

# Application for Admission 2021-2022 School Year

We welcome your application for your child. In order to complete the enrollment, it is important that all parts of this application are complete. PLEASE PRINT CLEARLY.

Date of Admission, m/	۹/	v/
Date of Admission: m/	u/	y/
SCHOOL SCHEDULE		
<ul> <li>□ Monday through Friday from 9 an</li> <li>□ Modified Schedule</li> <li>□ Homeschool Times</li> </ul>	<u>-</u>	
CHILD'S INFORMATION		
Child's First Name:	Child's S	Surname
Current Age:year(s)	months	Current Grade:
Date of Birth: (Month)	(Day)	(Year)
Home Address:		Postal Code
Home Telephone Number:		
Language(s) Spoken at Home:		
Please list the names and ages of siblings		
FAMILY INFORMATION		
Mother/Guardian		ner/Guardian
Last Name:	_ Las	t Name:
First Name:	Firs	et Name:
Employer:	Em	ployer:



Address:			Address:	
Work Phone:			Work Phone:	
Cell Phone:			Cell Phone:	
Email Address:			Email Address:	
Child Lives with: Both Parents	Mother	Father_	Other (please name)	
Correspondence: Both Parents	Mother	Father	Other (please name)	
PICK UP INFORMATION (If A	Applicable)			
Any person(s) NOT Authorized to	o pick up you	ır child/chil	dren:	
V 2		_	d to show proof of identification. Under no to the Parent.	
V 2		_	<u>-</u>	
V 2	released to a	inyone with	nout WRITTEN permission from the Parent.	
circumstances will the child be a	released to a	nyone with	nout WRITTEN permission from the Parent.  Initials	
circumstances will the child be a constance will the child be a constance will the child be a constance.  CURRENT MEDICAL INFORCE.  Child's Health Insurance Identified.	MATION cation Card N	Number:	nout WRITTEN permission from the Parent.  ———————————————————————————————————	
circumstances will the child be a constance will the child be a constance will the child be a constance.  CURRENT MEDICAL INFORCE.  Child's Health Insurance Identified.	MATION cation Card N	Number:	Initials  Telephone Number:	
CURRENT MEDICAL INFOR  Child's Health Insurance Identific  Name of Child's Physician:  Physician's Address:	MATION cation Card N	Number:	Telephone Number: Postal code as, if no – a written statement from a parent or legally	
CURRENT MEDICAL INFOR  Child's Health Insurance Identific  Name of Child's Physician:  Physician's Address:  Immunization Record Attached: Yes	MATION cation Card N Yes No o why the ch	Number: Reasor	Telephone Number: Postal codeas, if no – a written statement from a parent or legally not be immunized.	
CURRENT MEDICAL INFOR  Child's Health Insurance Identific  Name of Child's Physician:  Physician's Address:  Immunization Record Attached: Yqualified medical practitioner as to	MATION cation Card N Yes No o why the ch	Number: Reasor	Telephone Number:Postal code as, if no – a written statement from a parent or legally not be immunized.	
CURRENT MEDICAL INFOR  Child's Health Insurance Identific  Name of Child's Physician:  Physician's Address:  Immunization Record Attached: Yqualified medical practitioner as to	MATION cation Card N Yes No o why the ch	Number: Reasor	Telephone Number:Postal code as, if no – a written statement from a parent or legally not be immunized.	



<u>Please comment on:</u> condition(s) that your ch	nild has that require(s) medical	attention – such as diabetes, epilepsy, asthma, etc.
physical activity restrict	ions	
hearing or vision proble	ms that cannot be corrected	
your child's previous hi	story of communicable disease	es: (e.g.: Chicken Pox, Measles)
other conditions that ma	y require a teacher to take acti	on for the benefit of your child's health
DEDI (IGGION FOR N		
PERMISSION FOR M	IEDICAL TREATMENT:	
Centers, I hereby authorize above-named Doctor, or a	e the administration of any medic ny hospital Emergency Departme	tile my child is in the care of Flex It Academy Learning cal procedure deemed necessary, including anesthetic, by the ent, or by any other qualified physician. In no case will the cause of emergency procedures undertaken.
Signature		Date:
EMERGENCY CONS	ENT	
Contact Person #1 (in the	ne event of an emergency) :(Na	nme)
Address:		
Home Phone	Cell Phone	Relationship to Child:
Contact Person #2 (in the	e event of an emergency):(Na	nme)
Home Phone	Cell Phone	Relationship to Child:
Contact Person #3 (in the	e event of an emergency): (N	Jame)
Home Phone	Cell Phone	Relationship to Child:



# YOUR CHILD'S PROFILE (to help us get to know your child)

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.
What are your child's interests?
Does your child have fears or aversions?
Can your child verbally communicate his/her needs effectively? Yes No
Has your child ever been hospitalized Yes No
(If yes)
Other information you wish us to know:



#### SOCIAL MEDIA AND NEWS OPT OUT FORM

# **Media Release Opt-Out Form**

Check al	l that apply:		
		Academy Learning Centers	w my child for publication in media. (This does not include
Parent/Le	gal Custodian/Guardiar	ı Signature	
Name (Pl	ease Print):	Date:	
Student N	lame:		
	LAST	FIRST	MIDDLE
Student's	School at Time of Sign	ature:	
Address o	of Student:		

Representatives from the media or Flex It Academy Learning Centers will photograph, videotape, and/or interview students in connection with school programs or events for printed/online publications, newsletters, news releases, website stories, videos, social media, and other school publications. Photos/videos/interviews taken by media are the news organizations' property and may be posted publicly and/or for resale. As of the 2021-2022 school year, we have implemented an "opt-out" media procedure. This means that unless your child's school has a signed Media Release Opt-Out Form on file, your child's photo/image/interview may be used in any of the prior stated media capacities. This form allows parents/guardians the option to NOT allow the media or Flex It Academy Learning Centers to take photos/video of your minor children. To exercise this option, check above and provide the information requested within five (5) days of student enrollment. NOTE: If opted out, a student's "no media" status remains active throughout his/her enrollment in at Flex It Academy Learning Centers. To change this status, a parent/guardian must notify the office of his/her child's campus.

Sign and Return **ONLY IF** opting out



#### **REGISTRATION POLICIES**

To register your child the school requires:

- 1. A completed Application for Admission
- 2. A copy of your child's birth certificate or passport as proof of age
- 3. A recent immunization records.
- 4. Payment of fees as outlined below.
- 5. Any progress reports or educational assessments that are available.

#### **PAYMENT POLICIES**

Tuition fees cover all registration, tuition, capital, and operating costs. Basic stationery supplies, workbooks, student folders are also covered by tuition fees.

Tuition Payment: For the school year (July to June)

- 1. Tuition for the 2021-2022 School Year is \$30,000
- 2. Payment is collected quarterly.
- 3. First payment expected is in July 2021 and the final payment will be collected by April 2022.

\*\*There will be \$1.00 charged for every minute that occurs 15 minutes after scheduled pick-up time.

Additional Costs – Field trips, school t-shirts and special events in the school.

As parent(s)/guardian(s), we would like to enroll our child at Flex It Academy Learning Centers in the program indicated on this application.

As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used, and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Flex It Academy Learning Centers and as otherwise required by law.

ame of Parent/Guardian (print)	Signature
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Parents and Guardians,

Throughout the course of this school year, your child will be utilizing various technology tools to enhance his/her learning experience in the classroom. The following is a technology agreement that covers specific terms of technology use to be followed at all times. Please read this over with your child, then sign and return the last page to your Denise Springer at <a href="mailto:denise@flexitacademy.com">denise@flexitacademy.com</a>.

Angela McDonald Owner/Founder of Flex It Academy

#### **Purpose Statement**

This school year, your child will have access to the following technology equipment:

- Chromebook
- Access to Google Drive, Docs, Slides, and other Google Apps
- Access to the Internet
- Access to interact with other classmates.
- Access to all classwork at school and at home.

The use of these technology tools allows teachers to expand instructional methods and enhance instructional delivery, enrich student performance, and increase student engagement. Internet access is available to all students and teachers, offering a wide variety of educational opportunities.

Students will be educated throughout the school year on appropriate online behaviors, including how to properly access materials and how to interact with others accordingly.

As a school community, we invite families to consider the role media plays in your family. Portions of this agreement encourage students to maintain open communication with parents and to begin identifying limits for their own screen time usage. We encourage families to use this document periodically throughout the year to reinforce expectations in your own homes. As a school, we recognize that our young students will make



mistakes and we encourage students to be honest and open about these stumbles. We hope that your family will see the missteps our youngsters may make as opportunities, not disappointments.

#### **Student Technology Agreement Terms**

As a student at Flex It Academy Learning Centers,	I promise to use	technology tools	correctly and responsi	bly.
I agree to follow these rules:				

ill:
i

... take care.

I will use all technology tools in a responsible and careful manner.

... be honest

I will use technology tools and the Internet at school for teacher approved schoolwork only.

I promise to obey the copyright laws and not take credit for someone else's work.

I will use technology tools to interact with others appropriately.

I will not use technology tools to tease, harass, frighten, or bully anyone; I will be an upstander and report any inappropriate incidents to a trusted adult.

I will make sure that what I share is something I do not mind showing my parents.

I understand that everything I do online can be traced back to me and can never be fully erased.

#### ... stay safe.

I will not give out personal information about me or others on the Internet.

I will only share my passwords with my teacher, or parents; I will not use another student's password to access his/her account for any reason.

I will not download, view, send, or display inappropriate pictures or messages.

I will tell an adult if I see or read something that is inappropriate, dangerous, or makes me feel uncomfortable.

I will also respect the rules for technology use in my home. I will:

... stay balanced.

I will help my family set media time limits that make sense, and then I will follow them.

... communicate openly.

I will talk to my family openly and answer any questions they have honestly.

I will tell my family if I have made a mistake online or need help.



#### Consequences

Should a student be found to have violated these terms or to have utilized technology improperly in any way, consequences may be applied. As with our typical discipline procedures, all infractions will be handled individually, and the application of consequences will be determined by the teacher and/or school Owner. Consequences may include, but are not limited to:

- conversations with teacher/owner
- conferences with parents
- loss of computer privileges
- reimbursement to Flex It Academy for materials lost/damaged.

**Students:** I have read this agreement and understand all of the school rules and consequences related to using computers and Internet at Flex It Academy Learning Centers. I also understand that my family has expectations for using technology at home. I will do my best to be a good digital citizen. I understand that my work on the computer is not private and that use of the computer and Internet at Flex It Academy Learning Centers is a privilege, not a right.

Student Name (Print)				
Student Signature				
Owner/Founder Signature				
Grade		Date		
<b>Parent/Guardian:</b> I have read and discussed permission for my child to use technology to a privilege for my child to utilize them. I agrabide by the consequences if any rules are bricitizen.	ools at Flex It Acader ree that my child will	my Learning Ce I do his/her best	enters, and to follow	I understand that it is the rules and will
Parent/Guardian Name (Print)				
Parent/Guardian Signature				
Date/				



# **Guidelines and Policy Manual**

While in attendance at Flex It Academy Learning Centers, all students are expected to comply with our rules and school guidelines. In an effort to maintain a safe environment of both our staff and students, we ask that you please review the following rules with your student:

- 1. Be respectful to others.
- 2. Listen to your instructor.
- 3. Keep hands, feet, inappropriate comments, and objects to yourself.
- 4. Move appropriately throughout the instructional space (including bathrooms).
- 5. Use respectful language at all times, remembering to use 'inside voices'.
- 6. Barring an emergency, please remember you are to always stay on Flex It Academy Learning Centers campus until you are picked up by an authorized adult.

Parent Initials	

## "Discipline Policy"

Flex It Academy Learning Centers does not tolerate inappropriate behavior by students, most especially in the form of threats against other students and/or staff. This behavior does not promote a favorable learning environment and will not be accepted.

All Staff shall have the right to evaluate conduct and behavior regarding the students attending Flex It Academy.

As with any other disciplinary policy, there will be natural consequences for the following types of misconduct:

- 1. Failure to follow rules, policies, and procedure of Flex It Academy Learning Centers.
- 2. A student's persistent refusal to follow the instructions of Flex It Academy Learning Centers Staff.
- 3. Use of obscene, vulgar, profane, disrespectful, demeaning, or threatening words and/or actions or gesture directed to or in the presence of any student or school employee.
- 4. Mutual physical confrontations between students (fighting).
- Possession and/or use of any tobacco or drug related items or 'look alike'
  items this may include cigarettes, chewing tobacco and other tobacco-related products, vape
  cigarettes, lighters, alcoholic substances, drug-consumption devices, and any substance suspected of
  being a 'drug'.
- 6. A behavior that may result in physical or mental abuse to oneself.
- 7. Committing an act of indecent exposure in the presence of any other student, visitor or Flex It Academy Employee.

Parent Initials	



#### "Disciplinary Actions"

- 1. Verbal redirection
- 2. Special assignments or removal from classroom
- 3. Program staff/student behavioral contract
- 4. Parent Contact
- 5. Suspension from School:
  - a. First Offense 1 day suspension
  - b. Second Offense 3 days suspension
  - c. Third Offense Parent/Staff conference to determine continued enrollment in the program
- 6. Permanent withdrawal of School includes non-academic activities taking place during and beyond the normal School hours (i.e. games, activities, computer lab, field trips, etc.)
- 7. Immediate notification of authorities if appropriate

Please Note: The Flex It Academy Learning Centers Staff is responsible for utilizing a variety o
ntervention techniques before a student is referred to the school administration.

# "Attendance Policy"

Parent(s) or guardian(s) are asked to refer to the academic calendar in order to identify what days classes are in session.

- 1. Students enrolled in Flex It Academy Learning Centers are expected to attend on all days specified on the academic calendar unless otherwise discussed with administrative staff.
- 2. Changes to the student(s) schedule must be submitted to student's teacher one week prior to going into effect, so Flex It Academy Learning Centers Administration can be notified in a timely manner and proper planning can be accomplished on the student's behalf.
- 3. If your student will be absent, we asked that you contact the Student's Teacher at your home campus to inform them, phone numbers and contact information are available on the school website.

Inconsistent	attendand	e or chron	ic absence	e may resu	ılt in stuc	dent being	exited from	the Flex	It program.
Unless arran	ngements a	are made t	o change	the studer	t's sche	dule.			

Parent Initials



#### "Student Drop Off/ Pickup Policy"

\*Our School day ends at 2 pm, as such, parents are encouraged to pick up their students by 2 pm and NO LATER THAN 2:15 pm. Parents are reminded to drive slowly, observe all safety regulations and be courteous to other patrons in the parking lot, walkways, and school lobby.

\*All parents or designated adult picking up MUST enter the school lobby to pick up their student. Campuses are closed to the public and parents will need to be granted entrance by school staff. Students will be awaiting pickup in the lobby.

\*For the safety of your student, he/she will ONLY be released to the parents or designated pickup person. Should another adult be picking up your student, please email or text the teacher and/or call. Please be advised that any adult collecting a student will be required to provide photo identification. Once a student is released to his/her parent or designated pickup person, the student's care and safety are the responsibility of the parent or designated adult.

\*In the event that a student must be picked up early, please notify your child's teacher via phone or email.

\*If there are special court orders regarding parental custody – please provide documentation.

\*During both arrival and dismissal any adult dropping off or picking up a student will be required to sign them in/out in the front lobby.

\*\*There will be \$1.00 charged for every minute that occurs 15 minutes after scheduled ending time

### "Visitation Policy"

Parent Initials

Flex It Academy Learning Centers maintains an "open door" visitation policy. Parents, family members, and guests are encouraged to visit the program, anytime, during the hours of operation with prior notification to the school. Visitors are free to sit in on any classroom and view the academic progress and growth being developed. Whenever possible, visitors are also encouraged to participate in the learning activities of the classroom. We kindly request you to be mindful of others, and respectful of their privacy.

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





# **Enrollment Checklist:**

Enrollment Form
Copy of MET, IEP, and/or 504
Copy of ESA Funding Approval Letter
School Withdrawal Form*
Immunization Records
Birth Certificate
Proof of Residency

\*Do not withdraw your student from present school until you have received your ESA approval letter!