

Student Enrollment Application

OFFICE USE ONLY:	ENROLLMENT DATE	GRADE	Previous School Records on File <input type="checkbox"/> Yes <input type="checkbox"/> No
	Birth Certificate on File <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunizations on File <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent added to text communications <input type="checkbox"/> Yes <input type="checkbox"/> No
	Application Fee Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee Amount:	Date Paid: Payment Type:

Instructions: The enrollment form is a required official record. We collect details such as address, language, and emergency contacts to ensure your child is placed correctly and can be cared for in case of an emergency. Health and special services information help us plan for your child's safety and educational needs. Some questions also allow us to meet state and federal reporting requirements. This information is used solely to support your child and comply with legal guidelines.

Has your child ever attended our school? Yes No Initial Enrollment Re- Enrollment
Does the student have a current Individualized Education Plan (IEP)? Yes No **Does the student have a section 504 Plan?** Yes No
Have you applied for the 26-27 Step Up for Students Scholarship Yes No If yes, has your scholarship been awarded? Yes No

Student Information					
Legal Last Name	Legal First Name	Middle Name	Suffix	Grade	
Preferred First Name	Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Address	Apartment Number & Complex Name (If Applicable)		City	State	Zip
Is mailing same as home address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete boxes 16-19)	Different Mailing Address		City	State	Zip
Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	Student Cell Phone		Student Email Address		

Medical Concerns			
<p>List any medical conditions your child has that may impact their school day. Medical conditions may include but are not limited to allergies, diabetes, seizures, asthma, mental health diagnoses, etc. Indicate in the Symptoms/Required Treatment/Medication(s) field if it is a life-threatening condition. Parents must bring to the office any medications that are required to attend school. Depending on the impact of the medical condition on your child's school day, we may contact you to gather more information.</p>			
Condition	Symptom(s)	Required Treatment/ Medication(s)	Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition	Symptom(s)	Required Treatment/ Medication(s)	Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition	Symptom(s)	Required Treatment/ Medication(s)	Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No

Getting To Know Your Student
What are your child's strengths?
What motivates your child? <i>Check all that apply</i> <input type="checkbox"/> Recognition <input type="checkbox"/> Rewards <input type="checkbox"/> Competition <input type="checkbox"/> Fear of Failure <input type="checkbox"/> Curiosity <input type="checkbox"/> Learning <input type="checkbox"/> Belonging
In what areas would you like to see your child improve?
Does your child have any disciplinary issues? If yes, please explain:
Please list any additional concerns/information that will benefit us to meet your child's educational needs:
Does your child currently receive any specialized services from their current school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Student Ethnicity and Race

Federal & State regulations require us to gather this information for statistical reporting. **Complete Part A and Part B.**

Part A: Ethnicity (Choose One) **Not Hispanic/Latino** **Hispanic/Latino** (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)

Part B: Race No matter what you selected above continue to answer the following by marking **one or more boxes** to indicate what you consider your child's race to be.

- American Indian or Alaska Native:** Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American:** Having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Siblings

List any siblings attending our school

First Name	Last Name	Grade

Student Medical Information

Does your student have Health/ Accident Insurance? Yes No

Physician Name	Telephone Number	Health Insurance Provider & Policy Number
Dentist Name	Telephone Number	Dental Insurance Provider & Policy Number

Previous School Information

Provide the last school your child attended.

Previous School District Attended	Previous School Attended	Previous School Address	Dates Attended (From – To)

For early learning history also include if your child participated in a preschool/pre-kindergarten program and the name of the program in which they participated.

(Elementary Only)

Attended PreK/Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of PreK/Preschool Program
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Student Vehicle Information (High School Only)

Year	Make	Model	Color	License Number
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Parent/Guardian Information

Provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? Yes No
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

Relationship to Student	Last Name	First Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Primary Language	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
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Employer	Job Title	Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Level
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Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 39-42	Correspondence Address (if different from Student)	City	State	Zip
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Indicate One Phone Type as Your Primary Phone Number. A cell number is required to receive text communications

Home <input type="checkbox"/> Primary	Cell <input type="checkbox"/> Primary	Work
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Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Permissions Legal Documentation Required If Any Of These Boxes Are Not Checked		
	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody
	<input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Release To	<input type="checkbox"/> Text Communications

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	<input type="checkbox"/> Mailings Allowed	<input type="checkbox"/> Release To	<input type="checkbox"/> Text Communications

Student Name: _____ Grade: _____

Emergency Contacts

In the event of an emergency, parents/guardians will be called first. If we are unable to reach them, we will then contact the individuals listed as Emergency contacts in the order indicated. By listing someone as an Emergency Contact, you are giving permission for that person to transport your student if needed. Parents and guardians do not need to be listed as Emergency Contacts, as they will be contacted first. Check **Release To** if you are granting the listed contact permission to pick up your child without additional parent contact. This would apply for contacts such as nanny, after-school provider, or stepparents. If this box is checked, the student may be released to this person without additional parent contact.

Contact Last Name	First Name	Relationship To Student	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number	Work Number	Cell Number
Contact Last Name	First Name	Relationship To Student	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number	Work Number	Cell Number
Contact Last Name	First Name	Relationship To Student	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number	Work Number	Cell Number

Driver's Permission – Please list ALL the Driver's able to pick your student up (including parents)
First & Last Name and Phone # required

1.	Phone #
2.	Phone #
3.	Phone #
4.	Phone #
5.	Phone #
6.	Phone #
7.	Phone #
8.	Phone #

Signature of Parent/Guardian:

Notify the School Office if the information on any of these pages change.

Signature of Parent/Guardian:	Date:
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Student Laptop Contract 2026-2027

This Student Laptop Contract ("Contract") is made effective as of August 2026, between Performance Learning Academy ("School") and its student, _____ ("Student"), and states the agreement of the parties as follows:

Equipment Subject to Agreement: The equipment subject to this Agreement ("Contract") includes the laptop computer, computer accessories, and related software in the following list:

- One (1) Chromebook Computer (*replacement cost \$500*)
- One (1) AC Adapter with power cord (*replacement cost \$100*)

Ownership: The School shall be deemed to have retained title to the equipment at all times, unless the school transfers the title. The Student shall hold no security or ownership interest in the equipment. Likewise, the Student shall hold no security or ownership interest neither in the licenses to the installed software included with the equipment nor in the licenses to any other software that the school may from time to time install on the laptop computer used by the student.

Term Equipment Use: The student shall return all equipment itemized above in good operating condition to the Technology Department of the school if the Student is not enrolled in the current school year (unless the school transfers the title). The school may require the Student to return the equipment at any time and for any reason.

Equipment Storage and Use at School: The equipment must be on the school's premises during each of the student's normal school days. During the school's normal business hours or after school, when the student is not in the immediate presence of the equipment, the equipment must be secured in an approved location.

Use of Equipment: The primary use of the equipment by the Student is for the Student's educational programs. The Student may not use the equipment for other purposes. The Student shall abide by the school's Acceptable Use Policies. In the case of laptop abuse or violations, the school reserves the right to restrict usage of school-issued laptops using any combination of the following: increased deductibles, fines and/or disciplinary action.

Compliance with Software Licenses: The Student shall not make copies of software licensed to the school. The Student is responsible for compliance with the license terms of any licensed software, and the Student agrees to hold the school harmless for any violations of such license terms.

Back-up Requirements: The Student may store documents or other files on the equipment, and the Student is responsible for making back-up copies of such documents or other files. In the event of loss of such documents or other files, the school's responsibility is limited to reloading the school's standard software suite on the equipment.

Care of Equipment: The equipment may only be used in a careful and proper manner. The Student shall keep the equipment in good operating condition, allowing for reasonable wear and tear. No personal stickers or writing are allowed on the laptop. The Student shall immediately notify the school's Technology Department if the equipment is not in good operating condition or is in need of repair. The Student shall be financially responsible for any repairs not covered under warranty.

Right of Inspection: The student shall make the equipment available to the school's Technology Department as necessary for purposes of inspection, maintenance, repair, upgrading, and/or software installation during the school's normal business hours.

Warranty: The school is not responsible for any damage or defect that does not fall within the scope of the manufacturer's warranty. The student assumes responsibility for the condition of the equipment.

Insurance: Laptop insurance is not included in the laptop agreement.

Loss: The student assumes all risks of loss of the equipment and agrees to return it to the school in the condition received from the school, with the exception of normal wear and tear.

Indemnity of School for Loss or Damage: If the equipment is damaged or lost due to negligence, which is not covered by scholarship, the student is responsible for the cost of the repair or replacement of the equipment.

Entire Agreement and Modification: This agreement constitutes the entire agreement between the parties. No modification or amendment of this agreement shall be effective unless in writing and signed by both parties. This agreement replaces any and all prior computer use agreements between the parties.

Governing Law: This agreement shall be construed in accordance with the laws of the State of Florida.

Severability: If any portion of this agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provisions, it would become valid and enforceable, then such provisions shall be deemed to be written, construed, and enforced as so limited.

Waiver: The failure of either party to enforce any provision of this agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this agreement.

Disclosures: The Student and his/her guardian hereby agree to these policies and regulations.

Passwords: Students are not permitted to change passwords to the laptop that are assigned by Performance Learning Academy.

Laptop Agreement Signatures	
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:
Printed Student Name:	
Student Signature:	Date:

Student Waiver Form

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in *Triple Play or Performance Learning Academy* I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue *Triple Play or the Performance Learning Academy*, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I understand that *Triple Play or the Performance Learning Academy* produces promotional material about their programs. I understand that my child may be included in video tape or photography taken during participation at *Triple Play or the Performance Learning Academy* I hereby grant *Triple Play or Performance Learning Academy*, its successors, licensees, assignees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and or video tape my child and further utilize my child’s name, face, likeness, voice, and appearance part of the event and in advertising and promotions of the event, without reservation or limitation. In granting this license, I understand that *Triple Play or Performance Learning Academy* is under no obligation to exercise any of its rights, licenses and privileges herein granted.

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the *Triple Play or Performance Learning Academy* from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the *Triple Play or Performance Learning Academy* or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above *Triple Play or Performance Learning Academy*, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the *Triple Play or Performance Learning Academy* from any litigation expenses, attorney fees, loss liability, damage, or cost any *Triple Play or Performance Learning Academy* may incur as the result of any such claim.

Liability Waiver Agreement	
Printed Student Name:	Date:
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

Performance Learning Academy (“PLA”) has my permission to edit, alter, exhibit, publish, or distribute my child’s photograph for any lawful purpose whatsoever in any and all of its print and digital publications, including, but not limited to, its social media Web pages. I waive the right to approve the finished product wherein my child’s photograph appears, and I waive any right to royalties or other compensation arising or related to PLA’s use of my child’s photograph. I also grant PLA the right to attach wording to my child’s photograph as PLA sees fit, including my child’s first name and intended college and college major or career. I certify that, to the best of my knowledge, this authorization does not infringe or violate the copyright of any third party. I hold harmless, release and forever discharge PLA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child’s behalf or on behalf of my or my child’s estate have or may have at any time arising out of, or related to, this authorization, my child’s photograph, or PLA’s use of my child’s photograph.

Photo Waiver Agreement	
Printed Student Name:	Date:
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

Absence Policy

Students are expected to attend School regularly. Please avoid scheduling vacations, trips, doctor appointments and other planned absences during the time school is in session. Our structured and sequential teaching makes it difficult for teachers to recreate lessons for students who spend excessive time away from the classroom. Excessive absences may cause students to have problems academically.

Each time a student is absent from school, a written excuse note to the academy texting line 850-780-6132, on the **PLA Absence Excuse Form**, is **required upon return**, so that formal record of the parent's knowledge of the absence may be kept on file in the school student records. Absence excuse forms must be turned in upon the day students return to school. Forms must be turned in to the office or emailed to PerformanceLearningAcademy360@Gmail.com

- An excused absence or tardy permits a student to make up missed class work/tests.
 - Examples of excused absences include, but not limited to:
 - Sickness
 - Medical or dental appointments (we ask that you try to schedule around school hours)
 - Emergencies
 - Death in the family

Teachers are not required to provide students with the work missed prior to the absence. However, teachers will do their best to accommodate requests for planned absences. Upon returning to school teachers will provide all make-up work and allow the appropriate time to complete it.

Release of students not on the pick up list /Early Check Out

- **Release to individuals not on the student's pick up list:** Parents are required to sign out their child at the Front Office and the office staff will call the classroom for release of the student. Parents are not permitted to go directly to the classroom.
- **Early Check Out:** If your child will be leaving school at a different time (e.g. for a doctor's appointment, trip out of town, etc.) or will be riding home with someone other than someone who is listed on the student pickup list, they must be listed on the **driver's permission form**. **If someone is not on their driver's permission form**, your student will not be allowed to go unless the school has written notification sent to the academy texting line 850-780-6132 or email PerformanceLearningAcademy360@Gmail.com . Please also contact the front office as an added precaution. If you are faced with an emergency or unavoidably changed plans, please call the Front Office 850-780-6132 Ext 7.

Absence Policy Agreement	
Printed Student Name:	Date:
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

Policy & Procedure Agreements	
Initials	Please Initial next to each policy stated below
	Attendance Scholastic achievement attained by any student is directly related to his/her pattern of attendance at school. It is the student's responsibility to complete any work missed due to the absence; students will be given a reasonable amount of time to complete their missed work.
	Address or Phone Number Change Any time an address, phone number (home or work) or email is changed, please notify us immediately. We will send information via email and text. Please make sure that your information is correct.
	Illness/ Communicable Diseases Please keep your child home if they have an illness. A child with a 100-degree fever or higher, diarrhea, or vomiting will not be permitted to enter the facility. Your child should be symptom free for a minimum of 24 hours before returning to school. PLA reserves the right to make all final decisions necessary to enforce its communicable disease policy and to take all necessary actions to control the spread of communicable diseases.
	Medication PLA will only administer medication with a doctor and parents' consent. Medication bottles should be properly Labeled with medication instructions.
	Bullying/Harassment PLA committed to maintaining an academic environment in which all students treat each other with dignity and respect. This is free from all forms of intimidation, exploitation, harassment, which includes sexual harassment. PLA is prepared to take action to prevent and correct any violations of this policy. Anyone who violates this policy will be subject to discipline, up to and including suspension or expulsion.
	School Closings and Inclement Weather Procedure In the event of inclement weather, PLA families and staff will be notified via text message regarding closing or delayed openings.
	Pick-Up Policy Children may only be picked up by the adults listed on their pick up list and guardians, on time. Late pick-ups will result in a late fee of \$20, per 15 minutes.
	Personal Belongings Children should not be bringing personal items to Performance Learning Academy except on designated days. PLA is not responsible for any articles brought from home.
	Tuition Student records, including report cards and standardized testing scores, will NOT be released if there is an unpaid balance on the account.
	Liability PLA assumes no liability for accidental injury which may occur during the conduct of school activities.
	Tests/Quizzes Students will be given the opportunity to re-do failing assignments, so that they can demonstrate the concept has been learned.
	Handbook I have read the student handbook with my child and will make sure my student complies with the student handbook.

CONSENT FOR RELEASE OF SCHOOL RECORDS

****MUST BE FILLED OUT FOR NEW STUDENT ENROLLMENT****

I, _____, am the Parent Legal Guardian of:

Student Full Name: _____ Current Grade: _____

Date of Birth: _____

I hereby give my consent for _____ (name of current/prior school, school district, or agency) to release and disclose the educational records of the above-named student to:

Performance Learning Academy

- Mail to: 3186 Gateway Lane, Cantonment, FL 32533
- Email to: PerformanceLearningAcademy360@Gmail.com

Records to Be Released (check all that apply):

- Academic records (report cards, transcripts)
- Attendance records
- Disciplinary records
- Special education records (IEP, 504, evaluations)
- Psychological or counseling records
- Health records maintained by the school
- Other: _____

This consent is given in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable Florida laws.

Purpose of Disclosure: For enrollment, placement and academic continuity at a new school

I understand that:

- This consent shall remain in effect unless and until I revoke it in writing.
- I have the right to revoke this consent at any time by providing written notice to the school.
- Information disclosed may no longer be protected under FERPA once released.
- This authorization is voluntary and necessary for enrollment at Performance Learning Academy.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Relationship to Student (if applicable): _____