

The Foundation Academy

3675 San Pablo Road South, Jacksonville, FL 32224
PH (904) 493-7300 FAX (904) 821-1247

www.foundationacademy.com



Application for Admission School Year 2017-2018

- Enrollment is capped based on space availability per grade.
- Transportation is available to/from designated stops on a first come-first served basis. Transportation stops may be subject to change up to one week prior to the start of school, based on area student residence volume.
- Applications are processed on a first come-first served basis.
- TFA admits students from K-12th grade without regard to race, color, national or ethnic origin.

The Foundation Academy has the following accreditations: SACS/CASI/AdvancED.

The Foundation Academy is a member of NATIONAL HONOR SOCIETY, NATIONAL JUNIOR HONOR SOCIETY, NATIONAL ARTS HONORS SOCIETY, COALITION OF ESSENTIAL SCHOOLS, and ASCD.

NEW ENROLLMENT TUITION AND FEES

Five (5%) Per Cent Discount if paid in full by August 1

*Sibling discounts available

High School (9-12):	\$8,000 Annually OR	\$800 a month for 10 months
Middle School (6-8):	\$7,000 Annually OR	\$700 a month for 10 months
Elementary (Early K-5):	\$6,000 Annually OR	\$600 a month for 10 months

ONE TIME MANDATORY FEES:

K-12	\$150.00	Registration Fee (non-refundable)
K-12	\$300.00	Annual Fees: activity & event transportation, materials/supplies, student planner, workshops drug test, TFA P.E. T-shirts, etc.

SPECIAL PROGRAM FEES:

K-12	* \$ 6,300.00 annually	Intensives
K-12	\$150.00 monthly	After Care M-F until 6pm
	\$100.00 monthly	Transportation Fee
	*sliding scale	

FEES DO NOT INCLUDE: Field trips, Lunches, Extended Care, After School Programs, Senior Expenses. etc.

Referred by : _____

TFA ADMISSION APPLICATION *(completion mandatory)*

Mother/Guardian:		Father/Guardian	
Address		Address (if different from Mother or Guardian)	
City, State, Zip		City, State, Zip	
Mobile Phone	Home Phone	Mobile Phone	Home Phone
Work Phone		Work Phone	
Occupation		Occupation	
Employer		Employer	
Company Address		Company Address	
City, State, Zip		City, State, Zip	
Mother or Guardian E-mail address		Father or Guardian E-mail address	

Student 1: This application is for the grade circled below beginning Aug. 2017.

K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Race _____ Sex _____
Last First Middle

Date of Birth _____ SSN _____ T-shirt Size Youth ____ Adult ____

Student Phone _____ **Student Email** _____

Student 2: This application is for the grade circled below beginning Aug. 2017.

K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Race _____ Sex _____
Last First Middle

Date of Birth _____ SSN _____ T-shirt Size Youth ____ Adult ____

Student Phone _____ **Student Email** _____

Student 3: This application is for the grade circled below beginning Aug. 2017.

K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Race _____ Sex _____
Last First Middle

Date of Birth _____ SSN _____ T-shirt Size Youth ____ Adult ____

Student Phone _____ **Student Email** _____

Student 4: This application is for the grade circled below beginning Aug. 2017.

K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Race _____ Sex _____
Last First Middle

Date of Birth _____ SSN _____ T-shirt Size Youth ____ Adult ____

Student Phone _____ **Student Email** _____

If you are on SUFS Scholarship please provide the following:

Login ID: _____ **Password:** _____

Legal Custody of Student(s): Both Parents Mother Father Other
Student Lives With: Both Parents Mother Father Other

If other, please specify: _____

Send updates, news, and event notices to: Both Parents Mother Father Other
Please check all the methods we may use to keep you informed: Email Text Phone

Send official correspondence to: Both Parents Mother Father Other
Send billing statements to: Both Parents Mother Father Other

If other, please specify name and address: _____

Below please list any other person whom you authorize to sign out your child(ren).

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone# _____

PARENTAL PERMISSION FOR PHOTOGRAPHY AND VIDEO USE

I, the parent/guardian of _____, do / do not (*circle one*) grant The Foundation Academy permission to use my child's picture for school outreach whether for teaching or public relations purposes.

LATE PICK UP FEES

I have been informed of The Foundation Academy's schedules. I understand that if my student(s) are picked up later than 15 minutes after scheduled release time of school or event I will be assessed and agree to pay any applicable fees.

Parent/Guardian Signature

Witness Signature

Date

Date

EXTENDED DAY / AFTER SCHOOL PROGRAM

If you need assistance in payments for these programs, you may qualify for funding through Jacksonville Children's Commission. Apply at www.jaxkids.net. For further questions you may call them at 904-630-3647.

RELEASE AND INDEMNIFICATION AGREEMENT (Mandatory)

The parties to this Agreement are _____ of
(Parent Name[s])

_____, Florida who is either the parent
(Full Address)

or guardian (referred to herein as "Parent") of the following students :

(Student Full Name)

(Student Full Name)

(Student Full Name)

(Student Full Name)

(hereinafter "the Child/Children"), and The Foundation Academy, Inc., entering into this Agreement on behalf of the Child/Children with the Academy and, as such, acknowledges and agrees that the Child/Children shall be subject to all the rules and regulations of the Academy, as such are promulgated from time to time, whether upon the school premises or off the school premises on field trips, excursions and outings.

The parties agree that the Academy shall supervise and manage the Child/Children (including during field trips, excursions and outings), and that the Academy shall utilize ordinary care in regard to the same. In return, Parent agrees that he/she shall not institute a suit in equity or in law, or both, resulting from or related to any loss, damage, injury or the like arising from circumstances which are not within the reasonable control of the Academy or resulting from the Child's/Children's failure to abide by the Academy's rules and regulations, particularly as same apply to non-violence and/or alcohol/drug use by the Child/Children.

Parent further agrees that he/she shall indemnify and hold harmless the Academy, its personal representatives, successors, assigns, officers, agents and employees, from any claim for any loss, damage or injury incurred as the result of the Child's/Children's failure to abide by the Academy's rules and regulations, particularly as same apply to non-violence and/or alcohol/drugs use by the Child/Children.

Parent agrees that this Agreement shall inure to the benefit of the Academy, its agents, servants, employees, and independent contractors and shall bind Parent, and Parent Spouse, heirs and legal representatives, if any.

Parent or Guardian's Signature

Date

Witness

Date

The Foundation Academy is a Drug and Alcohol Free School

Mandatory for all Parents and students for grades 5-12

PARENT

Random drug testing will be performed on students and staff at the discretion of the principal. If, for any reason, it is determined that your son/daughter is using either alcohol and/or drugs, they will be immediately expelled from the school and all tuition, fees, and scholarships will be forfeited unless it is determined that a prescribed course of action given by The Foundation Academy will bring about the cessation of alcohol and/or drug usage.

I, _____, parent/guardian of the above student
(Please print parent or guardian name)

- Will support and cooperate with all efforts made toward helping my child to be DRUG and ALCOHOL free.
- Understand that I will be responsible for the drug test fees as well as treatment charges if test is positive and will be billed accordingly by the Academy.
- Understand that failure to comply with this contract means expulsion from The Foundation Academy.

Date

Parent/Guardian Signature

Drug Free Agreement (*Signatures mandatory for grades 5-12*)

STUDENT 1

Academy student, promise that: _____
(Please print student's name)

- I will not use, deal/sell, have in my possession or in my vehicle any type of illegal DRUGS or ALCOHOL at any time.
- I will never attend school in a DRUG or ALCOHOL induced state.
- I will never abuse any DRUG or ALCOHOL products at any time and I will not allow DRUG or ALCOHOL abuse to interfere with my education at any time.

Date

Student Signature

The Foundation Academy is a Drug and Alcohol Free School

Drug Free Agreement (*Signatures mandatory for grades 5-12*)

STUDENT 2

Academy student, promise that: _____
(Please print student's name)

- I will not use, deal/sell, have in my possession or in my vehicle any type of illegal DRUGS or ALCOHOL at any time.
- I will never attend school in a DRUG or ALCOHOL induced state.
- I will never abuse any DRUG or ALCOHOL products at any time and I will not allow DRUG or ALCOHOL abuse to interfere with my education at any time.

Date **Student Signature**

STUDENT 3

Academy student, promise that: _____
(Please print student's name)

- I will not use, deal/sell, have in my possession or in my vehicle any type of illegal DRUGS or ALCOHOL at any time.
- I will never attend school in a DRUG or ALCOHOL induced state.
- I will never abuse any DRUG or ALCOHOL products at any time and I will not allow DRUG or ALCOHOL abuse to interfere with my education at any time.

Date **Student Signature**

STUDENT 4

Academy student, promise that: _____
(Please print student's name)

- I will not use, deal/sell, have in my possession or in my vehicle any type of illegal DRUGS or ALCOHOL at any time.
- I will never attend school in a DRUG or ALCOHOL induced state.
- I will never abuse any DRUG or ALCOHOL products at any time and I will not allow DRUG or ALCOHOL abuse to interfere with my education at any time.

Date **Student Signature**

PARENT PARTNERS 2015-16 CHECK LIST

Now more than ever before, parent volunteers have a tremendous impact on a student's success in school, and any time invested is sure to yield high returns. Most of the tasks are easy and any necessary training will be provided. Please take a moment now and complete the form below. Check the area(s) in which you would like to help, and indicate the day(s) and time(s) most convenient for you. Thanks for your help!

- | | |
|--|--|
| <input type="checkbox"/> Individual Tutoring: <input type="checkbox"/> Reading <input type="checkbox"/> Math | <input type="checkbox"/> Field Trip Chaperone |
| <input type="checkbox"/> Help collect items for art projects | <input type="checkbox"/> Help Coordinate Field Trips |
| <input type="checkbox"/> Small group tutoring | <input type="checkbox"/> Lunchroom Assistance |
| <input type="checkbox"/> Music helper | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Fundraising Committees for Extracurricular activities | <input type="checkbox"/> Outreach Help (community events) |
| <input type="checkbox"/> Front Office Assistance | <input type="checkbox"/> Storytelling/Reading |
| <input type="checkbox"/> Sports Assistance | <input type="checkbox"/> Share a hobby with a class |
| <input type="checkbox"/> Share a career with a class | <input type="checkbox"/> Assist with Science Festival/Projects |
| <input type="checkbox"/> Work at home on projects | <input type="checkbox"/> Assist with Public Relations |
| <input type="checkbox"/> Assist with Gardening | <input type="checkbox"/> Other (please specify below) |

DRAMA AND CHORUS VOLUNTEER OPPORTUNITIES

- | | | |
|--|---|--|
| <input type="checkbox"/> Assistant Director(s) | <input type="checkbox"/> Props (help build or find) | <input type="checkbox"/> Costumes (help make or find) |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Play instrument (piano, etc.) |
| <input type="checkbox"/> Fundraising for Productions | <input type="checkbox"/> Rehearsal Assistants | <input type="checkbox"/> Publicity Assistance |

We appreciate any time you can give us and will remain flexible to your schedule as it changes.

DAY(S)	TIME(S)
Monday	<input type="text"/> to <input type="text"/>
Tuesday	<input type="text"/> to <input type="text"/>
Wednesday	<input type="text"/> to <input type="text"/>
Thursday	<input type="text"/> to <input type="text"/>
Friday	<input type="text"/> to <input type="text"/>
Saturday	<input type="text"/> to <input type="text"/>

PARENT'S NAME: _____ Phone #: _____

CHILD'S NAME: _____ email: _____

Parents please note we have a minimum requirement of 10 hours of volunteer service required in some capacity during the school year. If, by April of the school year, no parent or guardian has fulfilled that obligation, a charge of \$10 per hour for the number of hours remaining in your obligation will be applied to your account.



Accredited with – SACS/CASI/AdvancedEd

TFA LUNCH PROGRAM & POLICY

LUNCH ACCOUNT PROGRAM:

\$75.00 covers your student’s lunch on Tue., Thur. & Friday for the remainder of the school year.

- You can set up a lunch account for students by depositing \$75.00 into their lunch account.
- If you have multiple students at TFA, you will need to deposit **\$50.00 for each additional student.**
- You can set up a lunch account at any time during the school year.
- Lunch Account Funds are not prorated, or refundable.
- There is no sibling discount for lunch accounts.

MONDAY PIZZA:

Pizza cost is \$2.00 per slice.

- Pizza is ordered from Milano’s Pizza every Monday. There is **no lunch program available on Mondays.** Students will need to order the number of pizza slices they would like and turn their money in before 9:30 AM to receive pizza at lunch time.

TUESDAY, THURSDAY & FRIDAY:

Lunch is \$2.00 per day, unless it is Pizza Monday or you have a lunch account.

- Students who do not have a lunch account will need to pay \$2.00 in the lunch room each day they get lunch.
- Funds paid on a daily basis for lunch are not accumulative and won’t be applied to the Lunch Account Program.

WEDNESDAY:

No Lunch is served on Wednesday.

- Wednesday is a half day, students should bring a lunch.

I have been informed of The Foundation Academy’s Lunch Program and Policy.

Student Name Date

Parent Signature Date

Witness Date