



North Academy
659 Northeast 125 Street
North Miami, FL 33161
Phone: (305) 454-9885
Email: northacademynmb@gmail.com

Registration Requirements

The following documents are required to complete the enrollment process.

1. Photocopy of parent(s) identification card or driver's license
2. Photocopy of any authorized personnel/emergency contact identification card or driver's license
3. Photocopy of child's birth certificate
4. Photocopy of child's social security card
5. Proof of residency
6. Annual physical examination
7. Hearing and vision assessment
8. Annual immunization record
 - a. *Religious exemptions must be provided if applicable*
9. Photocopy of medical identification card and/or insurance card
10. Step Up Award letter
11. IEP: Individual Education Plan
 - a. *Provided by the public school system. If not applicable, please advise administration.*
12. Matrix
 - a. *Provided by the public school system. If not applicable, please advise administration.*
13. CDE: Psychological Evaluation
 - a. *Referral for a neuropsychological evaluation with completion of CDE.*
 - b. *Requested by the public school system. If not applicable, please advise administration.*
14. Letter of Medical Necessity for ABA services
 - a. *Provided by the primary care physician. Must be signed and include physician's national provider identification (NPI).*
15. Letter of Diagnosis
 - a. *Provided by the primary care physician. Must be signed and include physician's national provider identification (NPI).*
16. Referral for ABA services
 - a. *Referral to be made out for 'services' specifically and provider set as North Academy.*
17. Completed enrollment packet for AT services
18. Referral for Speech, Occupational, and Physical Therapy *if applicable*
 - a. *Referral to be made out for 'AT services specifically.*
19. Referral for Home Health Assistance (HHA) *if applicable*
 - a. *Letter of medical necessity for HHA to be provided by the primary care physician.*



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North Academy North Miami Registration
Demographic Information

Enrollment Date _____

School Year _____

Student Name: _____ **Social Security**

Number: _____ **Gender: Male Female**

Race: White African-American Hispanic/Latino Other: _____ **Date of Birth:**

_____ **Age:** _____ **Primary Address:**

_____ **City:** _____ **State:**

_____ **Zip Code:** _____ **Parent/Guardian Name:**

Relation: Mother Father Relative Legal Guardian

Primary Phone Number: _____ **Secondary Phone**

Number: _____ **E-mail:**

_____ **Address:**

_____ **City:** _____ **State:**

_____ **Zip Code:** _____



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Parent/Guardian Name: _____

Relation: Mother Father Relative Legal Guardian

Primary Phone Number: _____ Secondary

Phone Number: _____ E-mail:

_____ Address:

_____ City: _____ State:

_____ Zip Code: _____



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Emergency Contact

*The following legal adult(s) are authorized to pick up the student in the event of illness, incident, or emergency if the parent or legal guardian can not be contacted. Students will **only** be released to the authorized parent, caregiver, legal guardian, and any authorization person listed below. Proper identification, including the driver's license, must be presented at the time of pick up and also saved on file. Any exceptions must be communicated timely and approved by administration.*

Student Name: _____ **Authorized**

Emergency Contact(s)

Emergency Contact Name: _____

Relation: _____ Primary Phone Number:

_____ Secondary Phone Number:

_____ E-mail:

Emergency Contact Name: _____

Relation: _____ Primary Phone Number:

_____ Secondary Phone Number:

_____ E-mail:

I, _____, have authorized the above person(s) to be the assigned emergency

(Guardian Printed Name)

contact for student _____.

(Child Name)

Date: _____



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Funding

Effective July 1, 2022, the McKay Scholarship Program will join the Family Empowerment Scholarship Program under the Unique Abilities category (FES UA). The Family Empowerment Scholarship was created in 2019 to provide scholarships to students from families with limited financial means. In 2021, House Bill 7045 expanded the program to include two branches of eligibility, the income-based Family Empowerment Scholarship for Educational Options (FES EO) and the Family Empowerment Scholarship for Students with Unique Abilities (FES UA).

<https://www.fldoe.org/schools/school-choice/k-12-scholarship-programs/mckay/fes-faqs.stml>

1. Is your child currently enrolled or is eligible for the McKay Scholarship? _____ a.
If enrolled, confirmation number _____.
b. If enrolled, matrix level _____.

The Family Empowerment Scholarship for Students with Unique Abilities (FES-UA) provides access to an education savings account (ESA) that functions like a flexible bank account from which you direct funds to pay for tuition and fees for a private school, therapies, tutoring and more.

Are We Eligible? Students from age 3 through grade 12 or age 22, whichever comes first, who have a specific diagnosis.

Anaphylaxis, Autism spectrum disorder, Being a high-risk child, Cerebral Palsy, Down syndrome, Emotional or a behavioral disability, Hearing impairment, including deafness, Hospital or homebound, Identification as dual sensory impaired, Intellectual disability, Language impairment, Muscular dystrophy, Orthopedic impairment, Other health impairment, Phelan-McDermid syndrome, Prader-Willi syndrome, Rare diseases, Specific learning disability, Speech impairment, Spina bifida, Traumatic brain injury, Visual impairment, including blindness, Williams syndrome.

<https://www.stepupforstudents.org/scholarships/unique-abilities/>

2. Is your child currently enrolled or is eligible for the Step Up Scholarship? _____ a.
If enrolled, Award Letter number _____.
b. If enrolled, matrix level _____.



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Consent of Medical and Educational Release of Records

I, _____, authorize North Academy Corporation to obtain any
medical (Parent/Guardian Name)
and/or educational records pertaining to my child _____. This is not
(Student Name)
limited to psychological evaluation, neurological evaluation, hearing and vision evaluation, Individual
Education Plan (IEP), Plan of Care (PLC) and evaluations for physical, occupational, speech,
behavioral therapies, home health services, and nursing services.

Medical Physician: _____ **National Provider**

Identification (NPI): _____ **Medical Facility:**

_____ **Phone** **Number:**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Medical Physician: _____ **National Provider**

Identification (NPI): _____ **Medical Facility:**

_____ **Phone** **Number:**

Address: _____

City: _____ **State:** _____ **Zip:** _____



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Media Release

I, _____, consent to the use of my child _____
(Parent/Guardian Name) (Student Name) photograph, image, vice and/or other likeness for publication
purposes including but not limited to

video, print, CD-ROM, electronic media and on the internet by North Academy Corporation as

deemed appropriate and by sole discretion. I agree to my child's name, photograph, and/or other likeness may be used with visuals, copy, or other such elements for publications, without restrictions.

Student Name: _____ Parent/Guardian

Name: _____ Parent/Guardian

Signature: _____ Date:

This document will serve throughout the duration of the student's enrollment at North Academy Corporation. If you wish to change this authorization at any time, please contact administration to have this updated.



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Field Trip Authorization

I, _____, acknowledge and authorize North Academy Corporation to
(Parent/Guardian Name)

provide my child _____ with academic field trips and recess off school
(Student Name)

campus. I hold the school and it's staff harmless from all liability, mishap, and/or injury for the duration

of the field trip. In case of emergency, I understand the school will follow emergency procedures specified in the Emergency Preparedness Plan.

Student Name: _____ Parent/Guardian

Name: _____ Parent/Guardian

Signature: _____ Date:

Please note that in order to be considered a parent/guardian chaperone or volunteer at North Academy Corporation, it is required to have a level one police background check completed annually, each school year, before you are authorized to join in activities and field trips. Parent participation is encouraged. For more information, please reach out to the administration.



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Educational Background

1. Has your child ever been enrolled/attended public school? _____ a. If so,
please provide the following:
- i. School name: _____ ii.
School address: _____ iii.

School phone: _____

iv. Withdrawal date: _____

v. Received IEP? _____

1. If so, please provide most recent copy with coinciding Matrix

2. Has your child ever been enrolled/attended private school? _____ a. If so, please provide the following:

i. School name: _____ ii.

School address: _____ iii.

School phone: _____

iv. Withdrawal date: _____

3. Are you able to provide official school transcripts? _____

4. Has your child ever had a psychological evaluation completed? _____ a. If so, please provide the following:

i. Final diagnosis: _____ ii.

Date completed: _____

5. Does your child have a completed Matrix of services? _____ a. If so, please specify level (1-5) _____ \

6. Does your child have a 504 plan? _____ a. If so, please provide a copy of the most recent 504 plan*

b. If so, please provide date of last update _____



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Family Empowerment Scholarship for Students with Unique Abilities

Dear Parent or Guardian,

Beginning with the 2022-2023 school year, the McKay Scholarship Program will end and be enrolled into the Family Empowerment Scholarship. It will be referred to as the Family Empowerment Scholarship for Students with Unique Abilities (FES-UA). As was done with the Gardiner Scholarship Program, students who are found eligible under the requirements of this scholarship can use their funds as an Education Savings Account (ESA). This means funding can be used beyond just tuition and fees at a private school. Families are required to apply and renew annually through the scholarship funding organizations. The scholarship funding organization is responsible for determining eligibility, awarding,

and distributing funding to eligible students and approving eligible expenditures. If you are interested in applying for either the Family Empowerment Scholarship for Students with Unique Abilities or the Family Empowerment Scholarship for Educational Options, please contact one of the two scholarship funding organizations that administer these programs:

A.A.A. Scholarship Foundation- FL, LLC
P.O. Box 15719 Tampa, FL 33684
Phone/Fax: 888-707-2465
info@aaascholarships.org

Step Up For Students P.O. Box 54367 Jacksonville, FL 32245-4367
877-735-7837
info@stepupforstudents.org

The Family Empowerment Scholarship allows a student with an IEP to attend either a private school or apply for a \$750 scholarship to use towards transportation at a public school other than your assigned school. To obtain more information or to apply, please contact one of the two Scholarship Funding Organizations (SFOs) listed above. In lieu of this option, you may choose to have your Kindergarten - 12th Grade child attend another public school in Broward that offers the program/placement listed on their IEP. Transportation will be provided between the home address found in our student information system and the offered school. If you elect this option instead of applying for the above listed scholarship funding options, please confirm that your child's current school has the correct home address on file, then follow the steps below within 10 days of the date of the annual IEP meeting on this letter. To find out which school with transportation the district can offer to your child, please complete the following:

<https://forms.office.com/r/cz8HTAVutU>

It is important to note that if you move while using the FES-UA Public Option, your child may remain at the offered school, but transportation would no longer be provided. You do not need to reapply annually to remain at the awarded school.



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If you have further questions or need additional assistance, please contact our FES-UA District Contact via phone at (754) 321-3445 or email at FES-UA@MiamiDadeschools.com.

This letter is to provide you with general information about the Family Empowerment Scholarship Program. This letter does not serve as an approval of eligibility for the program, an offer of money, or guarantee that your application will be approved by the participating public or private school of your choice. As a choice program you, the parent, must meet your responsibilities by law. These responsibilities include, but are not limited to, retrieving specific information on eligibility, submitting applications by the deadline date, and completing registration and enrollment procedures at the participating private or public school of your choice. I have received an FES-UA notification letter. I have read the letter and understand its contents.

Student Name: _____ Parent/Guardian

Name: _____ Parent/Guardian

Signature: _____ Date: _____



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Family Empowerment Scholarship for Students with Unique Abilities 2025-2026

I, _____, agree that North Academy Corp provides Part-Time Tutoring
(Parent Name)
Services for my child _____ administered at 1813 Northeast 163rd Street
(Student Name)
North Miami Beach, Florida 33162 by a Florida Certified Educator with an active Educators
certificate for the required tuition rate as specified through the Step Up Scholarship and or any
other funding applications.

FLDOE Certificate Number: _____

Expiration Date: _____ Admin. Printed

Name: _____ Signature: _____

I, _____, agree that North Academy Corp provides specialized
(Parent Name)

services for my child _____ administered at 1813 Northeast 163rd Street
(Student Name)
North Miami Beach, Florida 33162 by a licensed BCBA.

BCBA License Number: _____ Expiration

Date: _____ Printed Name:

Signature:



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Family Empowerment Scholarship for Students with Unique Abilities 2025-2026

Student Name: _____ Parent/Guardian Printed

Name: _____ Parent/Guardian Signature:

Date:



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Permission for Food-Related Activities and Special Occasion Food Consumption

I, _____, GRANT/DECLINE permission for my child _____
(Parent Name) (Circle) (Student Name)

to participate in food related activities and special occasions where food is consumed.

_____ My child DOES NOT have a food allergy or dietary restriction.
He/she may participate in food-related activities.

_____ My child DOES NOT have a food allergy or dietary restriction.
He/she may NOT participate in food-related activities.

_____ My child DOES have a food allergy and/or dietary restriction. He/she may
participate in food-related activities, but may not consume
the following:

_____ My child DOES have a food allergy and/or dietary restriction.
He/she may NOT participate in food-related activities.

As the child's parent/guardian, I understand it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____ Date: _____



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North Academy North Miami Registration **Behavioral Expectations**

At North Academy, we are committed to providing a safe, nurturing, and educational environment for all students. To maintain a positive atmosphere where every child can thrive, North Academy has established clear behavioral expectations. The plan below outlines our approach to discipline and standard expectations

for each student.

1. Respect for others
 - a. Students are expected to treat their peers, teachers, and staff with kindness and respect at all times.
 - b. Polite language and positive interactions are encouraged.
2. Safety
 - a. Physical aggression, including but not limited to hitting, biting, and pushing, is not tolerated. b. Students are expected to follow safety guidelines at all times to ensure the well-being of their peers, teachers, and staff.
3. Listening and following directions
 - a. Students are expected to listen to and follow the instructions provided by their teachers and staff.
 - b. Cooperation and active participation in all school activities are encouraged.
4. Personal Responsibility
 - a. Students are expected to take care of their personal belongings and any materials or equipment provided by North Academy.
 - b. Being accountable for the student's actions and helping maintain a clean, organized environment is encouraged.

Disciplinary Approach and Action Plan

Our approach to discipline is rooted in understanding of each student's individual developmental needs and with positive reinforcement. When behavioral issues arise, our teachers and staff are trained to execute the following action plan:

1. Step 1: Verbal Warning
 - a. A gentle reminder of the behavioral expectation.
2. Step 2: Redirection
 - a. If the behavior continues, the student will be redirected to a more appropriate response and/or activity.

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3. Step 3: Reflection Time

- a. A short period of time aside in a designated quiet area for the student to reflect on their behavior.
4. Step 4: Parent/Guardian Notification/Involvement
 - a. If the behavior persists, our teachers and/or staff will notify the parent/guardian to collaborate on an action plan to support a more positive response/behavior both at home and at school.
5. Step 5: Behavioral Plan
 - a. For repeated misbehavior, a personalized behavioral plan will be created for the student effective immediately with input from your parent/guardian.

- b. Please refer to the Expulsion policy for next steps once Steps 1-4 have been deemed unsuccessful.

Communication and Documentation

Daily Updates: North Academy's teachers and staff provide daily updates on the student's behaviors as needed.

Incident Reports: All serious incidents will be documented. The parent/guardian of the student will receive a report outlining the series of events leading up to and details on the Incident.

Parent Meetings: North Academy encourages open communication and may request in person meeting(s) to discuss your child's behavior on an as needed basis.

By signing this agreement, you acknowledge that you have read, understood, and agree to the disciplinary plan outlined on this document. Your cooperation and support are vital in ensuring a positive experience for your child at North Academy. Please feel free to reach out to our administrative team with any questions or concerns. We look forward to working together to create a happy and healthy environment for your child.

Parent/Guardian Name: _____ Parent/Guardian

Signature: _____ Date:



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North Academy North Miami Registration Expulsion Policy

Unfortunately, there may be causes that would deem for North Academy to move forward expelling a student from the school, for either a short or indefinite period of time. North Academy is dedicating to doing all possible to work with the student and their parent/guardian to prevent this policy from being enforced. To ensure there is a clear understanding of what causes can lead to expulsion, please review below.

Immediate Cause for Expulsion

1. The student is at risk of causing serious injury to themselves or their peer(s).
2. Parent/Guardian speak or display threatening behavior to teacher(s) or staff member(s).
3. Parent/Guardian exhibit verbal abuse towards teacher(s) and/or staff member(s), especially in the

presence of any student.

Parental Actions Leading to Student Expulsion

1. Failure to cover school fees, including but not limited to tuition.
 - a. Habitual lateness of payments may also be grounds for expulsion
2. Failure to complete and return required forms to administration.
3. Habitual tardiness in picking up the student from school.
4. Any and all forms of abuse, including but not limited to verbal, to any North Academy teacher, staff, and/or administrator.

Student's Actions Leading to Expulsion

1. Failure of student to adjust after a reasonable amount of time
2. Excessive and uncontrollable tantrums/angry outbursts
3. Any form of ongoing abuse, including but not limited to verbal, towards any North Academy teacher, staff, administrator or student.
4. Excessive biting

Please note that expulsion is considered a last resort. Before expulsion, an administrator will reach out to the parent/guardian directly and correspondence will be sent home indicating the ongoing issue. Every effort will be made by both North Academy and the parent/guardian to correct the issue. If, after about 1-2 weeks, depending on the welfare and risk presented to the student themselves and their peers, if the behavior(s) do not improve and North Academy deems they can no longer accommodate the student, the parent/guardian will be asked to withdraw from the school. The parent/guardian will be on notice for a minimum of one week before expulsion to allow for the parent to make accommodations and register the child at another educational center.

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Expulsion Policy

Student Name: _____ Parent/Guardian Printed

Name: _____ Parent/Guardian Signature:

Date:

