

# ENROLLMENT PACKET



**2025-2026**  
**School Year**

# Changing Lives Academy Enrollment Process

---

We are very excited that you are considering an education at Changing Lives Academy. The steps below outline the enrollment process and we are here to help you through every step. If you have any questions about the process outlined below please email [info@changinglivesacademy.net](mailto:info@changinglivesacademy.net)

## **STEP 1:**

### ♦ **Enrollment Packet**

All sections must be completed and signed.

## **STEP 2:**

### ♦ **Placement Test**

Completion of Placement Tests is required for **all new** students. Prospective new Kindergarten through 5th grade students will need to complete a math placement test and a Reading/Comprehension test. All students entering 6th to 12th grade, and who are new to CLA, must complete a placement test that covers grammar, vocabulary, reading comprehension, and writing for enrollment to be finalized in any course except math.

## **STEP 3:**

### ♦ **Interview of Parents/Students**

Schedule a **family interview** with the Changing Lives Academy administration team either by phone or by an email sent to [info@Changinglivesacademy.net](mailto:info@Changinglivesacademy.net). Interview is mandatory.

## **STEP 4:**

### ♦ **Admission Decision**

Changing Lives Academy administration will provide an **admission decision** and details.

Upon acceptance, please submit:

1. All missing/required documents
2. Review and sign Parent and Student Handbook
3. Review the School Calendar Year

## **STEP 5:**

### ♦ **Connect with Changing Lives Academy**

Connect with CLA by liking our [Facebook page](#) (Changing Lives Academy), visiting our website [www.cla4Christ.com](http://www.cla4Christ.com) and by downloading the Remind App to connect with teachers and administration.

\*Students are not considered officially enrolled until all of these steps are completed. Please be patient with us. This is a time-consuming process, but a beneficial one to all involved. The process could take several weeks **depending on references and schools releasing records**.

## Please return this packet to the Administration Office.

\_\_\_\_\_ I am enrolling my child as a **NEW** student.

\_\_\_\_\_ I am enrolling my child as a **returning** student.

\_\_\_\_\_ I am **not** enrolling my child in *CLA* for the **2025-2026** school year.



★ **NO ENROLLMENT FEE IF YOU ENROLL YOUR CHILD  
BEFORE 31ST!!!!**

\*\*\* New student must be completely enrolled in Changing Lives Academy for the 2025-2026 year\*\*\*



## **STUDENT ENROLLMENT PACKET**

Dear Parents/Guardians:

Greetings and welcome to another school year!

This student enrollment packet includes forms the school needs to meet state and federal compliance and information that will help us to better serve your child.

Over time, student records may become outdated. In an effort to keep up with any changes, please take a few minutes to review and complete the following forms for your child) and return to the school as soon as possible. Please submit all forms to your school.

The packet includes the following:

**Student Information:** This information needs to be completed even if you completed one last year since many of the items may have changed. Please be sure to sign and date this form. Providing the school with emergency contact numbers are especially important.

**Medical Information and Family Medical Authorization** for emergency health care is vital. We may not be able to reach you if your child is ill or injured and needs medical attention.

**Parental Consent** for emergency care and pick-up permission, child accessibility in the cases of divorce and estrangement, permission to travel, school health services, statement of non-discriminatory policy and statement of faith.

**Field Trip Transportation Authorization.** This form needs to be completed to indicate if your child may or may not attend field trips throughout the 2025-2026 school year.

**Cell Phone Policy.** Please read carefully and sign.

**Financial Agreement/Master Tuition Schedule 2025-2026** Forms needs to be completed and signed.

**Book—Payment Plan Arrangement.** Form needs to be completed, signed and notarized.

**Acknowledgment Form** - This form needs to be **signed in the presence of a Notary Public**. CLA will not accept any enrollment packet that is not in compliance with this specific requirement.

**Admissions Agreement.** Please sign this form.

**Request for Confidential Records.** This form needs to be completed. If you are unable to provide Changing Lives Academy the required documentation from the previous school, CLA will attempt to obtain it with your signed release of authorization.

**Please return all forms to the front office, thank you and have a great year!**



To register your student in school, the following documentation is necessary.

Required documentation:

☐ **Verification of Legal Name**

- Birth Certificate

☐ **Verification of Age**

- Birth Certificate
- Passport

**To enter kindergarten**, a child must be 5 years old on or before September 1.

**To enter first grade**, a child must be 6 years old on or before September 1.

☐ **Verification of Immunization and Physical Exam**

- **Proof of immunizations on a Form 680**, which can be obtained at the [Orange County Health Department](#): 832 W. Central Blvd., Orlando, FL Phone Number 407-836-2600.
- **Proof of physical examination** by a U.S. doctor within the last year. These forms must be completed by a Florida physician or a Florida county health department.

☐ **Verification of Academic History**

- Transcript
- Withdrawal Form
- Last Report Card

☐ **Verification of Special Education Information (if applicable)**

- Current IEP **OR** Current 504 Plan  
CLA will consider students on a case by case scenario and will notify the parents if CLA will be able to accommodate the student's needs.

☐ **Verification of your Domicile in Orange County or Osceola County (one of the following)**

- Current Homestead Exemption Card
- Property Tax Statement
- Signed Closing Contract
- Lease

☐ **Verification of Address (if you don't have a lease or own your home)**

Four documents are required with Student Enrollment, two from the parent or guardian and two from the homeowner or lessee. The four documents are:

- 1. Parent or guardian's** Florida driver's license or state ID showing the current correct address.
2. Another item in the **parent or guardian's** name showing the current address such as: auto registration, current bill or current pay stub.
- 3. Homeowner or lessee's** homestead exemption card, property tax information or lease agreement.
- 4. Homeowner or lessee's** Florida driver's license or state ID showing the correct address.

☐ **Verification of Guardianship**

- Birth Certificate

If applicable, you must provide one of the following:

- Court Custody Documentation (this includes divorce decrees)



# CHANGING LIVES ACADEMY

## Enrollment Application 2025-2026

### STUDENT INFORMATION

Grade Entering: \_\_\_\_\_

**OFFICE USE ONLY:** Date received \_\_\_\_\_  
Reg. Fee \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_  
Returning \_\_\_\_\_ Sibling \_\_\_\_\_ New \_\_\_\_\_  
☐ Immunization Form ☐ Transcripts  
☐ Physical ☐ Withdrawal documents  
☐ Birth Certificate ☐ Interview  
☐ Last Report Card ☐ Entrance Exam  
Student # \_\_\_\_\_ Accepted \_\_\_\_\_  
Scholarship \_\_\_\_\_ Step Up \_\_\_\_\_ McKay \_\_\_\_\_ Gardiner \_\_\_\_\_ Other \_\_\_\_\_  
Payment Plan: \_\_\_\_\_ Yes \_\_\_\_\_ No - amount : \$ \_\_\_\_\_  
Extended Day \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ AM/PM \_\_\_\_\_ No

*Changing Lives Academy will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, gender as determined at birth, national and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.*

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Grade entering: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Do you have any siblings at CLA? \_\_\_\_\_ Yes \_\_\_\_\_ No Name(s): \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other Please specify: \_\_\_\_\_

If parents are separated or divorced, is the non-custodial parent to receive a copy of grade report? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any restrictions on the non-custodial parent? \_\_\_\_\_ If yes, explain and include a copy of court papers:

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Was the student allowed to re-enroll in the previous school? \_\_\_\_\_ If no, please explain:

Did the student fail any classes the previous years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If registering mid-year, is the student failing any classes? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If registering mid-year, could the student continue at the currently enrolled school at time of withdrawal? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Has the student ever repeated or skipped a grade? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been homeschooled? \_\_\_\_\_ If yes, what grades? \_\_\_\_\_

\*Does the student have any learning difficulties?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\*Has the student ever been professionally tested for one of the following: ADD/ADHD, SLD, Hearing, Vision, Speech or any other?  
\_\_\_\_\_ If yes, discuss the results and include a copy of the report.

Has the student ever been arrested?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been suspended from school?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been expelled from school?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student had a behavioral problem?\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the student have access to appropriate research materials such as an encyclopedia, CD-ROM or Internet access?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Father:** Full legal Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address if different from student's: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Mother:** Full legal Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address if different from student's: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

What is your family's church affiliation? \_\_\_\_\_

How did you hear about Changing Lives Academy? \_\_\_\_\_

Name of the person(s) responsible for the student's tuition: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Emergency Contacts: Please list two people other than parents:**

Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# CHANGING LIVES ACADEMY

7215 Monetary Drive, Suite B. Orlando, FL 32809 • (407) 613-2445 Phone • (407) 6134-2450 Fax

## MEDICAL INFORMATION

2025- 2026

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

1. Check if the student has had any of the following. Give dates of any positive answer.

_____ Polio	_____ Jaundice	_____ Whooping Cough	_____ German Measles
_____ Fractures	_____ Mumps	_____ Rheumatic Fever	_____ Measles
_____ Tuberculosis	_____ Chicken Pox	_____ Scarlet Fever	_____ Kidney Infection
_____ Malaria	_____ Concussion/Head Injury	_____ Other	

Explanations:

\_\_\_\_\_

\_\_\_\_\_

2. Check if the student has had any of the following. Please explain any positive answers.

_____ Asthma	_____ Abdominal Pains	_____ Hay Fever	_____ Constipation
_____ Ear Trouble	_____ Hearing Loss/Defect	_____ Bladder Problem	_____ Glasses
_____ Heart Trouble	_____ Contact Lenses	_____ Epilepsy	_____ Tonsillitis
_____ Diabetes	_____ Indigestion	_____ Hernia	

Explanations:

\_\_\_\_\_

\_\_\_\_\_

3. Is the student on any medications?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify \_\_\_\_\_

4. Does your child have any physical limitations which might require some adjustments to a normal student activity schedule? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

5. Has your child had any operations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe; \_\_\_\_\_

7. Has your child ever been treated for any nervous, mental, or emotional disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and how long a period \_\_\_\_\_

8. Is there any other medical information about your child that you think we should have?

\_\_\_\_\_

\_\_\_\_\_





## **FIELD TRIP TRANSPORTATION AUTHORIZATION**

As part of our overall educational program at **Changing Lives Academy**, students have the opportunity to learn off-campus throughout the school year. Experiential learning may include outings to museums, historical sites, parks, theatre productions, and other age/curriculum appropriate events. In an effort to reduce the number of permission slips that are sent home, we are requesting permission for each child to be allowed to participate in and attend school field trips, and be transported to/from such events by bus, parents (with necessary clearances, drivers license, vehicle insurance and registration) and/or teachers. Parents will be notified in advance of each of these scheduled trips.

Please indicate your authorization below:

☐ The following student(s) may attend field trips throughout the **2025-2026 school year**, and be transported to/from such events by an authorized and approved adult chaperone, unless **I withdraw my authorization (in writing) prior to the field trip.**

☐ **The following student (s) may not attend field trips and be transported to/from such events by an authorized and approved adult chaperone throughout the 2025-2026 school year.**

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## CELL PHONE POLICY

The use of a cell phone by a student while school is in session is **not allowed**. Students who use cell phones at school will have the cell phone **confiscated** and the phone will only be returned to the parent/ guardian. If a cell phone is brought to school and is lost or stolen, the school is not responsible for the loss.

Unauthorized electronic devices, such as handheld games and headphones, should not be brought to school. Students who bring unauthorized electronic devices will have them confiscated. If these items are brought to school and are lost or stolen, the school is not responsible for the loss. Authorization for having these devices on campus can only be given by Administration.

### **Consequences are as following:**

First Offense: The electronic device will be returned to the parent/guardian of the student.

Second Offense: The electronic device will be returned to the parent/ guardian of the student and the student will receive detention.

Third Offense: Parent must sign paperwork acknowledging the electronic device will be returned at the end of the academic year.

**Failure to surrender items will result in a disciplinary consequence.**

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# CHANGING LIVES ACADEMY

7215 Monetary Drive, Suite B. Orlando, FL 32809 • (407) 613-2445 Phone • (407) 6134-2450 Fax

## FAMILY MEDICAL AUTHORIZATION

### STUDENT(S) INFORMATION:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Mother Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION

Daily Medications: \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Doctor to be called \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Dentist to be called \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Hospital Preferred: \_\_\_\_\_

LIST TWO PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED:

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY WE WILL ACCESS THE 911 EMERGENCY SYSTEMS. IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD, PLEASE SIGN THE FOLLOWING STATEMENTS.

### PERMISSION TO TRANSPORT STATEMENT

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes of this information.

### PERMISSION TO TREAT STATEMENT

I do hereby state that I am the parent or guardian of the child name on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other individuals listed above of my child's condition and admission. \_\_\_\_\_

School Hours: 8:00 AM - 2:30 PM (Mon, Tue, Thu & Fri)  
1:30 PM (Wednesdays—Early Release)

Office Hours: 8:00 AM - 4:00 PM Monday through Friday

Why do you want your child to come to this school? \_\_\_\_\_

Mode of Transportation: \_\_\_\_ Car Rider \_\_\_\_ Public bus/Transportation \_\_\_\_ CLA Transportation \_\_\_\_ Walker

**PARENTAL CONSENT (must be signed at the bottom of page)**

**EMERGENCY CARE AND PICK-UP PERMISSION**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements deemed necessary.

**CHILD ACCESSABILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT.** *Note: This is to include information regarding parental and also non-spousal relationships (i.e. girlfriend/boyfriend of child's parents).* In order to prevent unauthorized visit or pickup of my child at CLA by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply CLA school office with all official, legal court documents (including, but no limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance at CLA. I understand that I am responsible to inform the school office of CLA as soon as possible of current changes and updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school office staff to be kept on file.)

**PERMISSION TO TRAVEL**

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities.

**SCHOOL HEALTH SERVICES**

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse or agency. The activities may include screening for vision and hearing problems and scoliosis (curvature of the spine.) I understand that there is no charge for these services.

**STATEMENT OF NON-DISCRIMINATORY POLICY**

I have been informed that Changing Lives Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

**CLA ENROLLMENT AGREEMENT**

I have read the CLA Enrollment Agreement 2025-2026 inserted as pages 16 and 17 of this application, and I understand and am in agreement with the policies set forth.

**STATEMENT OF FAITH—** I have read the "Statement of Faith" printed below and subscribe to them. I am willing to have my child trained in accordance with "Statement of Faith"

1. We believe the Bible is the only infallible and authoritative Word of God.
2. We believe there is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal future return to this earth in power and glory.
4. We believe in the blessed hope which is the Rapture of Church at Christ's coming.
5. We believe that the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
6. We believe in the redemptive work of Christ on the cross provides healing of the human body, in answer to believing in Prayer.
7. We believe that the Baptism of the Holy Spirit is available to all believers (Acts 2:4)
8. We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
9. We believe in the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation.

Student Name: \_\_\_\_\_

Parent's Signature of Consent (or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_



## MASTER TUITION SCHEDULE 2025-2026

**NEW FAMILIES:** Registration Fee is **\$90.00** for one student or **\$125.00** per family. **CURRENT FAMILIES:** \$25 for one student and \$50 per family. This fee is **Non-Refundable** and ensures the student a space at CLA.

### TUITION FEES

Tuition	Annual	Testing Fees
Kindergarten	\$8,200.00	\$50.00
Elementary (1 <sup>st</sup> -5 <sup>th</sup> Grade)	\$8,100.00	\$50.00
Middle School (6 <sup>th</sup> -8 <sup>th</sup> Grade)	\$8,080.00	\$50.00
High School (9 <sup>th</sup> -12 <sup>th</sup> Grade)	\$8,190.00	\$50.00
RISE Students (Developmental)	See Finance Department to discuss student's needs	

### ADDITIONAL FEES

Tutoring	Before & After Care	After Care	RISE Before & After Care	RISE After Care	Books
\$35 p/h	\$1,330.00	\$950.00	\$1,710.00	\$1,330.00	\$400.00
UNIFORM FEES		School Polo	Field Trip Shirt	PE Set (Shirt & Mesh Pants)	
Allow 2 Weeks for orders		See Uniform Price Sheet	See Uniform Price Sheet	See Uniform Price Sheet	

Curriculum Fees: Annual fee first payment due August 11, 2025. Fees will vary depending upon grade level as follows:

The tuition can be divided into 10 monthly payments and billed the months of August through May. Early withdrawal from CLA prior to the end of the school year will require the payment of the balance of the curriculum costs in full. CLA cost of tuition is calculated on an annual basis, which may be paid as a one-time annual payment, monthly, or weekly payment basis. The tuition payment is non-refundable and non-transferable with no exceptions. Tuition payments are due on the first of each month) Tuition discounts given for families with three or more students. Payment plan available for the Curriculum Fees.

### ADMITTANCE:

Changing Lives Academy has an open-door policy. CLA admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities generally made available to the students of the school.

### TRANSPORTATION:

CLA provides transportation, please contact the office for more details.

### UNIFORMS:

CLA enforces the uniform code. It is mandatory that each student wear the full proper uniform each day.

### SCHOLARSHIPS:

Changing Lives Academy seeks to help families desiring to provide Christian schooling for their children but who may find it financially challenging to do so. Financial assistance is only applied toward tuition (excludes all other fees) and it is awarded based upon a family's ability to pay. Step Up For Students scholarships are accepted, but recipients are responsible for the balance not covered by the state-funding amount. McKay Scholarship/AAA/ Gardiner recipients are welcome at our school on a limited case by case basis. Please call our school to inquire about availability in your child's grade level.

### ANNUAL PAYMENT PLANS:

**Plan A** (Annual Payment Private): Receive a \$200 discount when tuition and fees for the coming academic year are paid in full by August 11, 2025.

**Plan B** (Monthly or Weekly Payment): Submit monthly or weekly payments by cash, check, credit card or money order. The first payment is due on August 11, 2025. Please remit payments to Changing Lives Academy, 7215 Monetary Dr. Suite B, Orlando, FL 32809.



## MASTER TUITION SCHEDULE 2025-2026

### EXTENDED CARE PROGRAM:

#### K-12th Grade Weekly Fees

Program hours are 7:00 a.m. until school starts, and after school until 6:00 p.m. A wide variety of interactive enrichment activities including arts and crafts, music, fun games, field trips, homework assistance, sports, and story telling among others. A low staff/child ratio and nutritious snacks are also features of the program.

#### Before & After School:

\$45.00 per child

#### RISE Students (ESE Students) Before & After School:

\$45.00 per child

#### After School:

\$20.00 per child

#### RISE Students—After School

\$20.00 per child

#### Late Fees:

Any child attending TWO [2] week without payment of fees may not be admitted into the program until fees are paid in full. All delinquent accounts will be turned over for collection.

- No daily rates
- No refunds or credit for absences

Children having excessive (two or more) late pickups will be subject to removal from the program. Because our program close promptly, overtime charges will be assessed:

- **\$1.00 per minute**

All late pick-ups will be logged and recorded in the student's file. If a child is left in our care after 7:00 pm, the Police Department and the Department of Children and Families will be contacted if there has been no contact with the parent or guardian.

- **Unpaid late fees could result in a child being removed from the program.**

**Payment of Fees:** Weekly fees must be paid on Fridays. Payments may be made by money order, cash or debit/credit card. Weekly receipts are issued and should be retained for income tax reporting services.

**Late Payment Fee:** If weekly payment fee is not paid on Friday at Changing Lives Academy or received by Thursday no later than 4:00 p.m. your account will be charged a \$25.00 late fee.

# **MATERIALS**

## **PAYMENT PLAN ARRANGEMENT**

**PLEASE CAREFULLY AND THOROUGHLY READ  
THIS NEXT PAGE.**



# CHANGING LIVES ACADEMY

**OFFICE USE ONLY:** Date received \_\_\_\_\_  
Received by: \_\_\_\_\_  
Deposit amount: \$ \_\_\_\_\_ Plan # \_\_\_\_\_  
Method of Payment: \_\_\_\_\_ Check # \_\_\_\_\_  
Student # \_\_\_\_\_ Initials: \_\_\_\_\_

## BOOKS – PAYMENT PLAN AGREEMENT

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I, \_\_\_\_\_, whose address is: \_\_\_\_\_  
and with Florida Driver's License Number: \_\_\_\_\_ agree to pay my outstanding deposit to Changing Lives Academy according to the following schedule, terms and conditions.

Initials	Options	DEPOSIT	AUG 15 <sup>th</sup>	SEP 15 <sup>th</sup>	OCT 15 <sup>th</sup>	DEC 15 <sup>th</sup>	JAN 15 <sup>th</sup>	FEB 15 <sup>th</sup>	MAR 15 <sup>th</sup>
	Plan 1	\$25.00	\$46.42	\$46.42	\$46.42	\$46.42	\$46.42	\$46.42	\$46.42
	Plan 2	\$50.00	\$42.85	\$42.85	\$42.85	\$42.85	\$42.85	\$42.85	\$42.85
	Plan 3	\$75.00	\$39.28	\$39.28	\$39.28	\$39.28	\$39.28	\$39.28	\$39.28
	Plan 4	\$100.00	\$35.71	\$35.71	\$35.71	\$35.71	\$35.71	\$35.71	\$35.71
	Plan 5	\$150.00	\$28.57	\$28.57	\$28.57	\$28.57	\$28.57	\$28.57	\$28.57

1. I agree and accept responsibility for the book fee in the total amount of **\$400.00** and agree to do monthly payments of \$ \_\_\_\_\_. Payments are due on the 15<sup>th</sup> of each month and will continue until the account is paid in full.
2. If remitting payment with a check, I understand all payments are to be made payable to Changing Lives Academy.
3. I understand it is my responsibility to notify the CLA's office of any address, phone, name, or email changes. Notification must be promptly made to our office by phone **(407) 613-2445** or by email [info@changinglivesacademy.net](mailto:info@changinglivesacademy.net)
4. I understand any payment returned by my banking institution for "insufficient funds", "stop payment", "account closed" or any other reason will immediately cause the account to become delinquent and thereafter placed in a collection status.
5. I understand that I may make additional payments beyond the agreed monthly payment at any time; however, I am still responsible for continuing to make the minimum monthly payments;
6. I understand my child will not be able to participate of any school field trips and I will not be able to receive progress reports, report cards and/or transcripts for my child if my account is not current.
7. I further understand and agree that if I do not follow through with any portions of the above-stated schedule of payments, terms and conditions, and/or **if any installment is delinquent beyond five (5) days, this account, at the sole option of Changing Lives Academy, may be declared immediately due and payable in full.** I promise to pay all attorney fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due.

I have carefully and completely read this agreement and fully understand the purpose, intent and effect of this agreement. I have voluntarily executed the agreement by action of my own free will.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledge before me this day of \_\_\_\_\_  
by \_\_\_\_\_.

Personally Known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Type of Identification Produced:

Faith-Based Christian School



## **ADMISSIONS AGREEMENT**

Changing Lives Academy is a Christian school. Students and parents are also expected to conduct themselves in a Christian manner, both within school and at outside school functions. The following is a list of terms and conditions of Admission to our school.

### **Tuition Terms and Agreements**

The registration fee is **non-refundable**.

- The parents or guardian are responsible for the total amount of tuition.
- Parents or guardians are responsible for making punctual tuition payments.
- A late fee of \$40.00 will be added to payments not received in the office by the 5th of each month.
- If an account becomes 2 months overdue, the student will be suspended from all Changing Lives Academy classes and activities until the account becomes current.
- Cash, check or credit card payments are accepted.
- In order for report cards and transcript to be issued, or for students to be withdrawn, there can be **NO OUTSTANDING BALANCE**.
- Early withdrawal during the school year will be charged a fee of \$450.00 at time of withdrawal. There is no exception to the withdrawal fee. (loss of job, transfer or job, etc.)
- If a student is withdrawn early the tuition is due for the remainder of the semester.

### **Parent/Guardian and Student Conduct Policy**

- All parents/guardians and students will comply with the rules and regulations set forth in the CLA Handbook.
- Students and parents/guardians will be respectful of the teachers and administration.
- Changing Lives Academy reserves the right to expel any student whose parent/guardian fail to cooperate with the administration.
- Changing Lives Academy has a no tolerance policy for student mis-conduct and failure to meet academic standards.
- Students that continue to violate the conduct policies or fail to meet academic expectations of Changing Lives Academy may be dismissed at the discretion of the administration.

### **Attendance Policy**

- Attendance to scheduled classes is mandatory
- Parents or guardians must contact the school office if the student is going to be absent for any reason.
- The student will be responsible for contacting all of his/her teachers in order to obtain the homework assignments for the days missed.
- Late work during the grading period is penalized.

### **Campus Arrival/Departure and Student Drivers Policy**

- Parents or guardians will pick up students on time.
- Student drivers must adhere to the following rules:
  - o 5mph speed limit on school campus
  - o No loud music allowed in the parking lot or on school ground
  - o All cars must be parked in a proper parking space between the white lines

**Attorney's Fees**

- Whenever any sums due hereunder are collected by law, or by and through any attorney at law, the prevailing party shall be entitled to recover reasonable attorney's fees, plus costs and expenses of collection.
- In addition, if Changing Lives Academy pursues an action at law or in equity, including an action for declaratory relief, Changing Lives Academy will be entitled to recover reasonable attorney's fees in addition to any other relief to which it may be entitled.
- The court may set the attorney's fees in the same action or in a separate action brought for that purpose.

**Media Release**

- Changing Lives Academy has my permission to use my or my child's photograph publicly to promote the school I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name:- \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have read the Admissions Agreement and agree to abide by the above-stated terms and conditions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**For Middle and High School students only:** I understand and agree to abide by the above-stated terms and conditions, as well as all policies, requirements and rules set forth.

Signature of Student(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## WITHDRAWAL FEE

Students withdrawn from the school after August 11<sup>th</sup> are subject to a withdrawal fee. The withdrawal fee, per child, is **\$450.00** plus the remainder of the Curriculum Fees for the billing months left in the school year. This fee helps cover the expenses of record transfer, adjusting class rosters and curriculum which has already been purchased. Documents will not be released until this fee is paid.

Parent Printed Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_, acknowledge that I have read and understood the enrollment packet, more specifically the following documents:

\_\_\_\_\_ Cell Phone Policy  
Initials

\_\_\_\_\_ Family Medical Authorization  
Initials

\_\_\_\_\_ Master Tuition Schedule 2025-2026 School Year  
Initials

\_\_\_\_\_ Withdrawal Fee  
Initials

\_\_\_\_\_ Admissions Agreement  
Initials

\_\_\_\_\_ Master Tuition  
Initials

I acknowledge that I am expected to know and be familiar with the contents of this enrollment packet. I understand that I need to abide to all the rules and policies established on each of the documents mentioned above.

### STOP! MUST BE SIGNED IN THE PRESENCE OF A NOTARY

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_ (Month)

\_\_\_\_\_ (year) by \_\_\_\_\_ (name of the person) , who I personally know or who was produced \_\_\_\_\_ (type of ID) as identification.

(Notary Stamp)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Printed Name



## Request for Confidential Records

### TO THE PARENT/GUARDIAN OF APPLICANT:

Please print or type the authorization below and return this form to the admissions office with the completed application.

### Authorization of Release for Educational Records

Student's Name	Birth Date	Grade
Most Recent School Attended		Phone
Street Address	City, State, and Zip Code	
Fax number		

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Changing Lives Academy of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

### To Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and latest grades
- Copy of Birth Certificate
- Standardized test results
- Any special testing results or placement in special programs
- Certificate of immunization and all health records
- All disciplinary records or official statement of disciplinary action

Please mail to: Changing Lives Academy  
7215 Monetary Dr.  
Suite B  
Orlando, FL 32809  
Attn: Admissions Office