

# VILLAGE LEARNING ACADEMY

130 AVE G SE, BLDG A, WINTER HAVEN, FL 33880



## ENROLLMENT PACKET



PHONE: (863) 875-6555



itavla130@gmail.com



FAX: (863) 875-6544



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☐ Enroll App ☐ Birth Cert ☐ Med Auth ☐ Immu Rec ☐ Physical

## APPLICATION FOR ENROLLMENT

STUDENT NAME:

DATE OF APPLICATION:

SSN:       -       -

DATE OF BIRTH:       /       /

ENROLLING GRADE LEVEL:

ADDRESS (STREET, CITY, STATE, ZIP):

PHONE NUMBER: (       )       -

### MOTHER/GUARDIAN

NAME:

RELATIONSHIP:

ADDRESS:

EMPLOYER:

EMPLOYER ADDRESS:

HOME PHONE: (       )       -

CELL PHONE: (       )       -

WORK PHONE: (       )       -

EMAIL:

OCCUPATION:

### FATHER/GUARDIAN

NAME:

RELATIONSHIP:

ADDRESS:

EMPLOYER:

EMPLOYER ADDRESS:

HOME PHONE: (       )       -

CELL PHONE: (       )       -

WORK PHONE: (       )       -

EMAIL:


OCCUPATION:

STUDENT RESIDES WITH:

PARENT WITH LEGAL CUSTODY:

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SIBLINGS OR OTHER CHILDREN IN HOUSEHOLD

NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

PREVIOUS EDUCATION

SCHOOL	ADDRESS	PHONE NUMBER	YEARS

**Medication Information:** I hearby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

DOCTOR:

ADDRESS:

PHONE NUMBER: (     )     -

DOCTOR:

ADDRESS:

PHONE NUMBER: (     )     -

DENTIST:

ADDRESS:

PHONE NUMBER: (     )     -

**Please list all allergies, special medical or dietary needs, or other areas of concern:**

**Emergency Care Plan Instructions:**



# STUDENT EMERGENCY CARD

## Emergency Contact Information (Please list contacts in order of priority)

NAME:	RELATIONSHIP:
PHONE NUMBER: (    ) -	WORK NUMBER: (    ) -
1. PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFY IF SICK: <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVE PERSONAL INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:	RELATIONSHIP:
PHONE NUMBER: (    ) -	WORK NUMBER: (    ) -
2. PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFY IF SICK: <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVE PERSONAL INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:	RELATIONSHIP:
PHONE NUMBER: (    ) -	WORK NUMBER: (    ) -
3. PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFY IF SICK: <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVE PERSONAL INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:	RELATIONSHIP:
PHONE NUMBER: (    ) -	WORK NUMBER: (    ) -
4. PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFY IF SICK: <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVE PERSONAL INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:	RELATIONSHIP:
PHONE NUMBER: (    ) -	WORK NUMBER: (    ) -
5. PICK UP: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFY IF SICK: <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIVE PERSONAL INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Your signature indicates that the information on this enrollment form is complete and accurate. I hereby grant Village Learning Academy to discuss the information contained in this application with teachers, counselors, and administrators at my child’s previous school.

Parent Name:

Parent Signature:

Date:

Parent Name:

Parent Signature:

Date:





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## Tuition and Fee Schedule 2025 - 2026

Monthly payment plans may be established. The first payment is due by the first day of school.

Application Fee	\$125
Enrollment Fee	\$200
Re-Enrollment Fee	\$100
Testing Fee	\$125
Breakfast	\$3.50 per day
Lunch	\$4.50 per day
Tuition for Students (KG-5th grade)	\$8,500

### ***Please Note:***

*Enrollment process will begin once the application fee has been received by administration.*

*Payments can be made either online or in-person.*

### Uniforms

**Polo Shirts: \$13 each**



**T-Shirts: \$8 each**

**Students must wear their polo shirt with khaki or black bottoms Monday-Friday. T-Shirts may be worn ONLY on Fridays and MUST be worn on field trip days.**

Before School Care Only	\$75 per week
After School Care Only	\$75 per week
Before & After School Care	\$95 per week

### **Monday - Friday**

Before Care (6:30 am - 8:00 am)  
After Care (3:15 pm to 5:30 pm)

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Drops-off and pick-up will be through Bldg D

*Village Learning Academy accepts students of all races, backgrounds, and cultures.*



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## Uniform Policy

All students of Village Learning Academy are required to wear uniforms. Students must follow the dress code to attend class and participate in school activities. Students should arrive on campus in their uniform and their appearance should be neat, clean and well groomed. Clothing should always fit, and undergarments concealed. Hats and hoods are not permitted inside the building.

### Shirts:

- Only shirts purchased through the school may be worn.

### Shorts and Pants:

- Khaki and black pants, shorts, skirts (shorts must be underneath), or skorts may be worn.
- All bottoms must be hemmed (no cut-off, holes, or frays, etc.)
- Shorts, skirts, and skorts must be mid-thigh or longer. Teachers and administrators will use the rule of good judgment.

### Shoes:

- Tennis shoes are the only acceptable shoes that may be worn.
- Sandals, slippers, flip flops, crocs, or bedroom shoes are not permitted.

### Cold Weather:

- Students may wear a solid white or black, long sleeve shirt under their polo school shirts.
- All jackets must fit appropriately.

**Your signature below indicates that you have read and agree to the following uniform policy.**

Parent/Guardian Name:

Student Name:

Parent/Guardian Signature:

Date:



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## Transcript Release

Student Name:

Previous School Attended:

Address:

City, State, Zip Code:

Phone Number:

Fax Number:

The student above has applied for admission to Village Learning Academy and as a part of this process, the following information is required as soon as possible:

- Grades for the current school year
- All standardized test scores
- Official transcript
- Medical records:
  - Student Health examination
  - Immunization Record
- Copy of certified birth certificate

I hereby authorize the release of the above information to:

**Village Learning Academy**  
**130 Ave G SE, Bldg A**  
**Winter Haven, FL 33880**

Please email student documents to [latashaealey@villagelearningacademy.org](mailto:latashaealey@villagelearningacademy.org)

Please contact Village Learning academy at 863-875-6555 with any questions regarding the above request. This also serves as authorization for both schools to discuss otherwise confidential information about the above-named student with each other, so long as the information is relevant to the education and/or admissions process.

Parent/Guardian Signature

Date



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## Photograph Release

**Dear Parent/Guardian,**

Throughout the school year, we me take photographs and/or videos of students engaged in learning activities, school events, and special programs. These images may be used in various school-related materials, including:

- School website and social media pages
- Newsletters, brochures, and flyers
- Local media and press releases
- Yearbooks and classroom projects
- Educational or promotional materials

Please review and indicate your preference below regarding the use of your child's image.

### Permission Consent

- ☐ **Yes, I give permission** for my child's photograph/video to be used by Village Learning Academy for educational and promotional purposes as described above.
- ☐ **No, I do not give permission** for my child's photograph/video to be used in any school-related media.

Student's Name

Current Grade

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date



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