

T.H.E Academy School

Student Enrollment 2021-2022



*Our mission is to provide quality education based on God's **Truth, Honor** in walking out truth, resulting in Christ-like **Excellence** and impacting the world for the glory of God.*

STATEMENT OF NON-DISCRIMINATION

T.H.E Academy School reserves the right to select students on the basis of academic performance and personal qualifications. **T.H.E** does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admission policies, and athletic or other school-administered programs. Attendance is a privilege. This privilege may be forfeited by those who do not conform to the standards and regulations of the school.

Enrollment Process

- Step 1.** Complete and return all attached forms to the school office.
- Step 2.** Application with copy of your child's last report card
- Step 3.** Pay \$50 registration fee.

Instructions: Please print using a **black ballpoint pen**, **complete all pages** and **sign and date** the last page. **Notify school staff immediately** if any of your information changes.

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Legal Middle: _____ Grade: _____ Gender: Female Male

Preferred Name: _____ Birth Date: _____

What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)?

Hear: _____

Use (i.e., American Sign Language (ASL)): _____

Student Email Address: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different From Home): _____ Apt. # _____

City: _____ State: _____ Zip: _____

Family Home Phone No.: _____ Student Cell Phone No.: _____

What races/ ethnicities do you consider your child? Please mark all that apply.

- African American
- Asian
- Hispanic/Latino
- White

Your family has the right to receive information in your home language.

Would your family like to have an interpreter for school meetings? Yes No

Which language? _____

PREVIOUS SCHOOL INFORMATION

	School (most recent first)	City and State	Years Attended (ex.: 2014–15)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

KINDERGARTEN STUDENTS ONLY

In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? Yes No

Name of preschool: _____

PROGRAM INFORMATION

Does your student have a current Individualized Education Plan (IEP)? Yes No

Is your student in a Talented and Gifted (TAG) program? Yes No

Is your student in or has your student been in an English as a Second Language program? Yes No

Is your student in or has your student been in a Dual Language Immersion program? Yes No

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school information. Online access to student records will be provided to each parent/responsible adult listed below.

PARENT/RESPONSIBLE ADULT #1:

Lives with student Yes No

Mother Father Guardian Other _____

Legal Last Name: _____ Legal First Name: _____

Email Address: _____

Address (if different from student): _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from home address): _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Primary Phone No. (Required): _____ Type: Home Cell Work

The primary phone number will be used for attendance and emergency notifications.

Secondary Phone No. (Required): _____ Type: Home Cell Work

Permission to pick up? Yes No

Interested in volunteering? Yes No

Live/work on federal property? Yes No

Member of the Armed Forces on active duty or full-time National Guard? Yes No

FAMILY INFORMATION (CONTINUED)

PARENT/RESPONSIBLE ADULT #2:

Lives with student Yes No

Mother Father Guardian Other _____

Legal Last Name: _____ Legal First Name: _____

Email Address: _____

Address (if different from student): _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from home address): _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Primary Phone No. (Required): _____ Type: Home Cell Work

The primary phone number will be used for attendance and emergency notifications.

Secondary Phone No. (Required): _____ Type: Home Cell Work

Permission to pick up? Yes No

Interested in volunteering? Yes No

Live/work on federal property? Yes No

Member of the Armed Forces on active duty or full-time National Guard? Yes No

RELIGIOUS INFORMATION

Church Attending: _____ Pastor: _____

Address: _____ Phone No. _____

How do you provide spiritual training for your child at home?

What are your reasons for wanting your child to attend a Christian school?

T.H.E Academy School is looking to partner with families who are committed to the Truth of who we are in God, walking in Honor and living in Excellence. We want to come alongside parents to educate and disciple the hearts and minds of our students. **T.H.E Academy School** equips students with a challenging curriculum from a Biblical worldview, with foundation of prayer, in an environment conducive for the love of lifelong learning.

EMERGENCY CONTACTS

In an emergency, the parent/guardian listed as #1 will be called first, the parent/guardian listed as #2 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Relationship To Student _____	First & Last Name _____
Primary Phone No. _____	Other Phone No. _____
Relationship To Student _____	First & Last Name _____
Primary Phone No. _____	Other Phone No. _____
Relationship To Student _____	First & Last Name _____
Primary Phone No. _____	Other Phone No. _____
Relationship To Student _____	First & Last Name _____
Primary Phone No. _____	Other Phone No. _____

STUDENT MEDICAL INFORMATION

School staff need to know if your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.

Doctor's Name (optional) _____ Phone No. (optional) _____

Preferred Hospital _____

County-operated Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

Insurance Carrier (optional) _____

Health Care Reform creates access to medical insurance for everyone at no cost or tax credits to help pay for health care coverage. If you would like help accessing health coverage, please check the box so we can contact you.

Dentist's Name (optional) _____ Phone No. (optional) _____

Please check any current medical conditions:

Serious Allergies _____

Life Threatening? Yes No

Asthma Heart Disease Seizure Disorder Diabetes: Type I Type II

Other special health needs at school _____

Medications to be taken at school (please list and also complete the Authorization for Medication form)

By signing this form, I agree that all the information is true. If it is determined that the information I have provided is false, I acknowledge that my student could be removed from the school immediately.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

T.H.E Academy School

Fees and Tuition 2021-2022

Registration Fee	Tuition	Monthly Payment
\$50	\$3,000	\$300
		Due 1 st of month



T.H.E Academy School wishes you and your student a successful academic school year!