

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 2014-2015

- Enrollment is capped based on space availability per grade.
- Free transportation is available to/from designated stops on a first come-first served basis. Transportation stops may be subject to change up to two weeks prior to 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, National Independent Private Schools Association, and Gold Seal of Quality Care/Children and Family Services.

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

NEW ENROLLMENT TUITION AND FEES

Five (5%) Per Cent Discount if paid in full by August 1, 2014

*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 DUE AND PAYABLE IN FULL BY JULY 11, 2014:

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 (3:30pm-6:00pm)

*sliding scale

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

Referred by : _____

TFA ADMISSION APPLICATION *(completion mandatory)*

 Father or Guardian

 Address (if different from student)

 City, State, Zip

 Home Phone Work Phone

 Mobile Phone Pager

 Occupation

 Employer

 Company Address

 City, State, Zip

 Father E-mail address

 Mother or Guardian

 Address (if different from student)

 City, State, Zip

 Home Phone Work Phone

 Mobile Phone Pager

 Occupation

 Employer

 Company Address

 City, State, Zip

 Mother E-mail address

Student 1: This application is for the grade circled below beginning Aug. 2014. *Visit Day* _____
 K 1 2 3 4 5 6 7 8 9 10 11 12 *(OFFICE USE ONLY)*

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

Address _____
Street City, State Zip

Birth Place _____ Date of Birth _____ SSN _____

Student Phone _____ Student Email _____ Tshirt Size Youth _____ Adult _____

Ever dismissed/suspended from any school? yes no Any Grade Repeated? _____
If dismissed/suspended, please explain on separate sheet and attach to application.

Has student ever attended TFA before? yes no If so, what years? _____

School attended previous year *School Address City, State Zip*

We desire to enroll this child at TFA because: _____

Student 2: This application is for the grade circled below beginning Aug. 2014. *Visit Day* _____
 K 1 2 3 4 5 6 7 8 9 10 11 12 *(OFFICE USE ONLY)*

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

Address _____
Street City, State Zip

Birth Place _____ Date of Birth _____ SSN _____

Student Phone _____ Student Email _____ Tshirt Size Youth _____ Adult _____

Ever dismissed/suspended from any school? yes no Any Grade Repeated? _____
If dismissed/suspended, please explain on separate sheet and attach to application.

Has student ever attended TFA before? yes no If so, what years? _____

School attended previous year *School Address City, State Zip*

We desire to enroll this child at TFA because: _____

(If enrolling more than two students, use Additional Students Form)

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: _____

1. Emergency contact (other than parent) _____ Phone _____

2. Emergency contact (other than parent) _____ Phone _____

Names of school-age brothers and sisters not attending TFA:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about The Foundation Academy?

- Newspaper/Magazine ad Website/Search Engine Event: (which event? _____)
- Parent of TFA student (name: _____) TFA student (name: _____)
- Other _____

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.

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

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone# _____

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

STUDENT

Random drug testing will be performed on students and staff at the discretion of the principal. If, for any reason, it is suspected that you are using either alcohol and/or drugs regardless of test results, you 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, _____, a Foundation 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

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

The Foundation Academy is a Drug and Alcohol Free School

PARENT PARTNERS 2014-15 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"/> Help collect items for art projects
<input type="checkbox"/> Small group tutoring
<input type="checkbox"/> Music helper
<input type="checkbox"/> Fundraising Committees for Extracurricular activities
<input type="checkbox"/> Front Office Assistance
<input type="checkbox"/> Sports Assistance
<input type="checkbox"/> Share a career with a class
<input type="checkbox"/> Work at home on projects
<input type="checkbox"/> Assist with Gardening | <input type="checkbox"/> Field Trip Chaperone
<input type="checkbox"/> Help Coordinate Field Trips
<input type="checkbox"/> Lunchroom Assistance
<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Outreach Help (community events)
<input type="checkbox"/> Storytelling/Reading
<input type="checkbox"/> Share a hobby with a class
<input type="checkbox"/> Assist with Science Festival/Projects
<input type="checkbox"/> Assist with Public Relations
<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	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

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.

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MEDICAL TREATMENT AUTHORIZATION (Mandatory)

This notice gives The Foundation Academy, Inc. my permission to authorize treatment for my child, _____, in case of any emergency, illness or injury until I can be contacted. This
(Student Full Name)

notice is effective from the enrollment date until the child's withdrawal date. I, _____,
(Parent Full Name)

allow/do not allow (*circle one*) the student indicated above to take Tylenol or its generic equal as s/he requests for headache or other pain. Please state any limitations to the previous statement in the space below:

Parent/Guardian Signature

Witness Signature

Date

Date

PARENT'S NAME _____

HOME PHONE _____ WORK _____ CELL _____

CHILD'S NAME _____ GRADE _____ DATE OF BIRTH _____

EMERGENCY PHONE # _____

NAME AND RELATIONSHIP _____

EMERGENCY PHONE # _____

NAME AND RELATIONSHIP _____

MEDICAL HISTORY:

Family Doctor _____ Phone: _____

Insurance Company: _____ Policy/ID# _____

Does this child have any allergies, diseases, disabilities, or medical history the school should be aware of in case of emergency? Yes _____ No _____

If YES, please explain: _____

Is the child on any medications? Yes _____ No _____ If YES, please explain:

**The Foundation Academy, Inc., 3675 San Pablo Rd South, Jacksonville, Florida 32224
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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 _____ (hereinafter
(Student Full Name))

"the Child"), and The Foundation Academy, Inc., entering into this Agreement on behalf of the Child with the Academy and, as such, acknowledges and agrees that the Child 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 (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 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.

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 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.

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

Date

Witness

Date