



Dear Applicant,

Thank you for your interest in The Life Academy of Excellence. The information provided will guide you through a seamless application process. We are honored that you have chosen our educational institution to partner with your family.

Application Process:

Applicants **must** have a desire to grow spiritual, accept an academic challenge, and set an example of leadership. A commendable behavior record is expected of all applicants.

A completed application with the following documentation:

- _____ \$ 50.00 Application Fee
- _____ \$ 25.00 Entrance Exam Fee
- _____ \$ 150.00 Registration Fee
- _____ Scholarship Award Letter (PSLA, Step Up for Students, AAA, Gardiner)
- _____ Letter of Intent / Copy of IEP (McKay recipients)
- _____ Most recent Report Card
- _____ Standardize Test (Grades 3rd – 12th)
- _____ Teacher Recommendation (K5 – 5th)
 - 6th – 12th need 2 Teacher Recommendation *(at least 1 academic)*
- _____ Copy of State required Medical Records
 - Annual Physical Form
 - Immunization Form
- _____ Schedule a Family Interview with Principal (Tue. or Thurs. 9am – 1pm)
- _____ Families will be notified in writing of admission team decision within 48hrs of the completed family interview.

*This application does not guarantee admission.
The admissions Committee will evaluate each applicant based upon information submitted with the application*

Tuition & Fee Schedule
2019 - 2020

**K5 – 5th
Annual Tuition
\$ 5,900.00**

**6th – 8th
Annual Tuition
\$ 6,050.00**

**9th – 12th
Annual Tuition
\$ 6,150.00**

Additional fees:

Application Fee	\$ 50.00/ per applicant
Admissions Testing	\$ 25.00 / per applicant
Registration Fee	\$ 150.00/per applicant
Book Rental /Materials Fee	\$350.00/ K5 – 8 th \$ 400.00/9 th – 12 th
Standardized Testing Fee	\$ 90.00 / Per child
School Improvement Fee	\$ 200.00/ per family
Transportation Fee	\$ 700.00 / Annual
Uniform Allowance	\$ 50.00 – 250.00 / If Applicable

Payments Accepted: Cash, Money Orders, Visa/Master Card

All fees are **non-refundable** and **non-transferable**, which includes but is not limited to application and registration.

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APPLICATION FOR ENROLLMENT

Application will not be accepted without required documentation

Student Information:

Student Name: _____ (First, middle, last)

Date of Birth: _____ Social Security Number: _____

Gender: _____ M/F Age: _____

Ethnicity (circle one): Black/African American Caucasian Hispanic/ Latino Multiracial Asian

Other- please specify _____

Name of Church: _____ Member? _____ Regular Attendance? _____

FATHER/STEPFATHER

Name: _____ Email address: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____ Home: _____

Cellular phone: _____ Church Affiliation: _____

MOTHER/STEPMOTHER

Name: _____ Email address: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____ Home: _____

Cellular phone: _____ Church Affiliation: _____

Emergency Contact:

The following individuals are authorized to pick up my child.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Parent/Guardian Signatures: _____ Date: _____

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STATEMENT OF FAITH

- We Believe the Bible is the infallible word of God. The Scriptures reveal God, the way of salvation, and God's plan and purpose for our lives.
- We Believe that there is one God, eternally existent in three persons: God the Father, God the son, and God the Holy Spirit.
- We Believe in the deity of our Lord and Savior Jesus Christ, his virgin both, his sinless life, his miracles, his atoning death, his resurrection, and his return.
- We Believe in the Rapture of the church at the imminent coming again of our Lord and Savior Jesus Christ.
- We Believe the only way to be cleansed from ones' sins is through repentance and faith in the blood of Jesus Christ.
- We Believe that the redemptive work of Christ on the cross provides healing of the body, soul, and spirit.
- We Believe that the Baptism of the Holy Spirit with the evidence of speaking n tongues is available to all believers.
- We Believe in the sanctifying power of the Holy Spirit by whose dwelling Christians are able to live a holy lifestyle.
- We Believe in the resurrection of the saved into everlasting life "Heaven".
- We Believe that the mission of the redeemed is to fulfill God's purpose concerning man, which is to seek and to save those who are lost, and then disciple them to perfect acceptance, and redemption through God's grace.

Parent/Guardian Statement of Cooperation:

We Agree:

1. To support the standards of the school in every aspect of its policies and procedures-academically, behaviorally, spiritually, in dress code and discipline.
2. To support the school in its endeavors in training my child in the Christian faith by example, prayerful encouragement, Chapel and Bible classes.
3. To assume the responsibility for my child's education by supervising assigned homework and initiating contact with my child's teacher.
4. The cooperation and support from home are essential, and we pledge to support the principle of abiding by the rules, even in matters of disagreement, until such time as major dissatisfaction would cause us to choose separation from TLA.
5. I understand that all Recommendations and Forms are required to complete the application process.
6. The staff and administration are given "on-site" responsibility for the discipline of our child(ren). This may include, but not necessarily be limited to, counseling, verbal reprimands (public, or private, as the situation demands), work projects (from writing assignments to physical labor), detention, suspension, and dismissal from the school.
7. With the school's INTERNET POLICY as stated in the Handbook, and expect our child(ren) to abide by the guidelines established. We will be responsible to monitor home use of the internet and to condone only appropriate activity.
8. The Life Academy of Excellence has permission for my child(ren) to take part in all school related activities, including bus trips, sports activities, and school-sponsored trips away from the school campus. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school body. I further agree to hold the school and its agents harmless for the liability of my children or any guardian or parent thereof because of any claims on behalf of my child(ren) against the school or any agent thereof because of injury to my child(ren). Should legal action for any reason, be taken against The Life Academy of Excellence or any employee or agent thereof, on my children(ren)'s behalf and the school or its agents not be found at fault, I agree to pay an attorney fees, damages or other cost that The Life Academy of Excellence or its agents(s) should incur to defend itself against such action.
9. And give permission for photographs of our child(ren) to be taken during school activities and published in the yearbook and/or in advertising and for promotional purposes, both in print and on line. We agree in a general way to encourage a healthy respect for the school to foster harmony and avoid open dissention, and to make a serious effort to support the various activities and programs of the school through prayer and participation.

Parent/Guardian Signatures: _____

Date: _____

Educational Background

School Attending: _____

School Address: _____ Public ____ Private ____ Charter ____

School Phone: _____

Has the student ever attended the Life Academy? _____ If so what grade(s)? _____

Has the student ever repeated a grade? _____ If so, which grade(s)? _____

Has your child ever been suspended, expelled or asked to withdraw from their present school for any reason? _____ If so, Why?

Has your child ever attended a special day school or participated in a program designed for students who have special academic needs of abilities (including gifted, special education, title I, tutoring, etc.)? _____ If so please explain?

Has your child ever been diagnosed with a learning disability or participated in exceptional education programs? _____ If yes, please explain.

Has your child ever been diagnosed with a learning disability, behavioral disability, or emotional disability? _____ If yes, please explain.

Does your child take medication for any medical need and/or learning disability? _____ If yes, please describe the medication and its effects (improves concentration, increases ability to focus, prevents headaches, control moods)

I/We agree to support and abide by the school regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. We authorize The Life Academy of Excellence to contact current and previous schools and other sources to obtain information to support the admission application decision. **I/We will not seek access to confidential recommendations and evaluations materials before or after the admissions committee decision has been made.**

Mother Signature _____

Date: _____

Father Signature _____

Date: _____

Financial Agreement

_____ **Scholarship recipients (McKay, PSLA, Step Up for Students):**

Scholarship Vouchers are distributed four times during the school year by Florida Department of Education John McKay Scholarship Program. All parents are required to endorse the voucher within **3 business days** of receiving the notification via email/text message. Parents must be mindful that these scholarship payments fund their child(ren) annual tuition to attend The Life Academy of Excellence. Failure to endorse checks in a timely manner will result in a **\$ 35.00/per child late checking signing fee.**

_____ **Private Pay:**

Annual Billable accounts are set for each family enrolled. We accept, Cash, Check, Visa, MasterCard, Cashier's Check, and Money Orders made payable to The Life Academy of Excellence. All tuition payments are due by the 5th of each month. Payments made after 5th of the month will incur a **\$ 35.00 late fee as of the 6th** of the month. If tuition payments are more than 30 days late, your child will be automatically withdrawn from The Life Academy.

Agreement:

I understand that school tuition is due by the above outlined date and payments made after that time will incur a late fee of **\$ 35.00/ per child.** I also, understand that all payments made more than 30days late will result in the automatic withdrawal of my child and all academic records are withheld until my account is clear.

All payments are made cash, money order, or electronic payment. **No checks are accepted.**

Parent Signatures:

My signature verifies that I have read and accepted the terms and conditions outline in this financial contract and agree to abide by the outline policies regarding my child(ren) school tuition.

Parent Signatures: _____

Date: _____

Parent Signatures: _____

Date: _____

Medical History

Student Name _____

Grade: _____

List any medical conditions that school personnel should be aware of:

List any allergies that your child has:

Does your child take any medications? If yes, please give name of medications, dosage, and time given.

Emergency Medical Authorization/Liability release:

_____ is a student attending The Life Academy of Excellence. He/She has the following physical or medical limitations, including allergies and prohibited medicine:

Medical Insurance Verification

Insurance Company: _____ Policy #: _____

I/We authorize and consent The Life Academy of Excellence's staff to employ a licensed physician on my behalf for the emergency treatment of my child, in connection with any injury, accident, or illness suffered or sustained while involved in a school activity or while on school property. Said authorization and consent for emergency treatment includes hospitalization and surgical procedures recommended by physician. Understanding that ever reasonable effort will e made to notify me in case of such an emergency. Furthermore, I release The Life Academy of Excellence from any and all hospital expenses resulting from any type of accident or injury to my child while involved in any school activity on or off campus.

Parents Signature

Mother Signature: _____

Date: _____

Father Signature: _____

Date: _____

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Teacher Recommendation Form

Student Name: _____

Grade applied for: _____

As parent guardian of the above-named student I give permission for the release of the information requested on this form.

Parent Signature: _____

Date: _____

School Official: *Students in grade 3rd – 12 who are entering The Life Academy of Excellence for the first time are required to have this form completed by a principal, teacher, guidance counselor of the previous school. The enrollment process cannot begin until all forms are completed. Your prompt attention to this matter is greatly appreciated. Return by Fax to (407) 622-1330 ATTN: Admissions*

Students Name: _____ Teacher Name: _____

School Name: _____ Contact Number: _____

How long have you known the student? _____

Is this student on the appropriate grade level in reading? _____ Is the student on the appropriate grade level in Math? _____

What do you see as this student strengths? _____

What do you see as this students' weakness? _____

What are the first words that come to mind about him/her? _____

Do you recommend this student for admission to our school? Why or Why not? _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and weaknesses? Please comment on any area marked below average or poor. Check the appropriate response:

	Excellent	Above Average	Average	Below Average	Poor	Comments
Academic Potential						
Self-Discipline						
Complete Homework / Classwork						
Respect for Peers						
Respect for Authority						
Personal Integrity						
Leadership Potential						
Conduct and Discipline						

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Student Spiritual Assessment Form

(6th – 12th grade students only)

Student Name: _____

Grade Applying for: _____

1. Are you a Christian? _____
2. Do you attend Church regularly? _____ If so, what is the name of the church? _____
3. Name three adjectives that your friends would use to describe you? _____
4. Name your favorite music artist, favorite book, and favorite movie?

5. What is your favorite academic subject and why?

6. What is your least favorite academic subject? _____

7. Tell us about any community involvement, volunteer experience, or youth activities that you participate in?

8. Tell us about any achievement of which you are proud of or any special recognition that you have received.

Check the blank that best describes your life...

	Always	Sometime	Never	Comments
I read my bible daily.				
I pray daily.				
I am obedient to my parents.				
I am obedient to other adults.				
I go to church at least once a week.				
I put others needs before my own.				
I want to grow closer to God.				
I ask for God's help when I have problems.				
I let God control my words and Actions				

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Parent Student Conduct Agreement

The Life Academy of Excellence is a Christian school in every way. We believe that there is no academic success apart from Christ and this is reflected in our curriculum, school standards, and policies. It is our desire that every student who attends The Life Academy of Excellence reflect a lifestyle that is pleasing to Jesus Christ.

As a student of The Life Academy of Excellence...

1. I agree to strive for excellence in all things that I do, say, and post on any social media sites.
2. I agree to obey the Bible in speech and conduct.
3. I agree to respect and cooperate with those in authority as the school.
4. I agree to avoid the use of alcohol, drugs, and tobacco.
5. I agree to avoid cursing, sexual immorality, cheating, objectionable music, and objectionable movies.
6. I agree to dress in accordance with the code that has been set by the school and to wear modest apparel.
7. I agree to submit to the discipline policy of The Life Academy of Excellence.
8. I agree to refrain from gossip, grumbling, and complaining.
9. I understand that once I am enrolled in The Life Academy of Excellence, I am a student of The Life Academy ever where I go. Therefore, I am expected to avoid behavior that would dishonor Jesus Christ, the school, my church, my family, and myself.
10. I agree to refrain from kissing, inappropriate touching, and from holding hands with the opposite sex, or same sex.
11. I understand that I will be held accountable for my actions as it relates to the Parent Student Conduct Agreement.

As a parent of The Life Academy of Excellence:

1. I understand the biblical method of discipline involves the correction of internal attitudes as well as external actions.
2. I want my child to be confronted from wrong attitudes, realizing these things cause types of behavior problems.
3. I believe in the Biblical method for corrective discipline as the school. I also agree to come to the school when necessary to administer corrective measure when needed.
4. I agree to respond promptly to Infraction Notices and any other communication sent home regarding attitude and/or behavior problems.

Parent and Student must sign the agreement form:

Student Signature: _____

Date: _____

Mother Signature: _____

Date: _____

Father Signature: _____

Date: _____

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