

Foundation Academies

SERVICES SELECTION PAGE

Full-time CR & Dropout Prevention Program For students aged 12 and above who are at risk of not graduating due to insufficient credits ☐ Select this service	GRAD Program (Alternative to GED) For students aged 17 and above seeking different pathways to complete their secondary education ☐ Select this service
Military Expedited Enrollment For individuals aged 17 and above interested in the U.S. military and needing expedited education and enlistment process ☐ Select this service	Student Employment Training and Job Placement For students aged 19 and below with a noted disability wanting work-based learning experiences ☐ Select this service
The Completion Program For students aged 17 and above who have finished high school with a completion and not a diploma ☐ Select this service	Military Reassurance Program For individuals aged 17 and above interested in joining the U.S military but who face educational barriers ☐ Select this service
Part-Time Credit Recovery Students aged 14 and above need to regain credits while still enrolled in a regular public school ☐ Select this service	GPA + For students with a GPA less than 2.8 aiming to improve their academic standing ☐ Select this service
Senior Program For students aged 17 and above who are at risk of failing the FSA/EOC during their Cohort year ☐ Select this service	College Readiness (Post Graduate) For students aged 17 and above seeking guidance on college applications, SAT preparation, and financial aid ☐ Select this service
RLC (Recreational Learning Credit) For students aged 15 and above wanting to gain academic credits through skill-based activities ☐ Select this service	OJT (On The Job Training) For students aged 15 and above interested in acquiring work experience while still in school ☐ Select this service
Middle School (6th-8th) School of Choice ☐ Select this service	High School 9th-12th School of Choice ☐ Select this service

Student Enrollment Application

*Today's Date: _____ (CURRENT GRADE) **6 7 8 9 10 11 12 N/A**

PREFERRED SHIFT ☐ 8:00 AM - 1:00 PM ☐ 1:00 PM - 4:00 PM ☐ I.E.P /504 PLAN
PREFERRED SETTING ☐ ON-SITE ☐ ONLINE ONLY

Student Information

* STUDENT'S NAME:		Social Security Number:
* Date of Birth:	Age:	Gender:
* Place of Birth:	Cell Phone:	Student Email:
Referred by:	* Shirt Size:	* Ethnicity:
* Name and Location of Previous School Attended:		
Student ID:		* Preferred Language:

Parent/Legal Guardian Information

Student resides with: ☐ Adult Student ☐ Mother ☐ Father ☐ Legal Guardian		Preferred Language:
* PARENT'S NAME:		* Relationship:
* Address Line:		* Phone Number::
* Apartment #:	* City and State:	* Zip Code:
Employer/ Occupation:		Work #:
* Parent Email:		Social Security Number:
PARENT'S NAME:		Relationship:
Address Line:		Phone Number:
Apartment #:	City and State:	Zip Code:
Employer/ Occupation:		Work #:
Parent Email:		Social Security Number:
Preferred Language:		

*** Health & Medical Information**

A Copy of your Insurance Card must be provided if needed

* Allergies:	
Has the student had any previous psychological testing? ____ Yes ____ No	
Health Insurance Carrier:	
Type of Insurance:	Policy Number:

In case of an emergency

If a parent cannot be reached, please identify one additional authorized person outside of your household we can contact on your behalf.

Circle "YES" next to the person's name if they are permitted to pick up your child.

Circle "NO" if that person is NOT permitted to pick up your child.

* First & Last Name

First & Last Name

* Relationship to student

Relationship to student

* Phone number

Phone number

* Authorized to pick up: YES/NO

Authorized to pick up: YES/NO

First & Last Name

First & Last Name

Relationship to student

Relationship to student

Phone number

Phone number

Authorized to pick up: YES/NO

Authorized to pick up: YES/NO

Parent Acknowledgement

By signing below, I, the parent/guardian of the enrolled student, confirm that I have read, understood, and agree to the following terms:

Attendance Requirement; I acknowledge that full-time students are required to attend school for a minimum of 15 hours per week.

Tuition Agreement; I understand that I am responsible for paying the full tuition balance unless otherwise indicated by the administration. If I choose to withdraw my child before the end of the school term, I accept responsibility for the remaining tuition balance. I also understand that failure to pay may result in a hold on student records or potential legal action.

State Scholarships; I acknowledge that all scholarship funds received will be applied directly toward the annual tuition costs of the school.

Scholarship Assistance; I authorize the school to share my contact and personal information with third-party organizations or programs that assist with educational scholarship applications.

Alternative Payment Option; I understand that scholarship funds may be used to pay for my child's tuition. Students utilizing scholarship funds will be classified and charged as full-time students.

Parent/Guardian Initials: _____

By signing, I confirm that I have read, understood, and agree to all the terms outlined above.

Parent/Guardian Signature: _____ Date: _____

For Official School Staff Only

All Documents have been received on: _____ Orientation Date: _____