Personal Belongings** Children should not be bringing personal items to Pensacola Learning Academy except on designated days. PLA is not responsible for any articles brought from home.
- \_\_\_\_\_ **Tuition** Student records, including report cards and standardized testing scores, will NOT be released if there is an unpaid balance on the account.
- \_\_\_\_\_ **Liability** PLA assumes no liability for accidental injury which may occur during the conduct of school activities.
- \_\_\_\_\_ **Tests/Quizzes** Students will be given the opportunity to re-do failing assignments, so that they can demonstrate the concept has been learned.
- \_\_\_\_\_ **Handbook** I have read and will comply with the student handbook.
- \_\_\_\_\_ **Absense Policy** I have read and will comply with the absence policy.

Student's Name: \_\_\_\_\_  
First & Last Name

Parent/Guardian Name (Printed): \_\_\_\_\_  
First & Last Name

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





## Pensacola Learning Academy

3186 Gateway Lane, Cantonment, FL 32533

# CONSENT FOR RELEASE OF SCHOOL RECORDS

The "Family Education Rights and Privacy Act of 1974" requires that a student's parents or legal guardians be aware that their child's records are being released to another school.

### I hereby authorize the release of the school records for the following:

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Current Grade: \_\_\_\_\_

### REQUEST RECORDS FROM:

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan, ELL)
- Discipline records
- Other: \_\_\_\_\_

### RECORDS SHOULD BE SENT TO:

☐ Pensacola Learning Academy

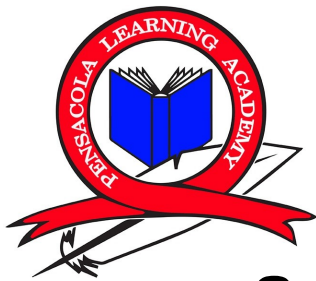
3186 Gateway Lane  
Cantonment, FL 32533

### OR send to:

admin@pensacolalearningacademy.com

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

\_\_\_\_\_  
Date



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

Student's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_

## Scholarship Info/Auto Draft Form

Does your student have any of the following:

- Step Up for Students Scholarship? ☐ Yes ☐ No

If yes, which Step up for Students Scholarship does your child qualify for?

\_\_\_\_\_

If your child is transferring from a public school does he/she have the following:

- 504 plan ☐ Yes ☐ No
- An IEP (individualized education plan)? ☐ Yes ☐ No

Does your child receive any specialized services through the public school system?

☐ Yes ☐ No

If yes, do you feel those services need to be continued or a reevaluation is needed (please explain)?

\_\_\_\_\_  
\_\_\_\_\_

## Auto Draft

I authorize Pensacola Learning Academy to charge my monthly child's tuition in the amount of \$\_\_\_\_\_ on the 1st of the month (August through May).

Name on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Card Holder Signature: \_\_\_\_\_

**Initial each agreement below.**

\_\_\_\_\_ I understand my account will be drafted on the 1st of the month as listed above.

\_\_\_\_\_ Changes to account information, including credit card expiration date, for auto draft must be given in writing and received by Pensacola Learning Academy before the next auto draft to be effective and prevent any late fees.

**Pensacola Learning Academy**  
**Student Laptop Contract**  
**2025-2026**

This Student Laptop Contract ("Contract") is made effective as of \_\_\_\_\_ (date) between Pensacola Learning Academy ("School") and its student, \_\_\_\_\_ ("Student"), and states the agreement of the parties as follows:

**Equipment Subject to Agreement:** The equipment subject to this Agreement ("Contract") includes the laptop computer, computer accessories, and related software in the following list:

- One (1) Chromebook or Lenovo Computer
- One (1) AC Adapter (with power cord)

**Ownership:** The School shall be deemed to have retained title to the equipment at all times, unless the school transfers the title. The Student shall hold no security or ownership interest in the equipment. Likewise, the Student shall hold no security or ownership interest neither in the licenses to the installed software included with the equipment nor in the licenses to any other software that the school may from time to time install on the laptop computer used by the Student.

**Term Equipment Use:** The student shall return all equipment itemized above in good operating condition to the Technology Department of the school if the Student is not enrolled in the current school year (unless the school transfers the title). The school may require the Student to return the equipment at any time and for any reason.

**Equipment Storage and Use at School:** The equipment must be on the school's premises during each of the student's normal school days. During the school's normal business hours or after school, when the student is not in the immediate presence of the equipment, the equipment must be secured in an approved location.

**Use of Equipment:** The primary use of the equipment by the Student is for the Student's educational programs. The Student may not use the equipment for other purposes. The Student shall abide by the school's Acceptable Use Policies. In the case of laptop abuse or violations, the school reserves the right to restrict usage of school-issued laptops using any combination of the following: increased deductibles, fines and/or disciplinary action.

**Compliance with Software Licenses:** The Student shall not make copies of software licensed to the school. The Student is responsible for compliance with the license terms of any licensed software, and the Student agrees to hold the school harmless for any violations of such license terms.

**Back-up Requirements:** The Student may store documents or other files on the equipment, and the Student is responsible for making back-up copies of such documents or other files. In the event of loss of such documents or other files, the school's responsibility is limited to reloading the school's standard software suite on the equipment.

**Pensacola Learning Academy  
Student Laptop Contract  
2025-2026**

**Care of Equipment:** The equipment may only be used in a careful and proper manner. The Student shall keep the equipment in good operating condition, allowing for reasonable wear and tear. No personal stickers or writing are allowed on the laptop. The Student shall immediately notify the school's Technology Department if the equipment is not in good operating condition or is in need of repair. The Student shall be financially responsible for any repairs not covered under warranty.

**Right of Inspection:** The student shall make the equipment available to the school's Technology Department as necessary for purposes of inspection, maintenance, repair, upgrading, and/or software installation during the school's normal business hours.

**Warranty:** The school is not responsible for any damage or defect that does not fall within the scope of the manufacturer's warranty. The student assumes responsibility for the condition of the equipment.

**Insurance:** Laptop insurance is not included in the laptop agreement.

**Loss:** The student assumes all risks of loss of the equipment and agrees to return it to the school in the condition received from the school, with the exception of normal wear and tear.

**Indemnity of School for Loss or Damage:** If the equipment is damaged or lost due to negligence, which is not covered by scholarship, the student is responsible for the cost of the repair or replacement of the equipment.

**Entire Agreement and Modification:** This agreement constitutes the entire agreement between the parties. No modification or amendment of this agreement shall be effective unless in writing and signed by both parties. This agreement replaces any and all prior computer use agreements between the parties.

**Governing Law:** This agreement shall be construed in accordance with the laws of the State of Florida.

**Severability:** If any portion of this agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provisions, it would become valid and enforceable, then such provisions shall be deemed to be written, construed, and enforced as so limited.

**Waiver:** The failure of either party to enforce any provision of this agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this agreement.

**Disclosures:** The Student and his/her guardian hereby agree to these policies and regulations.

**Passwords:** Students are not permitted to change passwords to the laptop that are assigned by Pensacola Learning Academy.

**Pensacola Learning Academy Student  
Laptop Contract  
2025-2026**

**School:** Pensacola Learning Academy

**Guardian:**

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

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

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

**Student:**

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

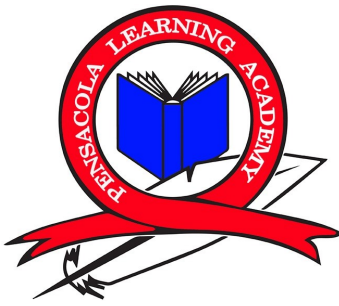
Print Grade: \_\_\_\_\_

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

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

\* Laptop Replacement Cost - \$500

\* Laptop Adapter Replacement Cost - \$100



## Driver's Permission Form

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The list below is for the following students:

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Please list all individuals other than parents or carpool parents who HAVE permission to pick up your student/students:

1.	_____	Phone #:	_____
2.	_____	Phone #:	_____
3.	_____	Phone #:	_____
4.	_____	Phone #:	_____
5.	_____	Phone #:	_____
6.	_____	Phone #:	_____
7.	_____	Phone #:	_____

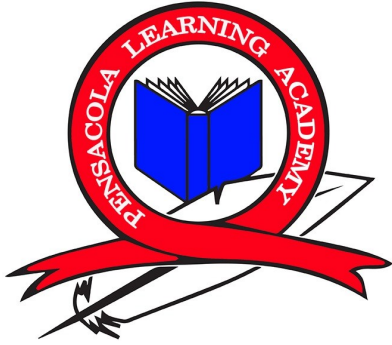
\_\_\_\_\_ (initial here) I authorize my student/students to be released to the individuals listed on this form.

\_\_\_\_\_  
Parent/Guardian Name Printed

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# PLA Scholarship Application



Please list all the students FULL names for the  
2024-2025 school year.

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Today's date: \_\_\_\_\_

Applicant's First Name: \_\_\_\_\_ Applicant's Last Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

## Scholarship Tuition Request Amount

Full

☐

(if you

Partial

☐

currently receive a Step Up for Students scholarship, please select partial to

receive the supplemental tuition scholarship)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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OFFICE USE ONLY

Date received by office and initials : \_\_\_\_\_

# Getting To Know Your Child

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Three words to describe your child:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Favorite Subject: \_\_\_\_\_ Least Favorite: \_\_\_\_\_

What are your child's strengths?

\_\_\_\_\_  
\_\_\_\_\_

In what areas would you like to see your child grow?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals for your child this school

year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What motivates your child? Circle all that apply

Recognition    Rewards    Competition    Fear of Failure    Curiosity    Learning    Belonging

What hobbies or activities does your child enjoy?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any disciplinary issues in school, if yes, please explain (We will receive this information from their previous school when records are sent)?

\_\_\_\_\_  
\_\_\_\_\_

Please list any additional concerns or information you would like to share (use the back of this page if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date