



ENROLLMENT PACKAGE
2019 - 2020
STUDENT APPLICATION
COVER PAGE

Last Name

First Name

Middle Name

Student School ID Number

Date Re-Enrolled or Enrolled: ____ / ____ /20____

New Student Application

Today's Date: _____.

Applying for the 2019-2020 School Year

Applying for (✓) the Grade): () K4 () K5 () 1 () 2 () 3 () 4 () 5 Elementary School

() 6 () 7 () 8

Middle School

() 9 () 10 () 11 () 12

High School

Student's Information

Student's Full Name: _____

Race: _____ Date of Birth: _____ Age _____

Place of Birth: _____ Gender: _____

Student Social Security Number: _____ - _____ - _____

Student Mother Name: _____

Mother Home Phone Number (_____) _____ - _____

Mother Cellular Number (_____) _____ - _____

Mother ID Number _____ ID State _____

Student Father Name: _____

Father Home Phone Number (_____) _____ - _____

Father Cellular Number (_____) _____ - _____

Father ID Number _____ ID State _____

Student Physical Address: _____

City _____ State _____ Zip Code _____

Student Mail Address: _____

City _____ State _____ Zip Code _____

Is there anyone other than a parent financially responsible for this account?

() YES; () NO

If the answer is **YES**, please providing the information below:

Name of the Financial Responsible: _____

Relationship to the Student: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mail Address: _____

City: _____ State: _____ Zip Code: _____

Driver License Number: _____ State ()

Social Security Number: _____

Home Phone Number: () _____

Cellular Phone Number: () _____

Method of Payment:

Cash every 1st of the Month YES _____ / NO _____

Credit Card Payment () 1st of the Month / () 15 of the Month

Type of Credit Card: _____

Credit Card Number: _____

Three Numbers in the back of Credit Card: ()

Name as show in Credit Card: _____

Credit Card Zip Code: _____

Credit Card Holder Signature: _____

Will you or have you applied for the following scholarships

Step Up for Student? ____ Yes ____ No

Step Up Gardiner? ____ Yes ____ No

Step Up HOPE? ____ Yes ____ No

McKay Scholarship? ____ Yes ____ No

AAA Scholarship? ____ Yes ____ No

AAA Gardiner? ____ Yes ____ No

Parent Information:

Student's biological parents:

Married ____ Separated ____ Divorced ____ Single Mother ____

Single Father ____ Grandparents ____ Foster House ____ Other ____

If separated or divorced, who has legal responsibility for school decisions?

Please submit notarized copies of all court documents signed by a judge regarding custody & educational decision. (Required for enrollment)

Court Documents Submitted to School: (____) YES / (____) NO

Parent Signature: _____

Principal Signature: _____

Witness Signature: _____

Date Documents Provided: _____

Parent(s) with whom the child lives:

(Please Circle One) **Father/ Step-Father**

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

Other home for student:

(Please Circle One) **Father/ Step-Father**

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

**Grandparents
3 Home**

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

(Please Circle One) **Mother / Step- Mother**

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

(Please Circle One) **Mother / Step- Mother**

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

Guardian from Foster Care

Name: _____

Home Number: _____

Cell Number: _____

Employer: _____

Occupation: _____

Work Number: _____

Email: _____

Emergency/Alternate Pick Up (Other Parents)

****Please note all listed people must be 18 years of older****

Name: _____ Relationship to student: _____

Phone Number (s): _____

Name: _____ Relationship to student: _____

Phone Number (s): _____

Name: _____ Relationship to student: _____

Phone Number (s): _____

Name: _____ Relationship to student: _____

Phone Number (s): _____

Medical Information:

Is the student's immunization record up date? (____) YES / (____) NO

Does the student have any medical condition? (____) YES / (____) NO

If yes, what is the condition: _____

Special Considerations:

Note below (or separately) any physical disabilities, academic and / or emotional evaluations concerning the above challengers or conditions? ____ Yes ____ No

Name, address and phone number(s) of resources for evaluations (Copies of evaluations for any testing should be included with this application)

Allergies: Yes ____ / No ____ If yes, has Epi Pen prescribed? _____

What type of reaction does the student experience for this allergy? _____

Please list any chronic/severe illnesses, injuries, surgeries, etc.: _____

What medications does the student currently take? _____

In case of an emergency, please list your hospital preference:

Please Note: New for 2019 - 2020

Any medication that needs to be given to child at school must be accompanied by a Doctor's note (Dr. Signature Required) with specific dosage directions (including any over the counter medicine). All medication must be within expiration dates.

There will be no Tylenol/Advil/Benadryl (etc.) provided by the school.

Parent authorization for provide Tylenol / Advil / Midol / Tums / Benadryl (etc.) at the school. Parent need to provide the medication with student name and doses need to give to the child. **Parent Initials** _____ / **Date Initialed** _____

Special Considerations:

Note below (or separately) any physical disabilities, academic and / or emotional evaluations concerning the above challengers or conditions? ____ Yes ____ No

Kind of Disability _____

Name, address and phone number(s) of resources for evaluations (Copies of evaluations for any testing should be included with this application)

Dates Document Provided _____

Emergency Information:

If parent or legal guardian is not available in case of an emergency, please contact (person not living in household):

Name: _____ Telephone: _____
Relationship _____

Name: _____ Telephone: _____
Relationship _____

Student Pediatrician Name: _____

Office Phone Number: _____

Insurance Name _____

Insurance Card Number _____

Emergency Medical Authorization 2019 -2020:

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seen necessary.

Parent Initials _____ Date Initialed _____

Spiritual Information:

Church Name: _____

Church Denomination: _____

Pastor Name or Spiritual Leader: _____

Church Phone Number _____

Do you attend Church regularly? (_____) YES / (_____) NO

.....

Re- Enrollment School Fee 2019 – 2020

\$ 25.00 Before March 15, 2019

\$ 50.00 Before April 15, 2019

\$ 75.00 After April 16, 2019

Need to be pay with the application – Non-Refundable

Enrollment Fee for New Student 2019 -2020

\$ 75.00 Before February 28, 2019

\$100.00 Before April 15, 2019

\$150.00 After April 16, 2019

Need to be pay with the application – Non – Refundable

See Fees & Tuition Form

**Remember you need to notarize the signature form for the
scholarships as a requirement from the scholarships.**

(McKay, Step up For Students, AAA Scholarship)

TUITION MANAGEMENT SYSTEM AND PAYMENT PLANNER

School year: 2019 -2020

Monthly Payments	Tuition Payments	Mc Kay Scholarship	Step Up for Students	AAA Scholarship
August	\$			
September	\$			
October	\$			
November	\$			
December	\$			
January	\$			
February	\$			
March	\$			
April	\$			
May	\$			
Books Fees	\$			
Test Fee (Stanford 10)	\$			
Transportation	\$			

Note: If the person responsible for expenses is other than the parent(s) or person(s) having custody), then this person must provide the information below and sing the Tuition Management System Payment Planner, if not noted on this enrollment application.

Name: _____

Parent Financial and Promissory agreement 2019 - 2020

Please sign initials on the space available"

___ The registration fee is due in full at registration. These fees are non-refundable once they have been paid, even if my child does not attend RKA.

___ Tuition may be paid annually by August 1st or in 10 monthly installments beginning in August 1st. This first payment is non-refundable and non-transferable. If my child does not attend RKA or withdraws during the school year, I will be responsible for all fees and tuition accrued through the month in which I withdraw my child. There are no refunds other than payments made over and above the fees and tuition charged through the month of withdrawal.

___ Monthly payments are due to RKA by the first of each month. A late fee of \$25 will be applied when accounts are not paid by the 5th of the month. If the 5th falls on a weekend, please pay the Friday before that weekend. I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangement is not made on a past due account.

___ Books fees are due before July 15th, 2019 these are non-refundable.

___ Report cards and other school record are issued only when accounts (Including lunch accounts) are paid in full. No students will be permitted to graduate until all tuition and any other fees are paid in full. A student and/or athlete may NOT participate in any sports or extra-curricular activities (Including field Trips and good conduct trips) if the school accounts must be paid in full before students return to classes following Christmas break and Spring break. Administration has the discretion do not permit a student to class due to an outstanding account balance.

___ I understand that no checks are permitted. Payments need to be made with cash, Debit/Credit Card or Money order. All accounts need to be paid by April 15th, 2020.

___ I will be responsible for any lab fee, transportation, after-school care, uniforms, fines, fieldtrips, yearbooks, lunches, activity fees, athletic fees, and other miscellaneous fees. These fees are not covered by the scholarships.

___ I agree to pay all our financial obligations to Raising Knowledge Academy on or before the due date. If I am ever unable to do so, I will notify the School Office immediately.

___ I give permission for my student to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I agree to uphold and support the high academy standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.

____ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, lethal weapons (firearms, imitation firearms, knives, explosives or other dangerous objects), bullying, sexual harassment, drugs (any controlled substance alcohol or drugs and cigarettes included or any medicated drugs that are being sold, negotiate), robbery or extortion, damage to school or private property, assault or committed sexual battery, intimidating or threatening a student, engaged in any type of hazing, making terrorist threats against officials or property (social media), dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise (this could result as an immediate expulsion of the student) and expedient for the training of my student.

____ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

____ I have read the parent/student handbook, and understand the terms stated on this enrollment package and agree therefor.

We understand all of the application documents and have disclosed all information accurately. We agree to cooperate fully with faculty and staff of Raising Knowledge Academy and to abide by the Parent's Financial and Promissory Agreement. If we dissatisfied with RKA, we will follow the procedures set up in the Parent's Agreement. We also understand that administration has full discretion to make any changes to policies during the school year.

Completion of this application does not guarantee enrollment. The administration evaluates each applicant and decisions are made based on the ability of Raising Knowledge Academy to meet the needs of each child.

I agree to abide by the terms and conditions herein outlined.

Father or legal Guardian Signature

Date

Mother or legal Guardian Signature

Date

Acknowledgement and Receipt of RKA Student Handbook

I, _____ (parent/guardian name), _____ (student name),
Acknowledge that I will be receiving a copy of the Raising Knowledge Academy Parent handbook on the first day of school after it has been discussed with the students. I understand that it contains important information on the School's general arise, but simply is a general guide to the school's policies. I understand that it is my responsibility to familiarize myself with the materials and that I agree with the provision and any other policies or rules of the school. I, understand that if I lose my copy, I can either review it on school website (rkacademy.org), or ask for a hard copy for \$3.00 dollars.

I further understand and acknowledge that the school may change, add to or delete any policies or provisions in the Student Handbook form time to time, in its sole discretion, with or without prior notice. I also understand that the school may exceptions to interpret, depart from and apply the provisions in the Student Handbook as it see fit in its sole judgment and discretion.

I further understand that this Student Handbook supersedes and replaces any and all prior handbook or material previously distributed.

Student's Name: _____

Parents or Guardians Signature

Date

RKA's Permission Slip for Photographing Your Child 2019 - 2020

From time to time we take pictures and videos of students during school activities. We would like your permission to use these pictures on our website, or bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell this picture; (only to the parent) we will use them exclusively for RKA's purposes.

_____ Yes, I grant the school to utilize photos of my child on RKA's website, bulletin board, and or newsletter.

-OR-

_____ No. Please do NOT take or utilize any photos of my child.

Child (ren)'s Name(s) (Please Print):

Parent/Guardian's Name (Please Print)

Parents or Guardian Signature

Date

INTERNET ACCESS CONSENT AND WAIVER FORM 2019 - 2020

The following form must be read and signed by the participating student and your parent or legal guardian

Student: By signing this Consent and Waiver form, I _____ (print name) and my parent(s) or guardian(s) agree to abide by the restrictions stated below. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

Parent(s) or Guardian(s): I have been advised that Raising Knowledge Academy (the "School") does not have control of the information available through the Internet or other electronic data sources. Sites accessible via the Internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, sexually explicit, or potentially offensive to others. While the University's intent is to make Internet access available to further the educational goals and objectives of its school programs, students will, without sanction of the School, have the ability to access materials that are not part of the program curriculum.

The student and his or her parent(s) or guardian(s) must understand that student access to the Raising Knowledge Academy's network supports the School's educational responsibilities and mission. The School makes no warranties with respect to the School's network service, and it specifically assumes no responsibilities for:

- A. The content of any advice or information received by a student from a source outside the School, or any costs or charges incurred as a result of seeing or accepting such advice.
- B. Any costs, liability, or damages caused by the way the student chooses to use the School's network.
- C. Any consequences of network service interruptions or changes.

By signing this Consent and Waiver form, I _____ (student) agree to the following terms:

1. My use of the School's network must at all times be consistent with the School's "Computer and Network Security" policy, a copy is available at Student Handbook:
2. I will not use the School's network for illegal purposes of any kind.
3. I will not use the School's network to transmit threatening, obscene, or harassing materials. Raising Knowledge Academy will not be held responsible in any way if I participate in such activities.
4. I will not use the School's network to interfere with or disrupt network users, services, or equipment. Disruptions include but are not limited to distribution of unsolicited advertising, propagation of computer worms and viruses, and using the network to make unauthorized entry to any other machine accessible via the network.
5. I understand that the use of the School's network is a privilege and not a right, and that inappropriate use of the School's network will result in the immediate cancellation of my privilege to use it.

Student Name (Please Print)

Parent/Guardian Name (Please Print)

Student Signature

Date

Parent/Guardian
Date

Signature

Raising Knowledge Academy Media Specialist
(Please Print)

For Official Use Only

Group ID _____

RKA Media Specialist Signature

Date

User ID Issued _____

PLEASE SIGNED AND RETURN COMPLETE APPLICATION TO SCHOOL OFFICE.

OFFICE USE ONLY:

Ensure all forms have been completed. Note fees paid on the same page.

Receipt Number: _____ Check Number/Cash: _____

B RKA Parent/Student Handbook will be given 1st Day of School 2019 -2020

Student Profile (s) Returned: [] Yes [] No Staff Initials: _____ Date: _____

REGISTRATION CHECKLIST:

- _____ Student Application Form Completed.
- _____ Enrollment or Re – Enrollment Fee Payment
- _____ DH 680 Form, Florida Certification of Immunization
- _____ DH 3040 Form, School Entry Health Exam {Physical}
- _____ Scoliosis Exam (Middle School Students Only)
- _____ Copy of Birth Certificate
- _____ Copy of Social Security Card
- _____ Copy of Student Health Insurance Card
- _____ Copy of Both Parent's or legal guardian Photo ID
- _____ Copy of the Scholarship Award Letter
- _____ Copy of Legal Documents (Custody, etc.)
- _____ All Record Release Form from Previous School (grades, etc.)

Parent Reference Form

This form is only for student entering K

Name of Student _____ Date: _____

(Please Print) First Name Last Name

The above student is a candidate for administration to Raising Knowledge Academy. We would appreciate your observations about the areas listed below.

(Please circle the Appropriate number)	Developmentally Above Average	Average	Below Average	Not Observed/ No Interest Shown
1. Displays self-control	4	3	2	1
2. Talks with other children	4	3	2	1
3. Pronounces words clearly	4	3	2	1
4. Speaks in sentences	4	3	2	1
5. Recognizes own name	4	3	2	1
6. Uses "baby talk"	4	3	2	1
7. Shows interest in books	4	3	2	1
8. Listens to a complete story	4	3	2	1
9. Makes a friends easily	4	3	2	1
10. Dresses him/herself	4	3	2	1
11. Washes hands and face	4	3	2	1
12. Uses the bathroom alone	4	3	2	1
13. Prefers playing with others	4	3	2	1
14. Prefers playing alone	4	3	2	1
15. Has urinary/bowel control	4	3	2	1

Write four adjectives or characteristics which you believe describe your child. For example – fun, loving laid back, organized, or likes to be in change.

Has your child attended a Pre-School program? (Circle One) Yes No

This form must be returned to the school Office.