

The Conrad Academy

School Registration 2017-2018

Please fill out this form completely.

Student Information:

Student's Full Name: _____

Student Cell Phone: _____ Student Email: _____

Address _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Date of Birth (MM/DD/YYYY): ____/____/____ **Grade: ____ Sex: _____ Race: _____

Social Security Number: _____ ** Please give the grade for the school year registering for**

Student Insurance: _____ Policy/Group #: _____

Payment/Scholarship Information:

_____ McKay Scholarship _____ Step Up for Students _____ AAA _____ Gardiner _____ Private Pay

Parent Information:

Parent #1 Student Resides With: YES NO

Name: _____

Relationship: _____

Home Phone: _____

Cell: _____

Work: _____ ext. _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Parent #2 Student Resides With: YES NO

Name: _____

Relationship: _____

Home Phone: _____

Cell: _____

Work: _____ ext. _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Contacts OTHER than Parents (in case of Emergency):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Siblings also enrolled at The Conrad Academy: _____

This form must be fully completed for your child to be assigned to a class.
This includes all Social Security Numbers, Phone Numbers and Emergency Contact Information.
Students are not assigned to a classroom until Registration fees have been paid in full.

_____ **Initial by Parent**



Registration - Financial

New Student Registration Fee: \$350.00

A \$150.00 deposit must be paid to hold a seat. This is a non-refundable deposit and must be paid when application is submitted. Balance must be paid by August 1, 2017.

Renewal Student Registration Fee: \$150.00

Fee must be paid in full by April 30. On May 1, 2017 fee increases to \$200.00. Seats will not be held until registration fee is paid in full.

Annual Tuition: \$6,500.00

Grades K5 -12th grade.
Tuition includes curriculum

Family Tuition Discount: A 10% discount is applied to the parent portion of the 2nd and 3rd and 4th child. This discount is applied after scholarships to the parent responsibility portion of tuition.

Family Registration Discount: A reduction of \$100.00 for new students for the 2nd, 3rd and 4th child in one household. Returning families will receive a \$50.00 discount for the 2nd, 3rd and 4th child in one household.

Scholarship dollars will not be applied to registration fees, or application fees.

Parents receiving a partial scholarship will be responsible for tuition not funded by the scholarship.

1. I acknowledge that if I withdraw my child for any reason there will be no refund of the registration fee. _____ Initial by Parent
2. I acknowledge I will be responsible to pay for any property damage caused by my student. _____ Initial by Parent
3. I acknowledge that no report cards or permanent records will be released to families or to other schools if my account is past due. _____ Initial by Parent
4. I acknowledge that fees for transportation, sports, activities, field trips, uniforms and lunch are not covered by McKay or Step Up for Student scholarship money. _____ Initial by Parent
5. I acknowledge that any lost books will result in additional fees charged. Records will not be released until these fees have been paid in full. _____ Initial by Parent

I hereby register my child for the 2017-2018 school year. I understand the registration fee is non-refundable, unless the school is unable to enroll my child, and that I am responsible for all tuition and fees not covered by scholarship payments.

I understand that all out of pocket costs must be paid in full or put on an installment contract at the time of registration. No student will begin school until their scholarship has been confirmed by the scholarship organization, a CAC contract has been signed for any unpaid fees or tuition and all registration documents are completed and filed in the school office.

Parent Signature

Date

The Conrad Academy
2017-2018
MEDICAL RELEASE FORM

TO: Emergency Personnel

- I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

- I hereby grant permission for my son/daughter to participate in any extra curricular activities. I waive, release, absolve, and hold blameless The Conrad Academy its administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities, and any other participants, from any claim arising out of injury or sickness to my child.

- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal (Administrator), or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Administration, or his designee, and The Conrad Academy from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Witness

ADDITIONAL INFORMATION

Please fill out completely

HOME ADDRESS _____

NAME OF FAMILY DOCTOR: _____ PHONE: _____

FOOD/MEDICAL ALLERGIES OF CHILD: _____

DATE OF LAST TETANUS SHOT: _____

INSURANCE COMPANY COVERING CHILD: _____

POLICY NUMBER: _____ DATE OF EXPIRATION: _____

EMERGENCY PHONE NUMBERS: Home Number: _____

Father at work: _____ Mother at work: _____

Other Name: _____ Phone: _____

The Conrad Academy
2017-2018
MEDICINE RELEASE FORM

I, _____ hereby authorize The Conrad Academy staff and/or Chaperones to administer prescription medicine that is in a prescription bottle to my minor child, _____.

My child's Date of Birth is: _____. My child's present medications are _____

My child has the following medical condition(s): _____

Medications given to your child through the school office require a written authorization by the parent. If the medications are prescribed, they must be in the original packaging from the pharmacy with a prescription label attached. Your child's name must be on the label. _____ **Parent's Initial**

**I authorize The Conrad Academy to dispense the following
pain relievers to my child:**

Medication: _____ Dosage: _____
(Tylenol or generic equivalent (liquid or pill form), Ibuprofen, Aspirin)

My child is allergic to:

Medicines	_____	Foods	_____
	_____		_____
	_____		_____
	Other		_____

Mother _____ Date _____ Home Phone # _____ Work Phone # ext. _____

Father _____ Date _____ Home Phone # _____ Work Phone # ext. _____

Conrad Academy
2017-2018

STUDENT'S PLEDGE OF COOPERATION
(Grades 3rd-12th)

Each student must agree to honor the standards of The Conrad Academy. Both on and off campus, students are expected to maintain high Christian principles. As a student of The Conrad Academy, THEREFORE, I pledge to ...

- Cooperate respectfully and obey willingly those in authority. Hebrews 13:17
(This means no disrespect in the classroom or on school grounds)
- Strive for excellence as a student. Philippians 1:10; Proverbs 18:9
- Refrain from television, movies, music and other media, which emphasize immorality, the drug culture, or rebellion against authority. Philippians 4:8 (both on and off campus)
- Abstain from the use or possession of alcoholic drinks, tobacco or drugs. Rev. 21:8;
1 Corinthians 6:19, 20 (both on and off campus)
- Abstain from immoral or sexual actions. 1 Thessalonians 4:3-7; Ephesians 5:3-5 (both on and off campus)
- Avoid the appearance of evil. 1 Thessalonians 5:22; Proverbs 22:1
- Wear modest apparel. 1 Timothy 2:9; Deuteronomy 22:2; Proverbs 7:10
- Endeavor to refrain from gossip, grumbling and complaining. Philippians 2:13; Proverbs 26:20

I understand that breaking this pledge could result in disciplinary action, suspension or expulsion from the school. I also willingly state that I want to attend The Conrad Academy and have not been made to do so against my will.

Student Signature

Grade

Date

The Conrad Academy
2017-2018

**AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION FOR PURPOSES REQUESTED BY
THE CONRAD ACADEMY, INC.**

I, _____, parent/guardian of _____, hereby authorize The Conrad Academy to use/disclose Protected Health Information (PHI), as necessary, to Therapist, Instructional/Administrative Staff, Behavior Analysts, Counselors, Physicians, Emergency Medical Personnel, the Office of Social Security Disability Determinations, and Insurance Carriers (including Medicaid). Protected Health Information (PHI) includes, but is not limited to, personal contact data, physician contact data, insurance carries and policy numbers, medication protocols, known allergies, medical diagnoses, and educational, vocational, medical, therapy, social and/or case management histories. I understand that this information will only be shared when there is a legitimate need, or in response to an action initiated by me, and that only the minimum necessary PHI will be used/disclosed to accomplish the intended purpose of the use/disclosure. PHI will be used/disclosed in order to provide/obtain/coordinate services, medical management, mental health care, appointment reminders, payment, and/or emergency medical treatment.

In some circumstances, we are required by law to use/disclose your PHI without consent/authorization. These instances include, but are not limited to, cases of suspected abuse, neglect, or domestic violence, suspected criminal activity, in response to a court order, to avert threat to health or safety, for public health activities, for health oversight activities, for specific government functions, and/or to authorities that monitor compliance with these privacy requirements.

This Authorization shall be in force and effect until **student leaves The Conrad Academy** or (MM/DD/YYYY) _____, at which time this Authorization to use/disclose this PHI will expire. I understand that I have the right to revoke this Authorization, in writing, at any time, by sending such written notification to the attention of an Administrator, The Conrad Academy, 2000 N. Goldenrod Road, Orlando, FL 32807. I understand that a revocation is not effective to the extent that The Conrad Academy had already relied on the use/disclosure of the PHI. I have the right to refuse to sign this Authorization, and while services may not be conditional on signatory compliance, failure to comply may affect the quality of the care received due to incomplete information.

I have other rights, which include:

*The right to inspect my child's records, or request amendment of PHI. The school must respond to written inspection requests within thirty days and written amendment requests within sixty days, or notice me in writing within these time periods of a decision to deny the same and the reasons for a denial. Amendments will be provided to others that need to know about these changes.

*The right to obtain a list, by written request, of parties to whom my child's PHI has been disclosed. The school will maintain this information for six years and will respond to my request within sixty days. One copy per year will be provided to me free of charge, but there may be charge for multiple or subsequent copies within the one calendar year period. The list, by law, will not include disclosures made prior to April 14, 2003, to law enforcement agencies/officials, for national security purposes or to correctional facilities/officials.

Any questions about this Authorization or its uses may be directed to an Administrator, The Conrad Academy, 2000 N. Goldenrod Road, Orlando, FL 32807. If you think the school has violated your privacy rights, you may file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, N.W. Washington, D.C. 20201.

Signature of Parent or Legal Guardian

Date

Witness Name and Title

Witness Signature

The Conrad Academy Transportation Arrangements To and From School

My child _____ will arrive at school by:

- By car By bike or walk By city bus

My child will go home by:

- By car By bike or walk By city bus

The following individuals are authorized to transport my child home from school:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

- I plan to register my child for the extended day program.**
- I DO NOT plan to register my child for the extended day program.**

The Conrad Academy

Transcript Request

The following student has enrolled at The Conrad Academy.

Student Name _____ Date of Birth _____ Grade _____

Last School Attended _____

Address _____

Phone Number _____ Fax Number _____

Please forward all records at your earliest convenience.

The following is needed:

_____ Immunization records and a copy of a physical exam.

_____ Official Transcript – Report Card – For grades 9-12, all course and all credits including the current school year and withdrawal grades. It is very important that we receive grades for the current school year.

_____ Standardized Test Results

_____ A copy of all Exceptional Education records including an IEP, Psychological Testing, etc. if applicable.

_____ Behavior Reports which may prove helpful in the admission and/or placement of this student.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule of Education Records, Federal Register, June 17, 1976, Vol. 41, Number 118, page 24673)

Date Requested: _____

Date Second Request: _____

Date Third Request: _____

Registrar/Admissions

Revised -3/01/2017

The Conrad Academy 2017-2018

Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school's web site, Facebook page and other social media platforms.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes, photo or image, **first name only**, location of class trips and school activities.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

_____ I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school's public Internet site and other social media platform.

_____ I/We GRANT permission for this student's photo/image and name to be published on the school's public Internet site and other social media platforms.

_____ I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school's public Internet site and other social media platforms.

_____ I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school's Internet site and other social media platform.

Student's Name: (please print) _____ Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____

The Conrad Academy
PARENT'S STATEMENT OF COOPERATION
2017-2018

___ I understand that my child must be in school uniform before he/she can start school.

___ I understand that it is my responsibility to provide all application paperwork and documentation that is required in order to successfully enroll my child each year.

___ I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, and disciplinary policies. In the event that I am unsatisfied, I agree to make an appointment to speak to an administrator or lead teacher. I will conduct myself in a respectful and appropriate manner when dealing with TCA educational and office staff, and my failure to do so can result in my child being dismissed. **Withdrawal fee of \$300.00 will apply.**

___ I agree that if I am not satisfied with the educational program of the school, I should try every avenue available to settle my grievance- with first the classroom teacher, then the lead teacher, and finally the administrator. Appointments can be set through the school office. If I am still unsatisfied, I should withdraw my child(ren) from the school immediately. **Withdrawal fee of \$300.00 will apply.**

___ I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, **I am responsible to pay a \$300.00 withdrawal fee, plus the remaining month's tuition (including if the dismissal occurs on the first day of the month).** In case of voluntary withdrawal, the withdrawal process must be completed through the school office (completed withdrawal form and payment). I also understand that records cannot and will not be forwarded to another school until all financial obligations have been satisfied. No tuition will be refunded. Withdrawal fees will only be waived for a move beyond 30 miles.

___ The Conrad Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other circumstance it deems as reasonable. Neither this application nor payment of fees is considered to be binding to The Conrad Academy. Withdrawal fees will apply.

___ If legal or collection action is required to collect tuition or a scholarship check that the school is legally due, the undersigned will be responsible to pay attorney and/or all Third Party fees as well as any fees associated with the collection of the funds, and it will be reported to all credit bureaus.

___ I understand that if my child receives John McKay or Step Up for Students scholarship, I must sign the check within **ten days of receipt. Scholarship payments are received on September 1, November 1, February 1, and April 1. I realize these funds are crucial for the fiscal school operation and I will be assessed a \$25 late fee after the tenth day if I have not signed the check.**

___ I understand any fees or tuition/books not covered by my child's scholarship must be placed on a Conrad Acceptance Corp. contract. This contract will include interest and late fees if payments are not made as agreed. All fees must be paid or placed on contract before my child can begin classes.

___ I understand that my child will be checked into Extended Day if I do not pick them up within 15 minutes after dismissal time (3:15 p.m.). Extended Day services are available for students in **Kindergarten – 8th Grade only**. High School students must leave campus by 3:15pm, unless other arrangements have been made and approved by the school administration. **If I do not pick my child up by 6:00 p.m., I will automatically be charged a \$10 late fee plus \$1 per minute for every minute I am late.**

___ I understand that my child MUST be supervised after school and I agree to instruct my child to follow the school policy regarding after-care and sign-in and stay in the extended care program. I understand that if I fail to manage my child after school, he/she will not be allowed to remain on campus after school. **If I fail to cooperate with this requirement, my child will be dismissed. Withdrawal fees will apply.**

___ If an accident occurs on school property, I understand my insurance must be the primary, and the school's insurance will be secondary. I understand I must file all necessary documentation through the school's finance office within 30 days of the injury so my account can be processed with the school's insurance company.

___ I understand that if/when the school holds periodic parent meetings to inform families about upcoming events

and/or changes in policy, I will have my family represented. If I am unable to be represented at the meeting, I will inquire about any changes in policy. I realize it is not a lack of communication on the school's part if I do not attend the meetings.

____ I understand the uniform requirements policy. I will be contacted to pick up my child or bring appropriate dress for the following reasons: shorts too short, no uniform, wrong uniform, slides, house slippers or flip flops. Should uniform violations become a habitual problem my child may receive discipline at school or possibly suspension.

____ I understand the school's phones are used for business. My child will only be able to call home in case of emergency. He/she cannot call for homework, lunch, or PE uniform.

____ For the safety and protection of all students, I realize **I must check in with the main office before entering any building or classroom**. I will either be given a visitor badge or escorted to my child's class. I understand that I may not enter a classroom to pick up my child while school is in session.

____ School hours are 8:30am – 3:00pm. I understand that TCA will not release any child for early dismissal after 2:45 p.m. If I arrive after 2:45pm I must wait for my child until regular dismissal time. I realize it is my responsibility to make sure my children attend school and are not late. The Conrad Academy must abide by Florida Department of Education standards for school attendance and tardiness. TCA follows the Orange County guidelines regarding absences. As such 19 days is the maximum absences allowed (excused or unexcused) in order to be promoted or receive credit for courses. (9 days for semester courses) I realize if my child is consistently late or absent, my child may not be promoted to the next grade and/or I may be turned into the State's Attorneys office, reported to the Department of Motor Vehicles or Department of Children and Families.

____ If my child drives to campus, I understand it is my responsibility to supply the school with a copy of the automobile insurance card. I further understand my child may not leave campus without being properly signed-out in the school office. This includes a phone call with office personnel. Leaving campus without permission from the school office will result in suspension and possibly loss of driving privileges on school campus.

____ I understand that summer school may be required to complete courses or a school year if my child has exceeded the attendance threshold. The cost of summer school is not covered by any scholarship and must be paid by the parent.

____ Tardiness is excused for an illness or accident in the morning. Other cases must be addressed to the main office by the parent for an excused absence. I understand oversleeping, morning traffic, or lack of preparation on our part does not merit an excused tardy. If I do not sign my child in under any case, my child will be considered unexcused.

____ If a textbook is lost, stolen, or damaged beyond usability, the student will be required to purchase another textbook from the school at its full replacement cost. The books must be returned without excessive wear at the completion of the school year or an additional fee will be assessed. If a textbook is missing for three consecutive class days, it is to be considered lost and another textbook must be purchased from the school.

____ All tuition and fees are the parent's responsibility. If anticipated scholarship funds are not received in a timely manner for any reason, parents will be responsible for all amounts due.

Cell Phone and other Personal Electronic Device Policy

____ I understand that use of cell phones/personal electronic devices is not permitted during the school day. I understand that my child's phone must be **off** and turned into their homeroom teacher daily. Cell phones are brought to the school office and kept in a secure area during the day. I agree to comply with the school's request to not allow my child to bring a phone to school if the school determines that my child's phone is a problem. **The school is not responsible for any lost or stolen electronics or similar devises brought onto the campus.**

My signature of the Acknowledgement of the Parent Statement of Cooperation indicates that I have read, understand, and agree with the Parent's Statement of Cooperation and understand that it applies to this current school year as well as subsequent years if I choose to re-register my child.

Parent's Signature

Date

Administrator's Signature