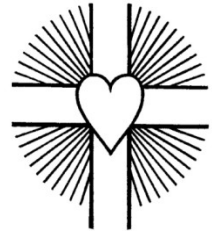


# The Foundation Academy

3675 San Pablo Road South, Jacksonville, FL 32224

PHONE (904) 241-3515 FAX (904) 821-1247

[www.FoundationAcademy.com](http://www.FoundationAcademy.com)



## Application for Admission School Year 2011-2012

- *Enrollment is capped based on space availability per grade.*
- *Applications are processed on a first come, first served basis.*
- *TFA admits students from VPK-12th grade without regard to race, color, national or ethnic origin, or religion.*

**The Foundation Academy has the following accreditations: National Independent Private Schools Association (NIPSA), SACS-CASI, and a Gold Seal of Quality Care/Children and Family Services.**

**The Foundation Academy is a member of the NATIONAL HONOR SOCIETY, SACS-CASI, NATIONAL JUNIOR HONOR SOCIETY and COALITION OF ESSENTIAL SCHOOLS.**

**The Foundation Academy Admission Application (*Completion Mandatory*)**

This application is for the grade circled below beginning August 2011

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

Student's Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City, State Zip*

Phone Number \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_ Any Grade Repeated? \_\_\_\_\_

Ever dismissed/suspended from any school?  Yes  No  
If yes, 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 \_\_\_\_\_  
*Address City, State Zip*

Father or Guardian \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Pager \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Company Address \_\_\_\_\_

Company Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Father E-mail address \_\_\_\_\_

Mother E-mail address \_\_\_\_\_

Legal Custody of Child:  Both Parents  Mother  Father  Other

Student Lives With:  Both Parents  Mother  Father  Other

If other, please specify: \_\_\_\_\_

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 \_\_\_\_\_

**Enrollment Contract** (Signature Mandatory)

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, and sign and return the Contract to the Admission Office accompanied by a non-refundable registration fee of \$100. A student is accepted for enrollment or re-enrollment when the Contract has been delivered or mailed to The Foundation Academy. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the school principal and/or director.

In consideration of the acceptance of this Contract by The Foundation Academy, the undersigned agrees to pay the required TOTAL TUITION AND FEES less any scholarship award for the full academic year and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on the previous page of this Contract. Enrollment and Re-enrollment is conditioned upon the following terms:

1. Successful completion of the current academic year and recommendation of The Foundation Academy is required for re-enrollment of currently enrolled students.
2. A non-refundable annual registration fee of \$100 must accompany the Contract. Tuition payments must be received by The Foundation Academy on or before the 10<sup>th</sup> of the month. Tuition for students entering the School after the start of the school year will be prorated based on the number of attendance days remaining in the school year after entry compared with the total attendance days in the school year.
3. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student. The Foundation Academy is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
4. In support of this contract, a promissory note for the balance of the year's tuition (with 0 % interest) will be issued by the school and signed by the parents in those cases in which parents choose an installment payment plan in lieu of full payment prior to the beginning of the school year.
5. The student and the student's family agree to comply with and be subject to the School's rules and policies as set forth in The Foundation Academy Handbook, as amended from time to time.
6. An account is considered delinquent if restitution is not paid within 10 business days of notification. A late payment fee of \$25 will be charged on a delinquent account. Delinquent accounts that extend beyond the 30th day of the month will result in immediate suspension of the student. If the delinquency is not cured within an additional 30 day period, the student will be expelled. In all events, the first tuition installment payment must be paid on or before the first day of school or the student's place will not be reserved and the student will not be enrolled in classes.
8. Transcripts will be held for students until all unpaid tuition and fees are received.
9. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference. Both parents must sign this contract.

Mother/Guardian or Person Responsible for Payment	Date	
Father/Guardian or Person Responsible for Payment	Date	

Names of brothers and sisters in school:

<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>

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We desire to enroll this child at TFA because: \_\_\_\_\_

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How did you hear about The Foundation Academy?

Other parents of TFA students     Internet     Yellow page ad

Newspaper ad                       Other TFA students

Other \_\_\_\_\_

**PARENTAL PERMISSION FOR PHOTOGRAPHY AND VIDEO USE**

I, the parent/guardian of \_\_\_\_\_, grant The Foundation Academy permission to use my son/daughter's picture for promotion of the school - whether in multi-media or for teaching purposes.

*LATE PICK UP FEES*

I have been informed of The Foundation Academy's class schedules. I understand that if my student(s) are picked up (after pick up time) 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 through funding through Jacksonville Children's Commission.

Apply at [www.jaxkids.net](http://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  
(Names)

\_\_\_\_\_, Florida who is the parent or  
(Address)

guardian (either referred to herein as "Parent") of \_\_\_\_\_  
(hereinafter "the Child/Children"), and The Foundation Academy, Inc. 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 premises or off the premises on field trips, excursions and outings.

The parties agree that the Academy shall supervise and control 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

#### **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 notice is effective from the enrollment date until the child's withdrawal date. I

\_\_\_\_\_ parent of \_\_\_\_\_ allow my child to take Tylenol or its generic equal as requested by my child for headache or other pain. Please state any limitations as to the above:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PARENT'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**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 or disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Drug Free Agreement** (*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 and fees 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  
(Please print student's name) student, promise that:

- 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### 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 are using either alcohol and/or drugs, they will be immediately expelled from the school and all tuition and fees 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  
(Please print parent or guardian name) referenced student,

- 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### PARENT PARTNERS 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!

\_\_\_\_ Individual Tutoring: \_\_\_\_ Reading \_\_\_\_ Math                      \_\_\_\_ Field Trip Chaperone

- |   |   |
|---|---|
| _____ Help collect items for art projects                   | _____ Help Coordinate Field Trips       |
| _____ Small group tutoring                                  | _____ Lunchtime Monitor                 |
| _____ Music helper  | _____ Volunteer Coordinator             |
| _____ Fundraising Committees for Extracurricular activities | _____ Duplicating                       |
| _____ Typing/Other Clerical                                 | _____ Storytelling/Reading              |
| _____ Sports Assistance                                     | _____ Share a hobby with a class        |
| _____ Share a career with a class                           | _____ Assist with Science Fair/Projects |
| _____ Work at home on projects                              | _____ Assist with Public Relations      |
| _____ Assist with Gardening                                 | _____ Other (please specify)            |

***DRAMA AND CHORUS VOLUNTEER OPPORTUNITIES***

- |                                   |                                  |                                    |
|-----------------------------------|----------------------------------|------------------------------------|
| _____ Assistant Director(s)       | _____ Props (help build or find) | _____ Costumes (help make or find) |
| _____ Set Construction            | _____ Stage Manager              | _____ Play instruments             |
| _____ Fundraising for Productions | _____ Rehearsal Assistants       | _____ 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 _____

PARENT'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

***Parents: We have a minimum requirement of 10 hours of volunteer service in some capacity during the school year. If by April of the school year, neither parent nor guardian has fulfilled that obligation, you can be charged up to \$10 per hour for the number of hours remaining in your obligation. Please see the section on Parent Involvement and Support of your student/parent handbook for more details.***