

Allison Academy
1881 NE 164th St.
N. Miami Beach, FL 33162
Tel: (305) 940-3922 Fax: (305) 940-1820
ENROLLMENT CONTRACT

Student's Social Security Number: _____

Date: _____

I/we enroll _____ in the _____ grade for the 2010-2011 school year beginning on August 16th, 2010.

FEES AND PAYMENTS—In consideration of the acceptance of this contract by Allison Academy, the undersigned agrees to pay the required tuition fees as follows:

June 3, 2010:	\$450	Registration fee (\$400, if paid by May 3rd)
July 20, 2010:	\$1000	1 st Tuition Payment (Total Tuition is \$14,000)
August 20 th —May 20 th :	\$1300	2 nd through 11 th Tuition Payments
September 20 th :	\$500	Book fee

I understand that if my child leaves Allison Academy before the school year ends, I am responsible for the pro rata share of the year's \$14,000 tuition AS DETERMINED BY ALLISON ACADEMY, based on \$390 WEEKLY tuition costs. There is a \$500 withdrawal fee when leaving early. I also understand that I am responsible for purchasing my child's uniforms and paying any necessary miscellaneous fees at the beginning of the school year.

Payments can be made to Allison Academy in full by the year, by the semester, by the quarter, or monthly on the 20th from July through May. If payments are not received on time, such overdue amounts will be assessed a late payment penalty of 1.5% (18% per year) of the unpaid balance. All returned checks will be assessed a charge of \$50.

If payments are not received by due date, ALLISON ACADEMY reserves the right to institute legal action to enforce its rights, in which event Parent(s) or Guardian(s) will be responsible for interest, all costs of collection, including reasonable attorney's fees. Payments not made by the 1st of the month will result in student not being allowed to attend school unless prior arrangements have been made with ALLISON ACADEMY. Venue of any legal proceedings shall be in Miami-Dade County, FL USA. **Furthermore, I agree to the policy of the School that all student records remain the property of Allison Academy until the account is paid in full.**

RULES AND REGULATIONS—I agree to accept the rules and regulations adopted by Allison Academy and set forth in its latest publications. **I understand that the student or parents' disregard of the rules and regulations of the School may be deemed sufficient cause for dismissal. It is understood that Parents shall be responsible for all breakage/damage to school property caused by the Student over and beyond ordinary wear and tear.**

It is my specific intention that a representative of the School may designate authority for emergency medical care in a licensed hospital while my child is enrolled at Allison Academy.

IF BOTH PARENTS are living, BOTH must sign this contract. Otherwise, the child's guardian and person having financial responsibility for this contract must sign.

Signed _____ Date _____

Print Name _____

Signed _____ Date _____

Print Name _____

Accepted by:

ALLISON ACADEMY _____ Date _____

Allison Academy

Information for Applicants and Parents

1881 NE 164th St.

N. Miami Beach, FL 33162

E-mail: Allisonacademy@hotmail.com

Phone: (305) 940-3922

Fax: (305) 940-1820

Web page: www.allisonacademy.com

ALLISON ACADEMY is a co-educational, traditional school with accommodations for college preparatory students as well as students with learning disabilities and ADD. We also offer an ESL program for speakers of other languages. Admission is open to all students in grades 6-12 regardless of race, color, religion, national or ethnic origin, or disability who possess the motivation, ability, and character to succeed in our academic program. Our certified teachers are trained to meet the needs of individual students in a small classroom environment.

SCHOOL VISIT: We value the opportunity to meet individually with each applicant/parent and believe it is important for you to see our school and meet our students and faculty. We require enrolling students to visit the school for an interview.

APPLICATION and FEE: A non-refundable fee of \$450 must accompany each application.

RECORDS REQUEST: Sign the Records Request Form and give this form to the principal or registrar at your child's present school. All applicants must obtain a final official transcript from previous schools as well as standardized test scores and health records.

ADMISSION EVALUATION: To best meet individual needs, Allison Academy evaluates students in the following areas: general school ability; vocabulary; reading comprehension; writing skills; and mathematics concepts, applications, and computation. Additional evaluations are administered as indicated for learning disabilities and ESOL. Specialized individual placement and/or performance testing is also available.

HEALTH FORMS: The State of Florida requires all students to have original **Florida State Immunization Forms 680 (blue) and 3040 (yellow)** on file. These forms are available through your pediatrician or personal physician. Students may not attend school without these forms. All students are required to have a current TB Test.

INTERNATIONAL STUDENTS: Parents of international students are responsible for providing translations of official school transcripts. I-20 forms are available if needed. Registration Fee (\$450) and 1st Semester Tuition (\$7000) is due before I-20 will be issued. If I-20 is denied, the 1st Semester Tuition will be refunded.

AFTERSCHOOL/SUMMER PROGRAM: Allison Academy also offers an after school one-on-one tutoring program and a full summer school program for all ages Pre-K through adult.

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ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS APPLICATION DATE: _____

1. **APPLICANT NAME:** _____
Last First Middle Preferred

2. Application for ___ Grade Beginning _____, _____ 3. Date of Birth _____
Month Year Month/Day/Year

4. ___ Male ___ Female Student's Cell Phone # _____

5. Child's address _____
Street Apt. # City Zip Code

6. Place of birth _____ Email Address _____
City State Nation of Citizenship

7. Student's telephone # _____ Social Security # _____

FATHER:

8. Name _____ Social Security # _____
First Middle Last

9. Home address _____

10. Home phone _____ Business phone _____ Fax: _____

Beeper: _____ Cell phone: _____ Email _____

11. Business/Firm _____ Occupation/Title

12. Business address _____ Zip Code

MOTHER:

13. Name _____ Social Security # _____
First Middle Last

14. Home address _____ Zip Code

15. Home phone _____ Business phone _____ Fax _____

Beeper _____ Cell phone _____ Email _____

16. Business /Firm _____ Occupation/Title

17. Business Address _____ Zip Code

18. Please check if: Divorced _____ Separated _____ Who has legal custody? _____

19. With whom does the applicant live? _____

20. Duplicate mail.

Name and address of non-custodial parent if you wish that parent to receive school information/grade reports:

Name: _____

Address: _____

21. Person financially responsible for student's tuition and fees, if other than parent or guardian:

Name	Address	Zip Code
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EMERGENCY CONTACTS:

22. Name: _____ Telephone #: _____

23. Name: _____ Telephone #: _____

24. Physician's Name: _____ Telephone #: _____

25. HOW DID YOU FIRST LEARN OF ALLISON ACADEMY? _____

26. Applicant's interests and/or achievements: (Please describe)

- A. Academic _____
- B. Athletic _____
- C. Artistic _____
- D. Musical _____
- E. Other _____

27. Has applicant been on probation, suspended, dismissed, or withdrawn from any school?

_____ Yes _____ No

If so, please attach a statement giving the name of the school and relevant details.

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

PARENTAL PERMISSION FOR MEDICATION

NAME OF STUDENT	GRADE	DATE
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Does your child require prescribed medication to be taken during school hours?

Yes _____ No _____ Please check

If yes, please give name of medication and the time it should be administered to child.

_____ TIME(s) _____

Does your child require any non-prescribed medication to be taken during school hours?

Yes _____ No _____ Please check

If yes, please give name of medication and the time it should be administered to child.

_____ TIME(s) _____

Are there occasions when you approve the taking of medication, i.e., for colds, headaches, stomachaches, etc?

Yes _____ No _____ Please check

Is there any other information we should know about your child's medication?

ALL MEDICATIONS must be handed in to the office before school. No student should carry medication with them to school. No student will be given medication of any kind unless we have the pre-approval of parents. If you are giving this approval, please sign below.

I hereby give _____ do not give _____, (check one) authorization to the Administrator of Allison Academy to administer medication, as specified above, to my child.

Signature of Parent/Guardian

Relationship

PERMISSION AND LIABILITY RELEASE FORM

AS PARENT/GUARDIAN, _____, I

HEREBY GIVE _____ PERMISSION TO LEAVE
(STUDENT)

SCHOOL PROPERTY WITH A TEACHER OR STAFF MEMBER (EITHER WALKING OR IN AN
AUTOMOBILE) FOR LUNCH, ERRANDS, PE, OR SCHOOL FIELD TRIPS.

I FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS READING, MATH, AND
LEARNING CENTERS, INC, d/b/a ALLISON ACADEMY, FROM ANY AND ALL LIABILITY OR
RISK OF LOSS, INCLUDING ATTORNEY FEES AND COSTS, OR DAMAGE TO PROPERTY OR
INJURY THAT IS INCURRED WHILE STUDENT IS OFF SCHOOL PROPERTY.

SIGNATURE OF PARENT/GUARDIAN

DATE