



SAINTS ACADEMY

Saints Academy
PRIVATE SCHOOL

Educating the Mind... Training the Heart

Re-Enrollment Form

Student's Legal Name:

_____, _____
(Last) (First)

DOB MONTH _____ DAY _____ YEAR _____

Current Grade: _____ S.S.N: XXX - XX - _____

Student's Residence

City _____ Zip _____

OFFICE USE ONLY	
School Year 20_____ -20_____	
STUDENT'S GRADE FOR THE COMING YEAR _____	
DATE: _____	
SCHOLARSHIP	
_____ McKay _____ SUFS	
_____ PRIVATE _____ AAA (FLORIDA)	

=FAMILY INFORMATION

Circle relationship to child: Father Step Father **Legal Guardian

First name _____ Last name _____ Employer _____

Cell Phone _____ Email _____ Work Phone _____

Circle relationship to child: Mother Step Mother **Legal Guardian

First name _____ Last name _____ Employer _____

Cell Phone _____ Email _____ Work Phone _____

With whom does the child live? (Check all that apply) Mother Father Stepmother Stepfather Guardian

**Guardians are required to provide proof of guardianship

Expectations and requirements of parents are summarized, but not limited to the following items. Please consider these before placing your signature on the bottom of this form.

Early Withdrawal

Saints Academy is a non-profit organization setting each year's budget on students contracted for that year. Early termination/withdrawal of student contracts for any reason will result in damages which are difficult to adequately assess therefore, **A withdrawal fee of \$250 will be charged for early withdrawal / termination of the contract, in addition to regular tuition payment through the month of withdrawal of the student; and a \$300 fee to cover the cost of curriculum. All payments are non-refundable. Records (including exit confirmations) will not be released with a balanced owed.**

The Academy plans for and makes purchases to meet the educational needs of every student for an entire school year. Teacher allocations are based on enrollment projections- therefore withdrawals adversely affect the budget projections set for each student.

Withdrawal fees allow the Academy to recoup a small portion of promised revenues and process replacement students.

All hardback books and equipment are property of Saints Academy and are to be returned at the end of each school year or at the time of withdrawal. I understand that if the hardback book is not returned in a re-usable conditioned (determined by the Principal) or not at all, **I will be charged a replacement fee. I understand failure to pay the replacement fee may result in my debt being given to the services of a collection agency and reported to the scholarship agency.** Any book lost, stolen, or misplaced will need to be re-purchased at the parent's expense.

1. **I have read and accept the School Withdrawal policy.**
2. **I understand that the school may dismiss any student or school family that does not respect the Biblical standards or cooperate in the educational process and rules of the school.**
3. **I have received and reviewed a copy of the Student/Parent Handbook.**
4. **I will pay all my financial obligations on or before the date due. If I am ever unable to pay on time, I will notify the business office in advance and commit to an agreeable payment plan.**

I certify that this application has been completed fully and accurately. I agree to the policies stated above.

Students must agree:

As a student at Saints Academy Private School, I will abide by school rules and policies and do my best as a student. I understand that I will be expected to display a good attitude as well as exhibit behavior that conforms to Biblical principles and standards expected of a student at Saints Academy whether at school or off-campus. I understand that my enrollment is based upon my adherence to these standards.

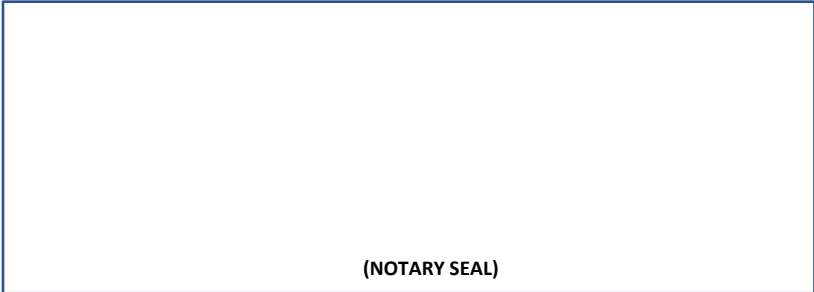
Student's Signature (Grades 2-12)

NOTE: Application NOT valid unless notarized!

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by (name of person making statement).

Notary Signature



(NOTARY SEAL)

Parent/ Guardian Signature

GENERAL MEDICAL INFORMATION

Doctor _____ Phone _____

Student's Insurance Provider _____ ID# _____

EMERGENCY PROCEDURE

In the event of illness or medical emergency, the school will attempt to contact parents for instructions. Should first aid be required the school will administer the same.

If neither parent can be reached, the school will check this medical emergency form. This form shall detail any special instructions the parents may have for any type of emergency. If there are other persons whom the parent wishes to designate as having authority to act on behalf of the child and parents in an emergency, the parents shall indicate that information on this form.

Should it be impossible to follow a parent's written instructions or to contact other designated persons in a medical emergency, the school will have the authority to have the child treated by any licensed physician and/or surgeon who may perform such procedures or administer such medications as the emergency requires for the relief of pain or to preserve life and health. In non-medical emergencies the school will take what actions seem to be normal and appropriate.

NOTE: When parents are separated or a child is not living with a parent, we will only contact the guardian or parent with whom the child is living. If another parent or person is to be contacted, they must be listed in the EMERGENCY CONTACTS section.

Known Health Problems – VERY IMPORTANT Please list any health problems or allergies that need to be known by school personnel in working with your child. **Any past problems (i.e.: asthma, allergies, nose bleeds, etc.)** that may have been reported before, and should continue to be known and/or noted, **INCLUDING CURRENT MEDICATIONS.**

Please sign that you have read the above policies and are in agreement to all of the provisions including the authorization for school authorities to act on your behalf in an emergency should it be impossible to contact you. If there are any changes needed on this form during the year, it will be the parent's responsibility to complete a new form. I authorize Saints Academy Private School nurse, administration, faculty and staff to exchange medical information, as deemed necessary, which could include, but is not limited to, medications, allergies, asthma, fractures, diagnosed medical conditions.

Date

Signature of Parent or Legal Guardian

If any changes are made during the summer or school year, please remember to notify the school of those changes. This form must be returned to the school office before your child(ren) begin(s) school.

STUDENT(S) NAME:

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

EMERGENCY CONTACTS & AUTHORIZED P/U

1. Name _____ Relation _____ Phone _____
2. Name _____ Relation _____ Phone _____
3. Name _____ Relation _____ Phone _____
4. Name _____ Relation _____ Phone _____

