

HLC LEADERSHIP ACADEMY

Registration Packet

Welcome

Dear Parents/Guardian and Students:

HLC Leadership Academy, thank you for your participation in our Christian Education. Our goal is to train our youth to be conformed into the image of Jesus Christ, we consider it an honor and a privilege that God has called us to this important task of training our youth for a future to serve him. We trust that this will be the best year of academic and spiritual growth you and your children have ever experienced in this educational process. We will be praying, planning and preparing to make that happen, and with the guidance of God we know it will happen as we are led by faith and not by man.

Since HLC Leadership Academy is an academic institution, it is important to have Christian standards and rules to guide us as we strive to glorify God in every area of life. It is our desire to have a school that is honoring to Christ, the one who saved us by his grace. Since our desire is to glorify him, our goal is to have a school that is pleasing to him through holy separated living. II Corinthians 7:1 states that we should “cleanse ourselves from all filthiness of the flesh and spirit, perfecting holiness in the fear of God.” We also desire to glorify God by having a school that is operated in an orderly, disciplined fashion (student, staff, administrator, etc.), (I Corinthians 14:40). Each policy in this handbook reflects a pursuit of God’s holiness and orderliness and our desire is to demonstrate these truths to you on a daily basis.

I encourage you to read through our handbook carefully, and any part that you do not understand please come and speak with a member of the administration and we will be glad to help in any way that we can. We will strive to be consistent and fair in enforcing these policies as each of us strives to imitate Christ in our person and our character.

I am excited about a great year of opportunity and growth, if I can be of help to you along this road of spiritual and academic training, please do not hesitate to contact me. My door will always be open as we serve together in this important task of training children biblically and academically.

Glory Be To God!

HLC Leadership Academy

Registration Packet

Please return the following documents, for folder attachments and a completed registration packet to HLC Leadership Academy. Your child may not attend school until all documents have been received, reviewed interviewed and approved by the board, whether approved/denied a written correspondence will mailed to the mailing address on the application(approval/denial will be completed within five(5)days after application received.

1. **Original School Entry Physical** (yellow form)
2. Original completed **Florida Certification of Immunization** Form DH 680, part A, B, or C or a Religious exemption form DH from the Florida Department of Health.
3. Copy of student's **social security card**
4. Copy of student's **birth certificate**
5. Copy of **withdrawal form** (from previous school)
6. Copy of student's **IEP**(required in order for student to receive the special tutoring he/she is entitled to from DCPS)
7. For students entering grades 1st through 8th **must have copy of recent report card**
8. For students entering grades 9th – 12 must have copy of **high school transcript** or a **copy of all report cards for grades 8th – current/last grade period.**
9. Step up for Students Scholarship recipients must have an **award letter**

All requested information for student files must be completed within 30 days of enrollment/acceptance, if failure to comply may result in disenrollment.

HLC Leadership Academy

Student Registration

Private Pay McKay Step Up Transportation Required Yes No

Student Name _____ DOB _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Language spoken other than English _____ student live with _____

Age _____ Grade Level _____ Gender _____ Social Security Number _____

Previous School _____

Other school age children living in home(if you wish to apply for a scholarship for a student listed please provide SS# and Birthday)

Child's name _____ Relation to Student _____ Grade _____ School attend _____ DOB _____ SS# _____

This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. Falsification of information can/may forfeit student's eligibility for one(1) calendar year from the date of discovery of the violation.

Print Name _____ Date _____ Relationship to student _____

Signature _____

Emergency contact other than parent/guardian _____
Relationship to Student _____ Contact Number _____

Student Release Form

Parental Authorization for student pick –up

I, _____ authorize any one of the following person(s) listed below to pick-up my child(ren) from HLC Leadership Academy upon dismissal of school or in the case of an emergency.

I also authorize HLC Leadership Academy to personally contact any of the below individuals in the events I have not arrived to pick up my child(ren) within 15 minutes of the end of the school day release time. Additionally, I acknowledge that after the 15 minutes grace period my child(ren) will be automatically placed in our after-care with a charge of \$.75 per 15 minutes until child(ren) are picked up(no exception) this charge must be paid at time of picked up.

HLC Leadership Academy school hours are 8:30 a.m. – 2:30 p.m., extended care hours are from 6:30 a.m. – 8:25 a.m, and 2:45 p.m. – 6:00 p.m., if you need extended care please make arrangements for before/after care.

Student’s Name _____

Person to pick student up or to be contacted in case of an emergency

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date

Notary Signature/Seal _____ Date _____

Emergency Student Information Form School Year _____

Student information

Student Name _____

Age ____ Grade _____ Birthdate _____ male ___ Female

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Doctor's Name _____ Phone Number(____) _____

Preferred Hospital _____

Current Medication(s) _____

Medical History _____

Allergies _____

I authorize employees of HLC Leadership Academy to make arrangement or transport my child(ren) to the doctor or medical facility listed above. I authorize the doctor and/or medical facility personnel listed above to provide the medical treatment necessary for my child(ren)

If I cannot be reached during an emergency situation, please contact:

Contact Person _____ **relationship** _____ **Phone** _____

Notary Signature _____ Date _____

HLC Leadership Academy

Authorization for Release of Information School Year _____

Date _____

1st Request _____

2nd Request _____

3rd Request _____

To Whom It May Concern:

The following student has enrolled at our school. Please send us the following information:

- | | |
|--|---|
| <input type="checkbox"/> Withdrawal Information | <input type="checkbox"/> Cumulative Record |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Transcript of all credits earned |
| <input type="checkbox"/> Grades for current school year | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Immunization/Health/Medical Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Individual Education Plan (IEP)/504 | <input type="checkbox"/> Psychological Data |

Student Name _____

Last

First

Middle

Date of Birth _____ Social Security Number _____

Name of Last School Attended _____

Complete Mailing Address of Last School Attended

Address City State Zip

Phone Number Fax Phone Number

Please sent requested records to: HLC Leadership Academy
Mailing Address: P.O. Box 2395
Havana, Florida 32333
850-539-1315 fax: 850 539-9562
Email: HLCAcademy135@gmail.com

Parent/Guardian Signature _____ Date _____

Extended Care Agreement Form for 20__ - 20__

Student Name (please print) _____ Date _____

Grade _____ Date of Birth _____ Starting Date _____

Days needed: __Monday __Tuesday __Wednesday __Thursday __Friday

Monthly Rate 7:30 a.m. – 8:25 a.m. \$.75 per 15 minutes or \$30.00 per week
2:45 p.m. – 6:00 p.m. \$.75 per 15 minutes or \$50.00 per week
A.M and P.M. rates \$80.00 (2 or more will receive a reduce rate,
All rates include a.m. breakfast and
p.m. snack)

Parent/Guardian Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Emergency Contact (at least two contacts)

Name	Relationship	Phone
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Name	Relationship	phone
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All fees are due at the start of extended care, and are to kept current (pay by the day, week or monthly) unless prior arrangements have been made, additional fees will occur for any student in default. I also understand that I may lose my space in extended care if I incur a past due balance, no balance will be carried over to the next month of service (no exception)

Parent Signature _____ Date _____

Administrator Signature _____ Date _____