



Re-Enrollment Process:

A completed re-enrollment package with following documentation:

- _____ \$ 80.00 Enrollment Fee per child (January 1st – May 30)
- _____ \$ 125.00 Re-Enrollment Fee per child (beginning June 1st)
- _____ Scholarship Award Letter
- _____ Copy of IEP (McKay recipients)
- _____ Annual Physical Form (Must be within the last year)
- _____ Immunization Form

(Student will not start school without the proper immunization and physicals on file)

RE-ENROLLMENT APPLICATION

All required documentation should be submitted with the application

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/STEP FATHER

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: _____

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

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:

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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 school that 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 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. I understand that a return check fee of \$ 45.00 will be billed in the event my check does not clear the bank. I also understand The Life Academy will not accept my check as a form of payment if returned twice.

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: _____

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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Photo/Video Release

Student Name: _____

School Year: _____

(Initials) I the legal parent/guardian consent to have my child photographed, videotaped, or interviewed for promotional purposes such as, but not limited to: newsletters, local newspapers, school website, electronic, digital, or print media while participating in school / school sponsored activities and off campus field trips during their enrollment as a student with The Life Academy of Excellence and The Life Center Church.

(Initials) I the legal parent/guardian give full consent to The Life Academy of Excellence to as it relates to my child's assignments, creative art work, and authored writings on the internet, as promotional material on CD/DVD, or any other electronic/digital media. I understand that my child will be identified by initials only (if at all).

(Initials) As the parent/legal guardian of the above-named student, I agree to release and hold harmless The Life Academy of Excellence and The Life Center Church.

(Initials) As the parent/legal guardian I agree that no monies or other considerations will be expected or due to me or my child because of their participation in the above-mentioned activities.

_____ I/We DO NOT give permission for _____ image/photograph or work to be used as described above.

* Signature Required

Print Parent Name

Parent Signature

Date

Print Parent Name

Parent Signature

Date