



SAINTS ACADEMY

Educating the Mind... Training the Heart

Memorandum

May 28, 2020

To: Parent(s)/Guardian(s)

From: *Dr. Vivian Williams*, Principal

Subject: **RE- ENROLLMENT**

Greeting Parent(s)/ Guardian(s) of _____;

Student Name

Thank you for entrusting and partnering with Saints Academy Private School for the educational, spiritual, and [physical development of your child(ren). In order to plan for our 2020-2021 school year, we need a firm indication of your intent for re-enrollment at Saints Academy.

We would deeply appreciate your careful and prayerful consideration of this question and a prompt return of this form.

Please check below your intentions for the School Year 2020-2021 and return by June 19, 2020.

_____ I **am** re-enrolling my child in Saints Academy.

(Return the back of this form with your Scholarship Award letter or Proof of re-applying.)

_____ I am **not** re-enrolling my child at Saints Academy.

(MANDATORY: Sign Withdrawal Form preceding the next school term. Records will not be released until this is complete.)

For those parents who intend to re-enroll their child(ren), pre-registration is now in effect. For your convenience, we have enclosed a Re-Enrollment form (on the other side). Remember transportation is first come, first served. Request your **Transportation Application** once you've turned in your Award Letter and Re-Enrollment Form.

To apply for a scholarship, visit one of the following websites: www.StepUpForStudents.org or www.floridaschoolchoice.org. As soon as you have been awarded, print out the scholarship award letter and submit to the school office. Your re-enrollment process is not complete until all documents required by Saints Academy office have been accepted. If you have any questions or need assistance, please contact our office at 407-683-5537 or by email.

Blessings,

Dr. Vivian A, Williams, **Principal**



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SAINTS ACADEMY

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Need Transportation
(Circle one)

Yes or No

OFFICE USE ONLY

School Year 2020-2021
Re-Enrollment Form
SCHOLARSHIP

___ McKay ___ SUFS ___ FES

___ Other _____

DATE: ___ / ___ / 20___

GRADE LEVEL FOR
2020-21 SCHOOL YEAR _____

Student's Legal Name:

Last Name _____, First Name _____

DOB MONTH _____ DAY _____ YEAR _____ S.S.N: XXX - XX - _____

Student's Residence

Street _____ City _____ State _____ Zip _____

Family Information

Name _____ Phone _____ Email _____ @ _____

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

Name _____ Phone _____ Email _____ @ _____

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

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.

WITHDRAWAL POLICY

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 \$300 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 \$50 fee to cover the cost of curriculum. All payments are non-refundable. Records (including exit confirmations) will not be released with a balanced owed.**

1. I have read and accept the School Withdrawal policy.
2. I have received and reviewed a copy of the Student/Parent Handbook.
3. 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.

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.

EMERGENCY CONTACTS & AUTHORIZED PICK UP

Student initial _____

Name Relationship (_____) Phone _____

Name Relationship (_____) Phone _____

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

STATE OF FLORIDA COUNTY OF **ORANGE**

NOTE: Application NOT valid unless notarized!!

NOTARY AVAILABLE IN SCHOOL OFFICE FOR ALL PARENTS & GUARDIANS COMPLIMENTARTY

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

Parent/Guardian Signature

Notary Signature

DATE

DATE

(NOTARY SEAL)