Way of Wisdom Academy Inc.

Enrollment / Student Application

2020-2021

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_

Date Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Student Application**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Applying for the 20\_\_\_\_-20\_\_\_\_School Year

Applying for (Circle Grade): K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

**Student’s Information**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ S.S#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone Number: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married \_\_\_\_\_ Separated\_\_\_\_\_ Divorced\_\_\_\_\_ Other\_\_\_\_\_\_\_

If separated or divorced, who has legal responsibility for school decisions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit notarized copies of all court documents signed by a judge regarding custody & educational decision. (Required for enrollment)

**Parent(s) with whom the child lives:**

(Please Circle One) **Father/ Stepfather** (Please Circle One) **Mother / Stepmother**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other home for student:**

(Please Circle One) **Father/ Stepfather** (Please Circle One) **Mother / Stepmother**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency/Alternate Pick Up (Other Parents):**

**\*Please note all listed people must be 18 years of older\***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual Information:**

Church name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend Church regularly? \_\_\_\_\_\_\_\_\_\_ Is the student a Christian? \_\_\_\_\_\_\_

**Medical Information:**

Is the student’s immunization record update? \_\_\_\_\_\_

Does the student have any medical condition? \_\_\_\_\_\_

If yes, what is the condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: Yes\_\_\_\_ or No\_\_\_\_ If yes, has Epi Pen prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of reaction does the student experience for this allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications does the student currently take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please list your hospital presence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Management System and Payment Planner**

Student Without Scholarship

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School year: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monthly Payments | Tuition Payments | Parent Name  | Parent Signature | Staff signature |
| August | $ |  |  |  |
| September | $ |  |  |  |
| October | $ |  |  |  |
| November  | $ |  |  |  |
| December | $ |  |  |  |
| January | $ |  |  |  |
| February | $ |  |  |  |
| March | $ |  |  |  |
| April | $ |  |  |  |
| May | $ |  |  |  |
| Books Fees | $ |  |  |  |
| A.M/ P.M Extended Day | $ |  |  |  |
| Full Time Extended Day | $ |  |  |  |
| Test Fee (Stanford 10) | $ |  |  |  |
| Graduation Fee | $ |  |  |  |

Note: If the person responsible for expenses is other than the parent(s) or person(s) having custody), then this person must provide the information below and sing the Tuition Management System Payment Planner, if not noted on this enrollment application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Financial and Promissory Agreement**

Please sing initials on the space available

\_\_\_ The registration fee is due in full at registration. These fees are non-refundable once they have been paid, even if my child does not attention WWA.

\_\_\_ Tuition may be paid annually by August 1st or in 10 monthly installments beginning on August 1st. This first payment is non-refundable and non-transferable. If my child does not attend WWA or withdraws during the school year, I will be responsible for all fees and tuition accrued through the month in which I withdraw my child. There are no refunds other than payments made over and above the fees and tuition charged through the month of withdrawal.

\_\_\_ Monthly payments are due to WWA by the first of each month. A late fee of $25 will be applied when accounts are not paid by the 5th of the month. If the 5th falls on a weekend, please pay the Friday before that weekend. I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangement is not made on a past due account.

\_\_\_ Books fees are due before August 1st. these are non-refundable.

\_\_\_ Report cards and other school record are issued only when accounts (Including lunch accounts) are paid in full. No students will be permitted to graduate until all tuition and any other fees are paid in full. A student and/or athlete may NOT participate in any sports or extra-curricular activities (Including field Trips and good conduct trips) if the school accounts must be paid in full before students return to classes following Christmas break and Spring break. Administration has the discretion do not permit a student to class due to an outstanding account balance.

\_\_\_ I understand that no checks are permitted. Payments need to be made with cash, Debit/Credit Card or Money order.

\_\_\_ I will be responsible for any lab fee, after-school care, uniforms, fines, fieldtrips, yearbooks, lunches, activity fees, athletic fees, and other miscellaneous fees.

\_\_\_ I agree to pay all our financial obligations to Way of Wisdom Academy on or before the due date. If I am ever unable to do so, I will notify the School Office immediately.

\_\_\_ I give permission for my student to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I agree to uphold and support the high academy standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.

\_\_\_ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant’s behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

\_\_\_ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

\_\_\_ I have read the parent/student handbook, and understand the terms stated on this enrollment package and agree thereto.

We understand all the application documents and have disclosed all information accurately. We agree to cooperate fully with faculty and staff of Way of Wisdom Academy and to abide by the Parent’s Financial and Promissory Agreement. If we dissatisfied with WWA, we would follow the procedures set up in the Parent’s Agreement. We also understand that administration has full discretion to make any changes to policies during the school year.

Completion of this application does not guarantee enrollment. The administration evaluates each applicant and decisions are made based on the ability Of Way of Wisdom Academy to meet the needs of each child.

I agree to abide by the terms and conditions herein outlined.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father or legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or legal Guardian Signature Date

Way of Wisdom Academy

Proverb 4:11

 Permission slip for photographing your child:

From time to time we take pictures and videotaped students during school activities. We would like your permission to use these pictures on our website, or bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell this picture; (only to the parent) we will use them exclusively for Way of Wisdom Academy purposes.

\_\_\_\_\_Yes, I grant you permission to use photos of my child on WWA’s website, bulletin board, and or newsletter.

\_\_\_\_\_ No. Please do NOT take or use any photos of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardian Signature Date

\***PLEASE SIGNED AND RETURN COMPLETE APPLICATION TO SCHOOL OFFICE. \***

OFFICE USE ONLY

Ensure all forms have been completed, and note fees paid on the same page.

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number/Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy TMS Form: [ ] Yes [ ] No WWA Parent/Student Handbook given: [ ] Yes [ ] No

Student Profile (s) Returned: [ ] Yes [ ] No Staff Initials: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

REGISTRATION CHECKLIST:

\_\_\_\_\_ Student Application Form Completed (if printed online).

\_\_\_\_\_ DH 680 Form, Florida Certification of Immunization (Blue Card)

\_\_\_\_\_ DH 3040 Form, School Entry Health Exam (Yellow Card)

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Both Parent’s or legal guardian Photo ID

\_\_\_\_\_ All Record Release Form from Previous School (grades, etc.)

Will you or have you applied for the following scholarships

Step Up for Student? \_\_\_\_ Yes \_\_\_\_No

McKay Scholarship? \_\_\_\_ Yes \_\_\_\_No

AAA Scholarship? \_\_\_\_\_ Yes \_\_\_\_No

Parent Reference Form

This form is only for student entering K

First name: Last name: Date:

The above student is a candidate for enrollment to Way of Wisdom Academy. We would appreciate your observations about the areas listed below.

(Please circle the developmentally appropriate number)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Average | Above average | Below average | No interest shown/ Not observe |
| 1.Displays self-control | 4 | 3 | 2 | 1 |
| 2.Talks with other children | 4 | 3 | 2 | 1 |
| 3.Pronounces words clearly | 4 | 3 | 2 | 1 |
| 4.Speaks in sentences | 4 | 3 | 2 | 1 |
| 5.Recognizes own name | 4 | 3 | 2 | 1 |
| 6.Uses (baby talk) | 4 | 3 | 2 | 1 |
| 7.Shows interest in books | 4 | 3 | 2 | 1 |
| 8.Listens to a complete story | 4 | 3 | 2 | 1 |
| 9.Makes a friend easily | 4 | 3 | 2 | 1 |
| 10.Dresses him/herself | 4 | 3 | 2 | 1 |
| 11.Washes hands and face | 4 | 3 | 2 | 1 |
| 12.Uses the bathroom alone | 4 | 3 | 2 | 1 |
| 15.Has urinary/bowel control | 4 | 3 | 2 | 1 |

Write four adjectives or characteristics which you believe describe your child. For example – fun, loving laid back, organized, or likes to be in change.

Has your child attended a Pre-School program? (Circle One) Yes No

This form must be returned to the school Office.