

# Allison Academy

1881 NE 164<sup>th</sup> St.

N. Miami Beach, FL 33162

Tel: (305) 940-3922 Fax: (305) 940-1820

## ENROLLMENT CONTRACT

I/we enroll \_\_\_\_\_ in the \_\_\_\_\_ grade for the 2021-2022 school year beginning in August, 2021.

**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:

_____:	\$450 Registration fee – Non-refundable (\$400, if paid by May 3rd)
June 30, 2021:	\$930 Computer/book/supply fee \$600, activity fee \$150, field trips \$120, PTO \$60
July 30, 2021:	\$1000 Tuition Payment/Deposit (Total Tuition is \$17,000)
August 20, 2021- May 20th, 2022:	\$1600 1st through 10th Tuition Payments

I understand that if my child leaves Allison Academy before the school year ends, I am responsible for the year's tuition AS DETERMINED BY ALLISON ACADEMY. 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 or during 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 5<sup>th</sup> of the month from August through May. Tuition policy is \$17,000 per student. Some students may have been awarded a scholarship (McKay, AAA, Step Up for Students, AA, HOPE, Gardiner), which amount is subtracted from the set policy amount. If payments are not received on time, such overdue amounts will be assessed a late payment penalty of \$50. All returned checks will be assessed a charge of \$50.

If payments are not received by the 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 1<sup>st</sup> of the month will result in the 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. Allison Academy has the right to make adjustments to the schedule, means of learning, curriculum, length of school year, and teaching methods in the event of a natural disaster, pandemic, or other similar events without having to suspend or refund tuition payments.

**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. The administration reserves the right to expel a student who cannot accept the code of conduct . Any action by a student and/or student's parents, which seriously interferes with Allison Academy's ability to accomplish its goals, may be grounds/ sufficient cause for immediate dismissal.**

**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 this contract authorizes Allison Academy to use my student's physical likeness/images for publicity or advertising purposes.**

**I understand 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.**

Allison Academy practices a non- discriminatory policy and does not discriminate on the basis of disability, race, color, creed, ethnicity, national origin, or sexual orientation/identity

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 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Accepted by: ALLISON ACADEMY \_\_\_\_\_ Date \_\_\_\_\_



# Allison Academy

INDEPENDENT DAY SCHOOL GRADES 6 THROUGH 12

## Official Application for Enrollment

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www.AllisonAcademy.com | office@allisonacademy.com

**STUDENT APPLICANT INFORMATION:**

**DATE:**

Applicant's Full Name: \_\_\_\_\_

*Last First Middle Preferred*

Application for Grade Level #: \_\_\_\_\_ Beginning Term in (Month/ Year): \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Social Security: \_\_\_\_\_ Gender: Male  Female

Student Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

*Street Apt/ Bldg # City State/ Province/ Territory Zip Code*

Birth Location: \_\_\_\_\_ Student Email: \_\_\_\_\_

<b>Ethnicity:</b>	Hispanic/ Latino	Non- Hispanic/ Latino		
<b>Race:</b>	Black/ African American	Asian	White	Middle Eastern/ North African

*Native American/ Alaskan Native Native Hawaiian/ Pacific Islander Other*

**PARENT INFORMATION:**

**Parent Name:** \_\_\_\_\_

*Title Last First*

**Relationship:** \_\_\_\_\_

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

*Street Apt/ Bldg # City State/ Province/ Territory Zip Code*

Home Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

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

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

Company/Business Name: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

*Title Last First*

**Relationship:** \_\_\_\_\_

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

*Street Apt/ Bldg # City State/ Province/ Territory Zip Code*

Home Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

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

Company/Business Name: \_\_\_\_\_

Please select if: Married  Separated  Divorced  Single Parent  Other: \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

With whom does the student applicant currently live with? (Please explain if necessary) \_\_\_\_\_

Accredited By:



Indicate if student is recipient of any of the following :

Step Up For Students  McKay  Gardiner  AAA  HOPE  FES

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Street Apt/ Bldg # City State/ Province/ Territory Zip Code

**Duplicate Mail Requests**

Provide name & address of non-custodial parent if you wish that person to receive school information & grade reports.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Street Apt/ Bldg # City State/ Province/ Territory Zip Code

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Sibling Information**

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

Last First

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

Last First

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

Last First

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

Last First

Please list any additional siblings on back.

**Current School Attending**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Street Apt/ Bldg # City State/ Province/ Territory Zip Code

**List All Schools Previously Attended (In the last 5 years):**

1. Name: \_\_\_\_\_ Grades enrolled \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grades enrolled \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grades enrolled \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Grades enrolled \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you first learn of Allison Academy? \_\_\_\_\_

Referred by (Agent's Name): \_\_\_\_\_

Student's Interests and Achievements: (Please describe in each category that applies.)

Academic: \_\_\_\_\_

Athletic: \_\_\_\_\_

Musical: \_\_\_\_\_

Other: \_\_\_\_\_

### Parent's Questionnaire

What are your expectations for your child? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Weaknesses? \_\_\_\_\_

### General Behavior & Student Evaluation:

1. Does the student have any outstanding abilities or deficiencies not covered by the above categories?

(Please select the appropriate box.) Yes  No

If yes, please explain: \_\_\_\_\_

2. Does the student have any specific limitations that are affecting him/her currently? (ex. Physical, Emotional, Social)

(Please select the appropriate box.) Yes  No

If yes, please explain: \_\_\_\_\_

3. Has the student ever been recommended for any of the following special programs? (Please select all that apply.)

Gifted  Speech  Learning Difference/LD  Counseling

4. Has any disciplinary action ever been taken in regards to your child's behavior?

(Please select the appropriate box.) Yes  No

If yes, please explain: \_\_\_\_\_

5. Has your child ever been suspended, expelled, asked to withdraw, or denied readmission to any school?

(Please select the appropriate box.) Yes  No

If yes, please explain: \_\_\_\_\_

6. Below are descriptions of the student applicant's behavior, performance, and demonstrated abilities in different areas. Please read each item and compare the student's behavior with that of his/her classmates and peers.

(Please one answer for each row.)

Social Behaviors	Always	Almost Always	Sometimes	Never
<ol style="list-style-type: none"><li>1. Demonstrates self control</li><li>2. Demonstrates respect &amp; courtesy</li><li>3. Follows group norms &amp; social rules</li><li>4. Uses appropriate language</li><li>5. Demonstrates ability to make friends</li><li>6. Behaves positively amongst peers</li><li>7. Demonstrates a sense of humor</li></ol>				

Academic Behaviors	Always	Almost Always	Sometimes	Never
<ol style="list-style-type: none"><li>1. Follows verbal directions</li><li>2. Follows written directions</li><li>3. Completes classwork satisfactorily</li><li>4. Completes homework satisfactorily</li><li>5. Can work independently</li><li>6. Can work collaboratively</li><li>7. Works to his/her academic potential</li><li>8. Sustains satisfactory attention in class</li><li>9. Performs as a dependable student</li><li>10. Exemplifies intellectual curiosity</li><li>11. Exemplifies analytical ability</li><li>12. Demonstrates problem solving ability</li><li>13. Exhibits mathematical skill &amp; interest</li><li>14. Displays academic honesty</li></ol>				

15. Exhibits personal motivation				
16. Exhibits good conduct				

(Please comment on any inconsistencies in the student's academic behavior in the designated narrative section.)

\*\* Please use the below space to write a brief narrative report about this students, further describing and elaborating on some of the above questions/answers. Your time and effort in providing this additional information is greatly appreciated.

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By signing below, I am confirming that all information provided by the (student/parent/guardian) in this application is true and accurate.

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

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

\*After completion of this entire application, please enclose copies of the applicant's official report cards, including current and previous years' grades, the most recent official standardized test scores, and all attendance records. \*

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North Miami Beach, FL 33162

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**Fax to:**  
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### Permission and Liability Release Form

As parent/guardian, \_\_\_\_\_, I hereby give my child \_\_\_\_\_  
*Parent Name* *Student Name*

permission to leave school property with a teacher or staff member, either walking or in an automobile/bus, for lunch, errands, physical education, or school field trips. I further release, absolve, indemnify, and hold harmless the Reading, Math, and Learning Centers, Inc. d/b/a Allison Academy from any and all liability of risk of loss, including attorney fees and costs, or damage to property or injury that is incurred while the student is off school property.

**Parent/ Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_



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**Parental Permission for Medication**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Does your child require prescribed medication to be taken during school hours?

(Please select the appropriate box.) Yes  No

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

Medication Name: \_\_\_\_\_ Time: \_\_\_\_\_

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

(Please select the appropriate box.) Yes  No

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

Medication Name: \_\_\_\_\_ Time: \_\_\_\_\_

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

(Please select the appropriate box.) Yes  No

Tylenol/Advil  Peptobismol  Allergy Med  Cough Medicine  Tums

4. 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 WILL BE GIVEN MEDICATION of any kinds unless we have the pre- approval of parents. If you are giving your approval, please sign below.**

(Please select your desired authorization in the following sentence.)

I hereby give \_\_\_\_\_ do not give \_\_\_\_\_ authorization to the Administrator of Allison Academy to administer medication, as specified above, to my child.

**Parent/ Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

Please attach and enclose student's immunization and health records