

Allison Academy

1881 NE 164th St.

N. Miami Beach, FL 33162

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



ENROLLMENT CONTRACT

Date: _____

This contract is between Allison Academy (hereinafter "School") and the parent(s) or legal guardian(s) (hereinafter referred to as "Parent" which term includes the singular or plural, as applicable) of _____ [student's name] (hereinafter "Student").

All persons signing this contract are jointly and severally liable for the tuition, and fees set forth herein.

Parent's signature and/or initials on this contract constitutes evidence of parent's understanding, and agreement to the terms of this contract, as follows:

1. **Enrollment:** Student, if accepted, will be enrolled for the 2022 - 2023 school year in the _____ grade.

Parent is aware that final acceptance, and determination of classroom placement will be made by the school, and in accordance with the school's standard testing practices. The contract is valid only for the academic school year stated. In addition, acceptance to Allison Academy one academic year does not guarantee student acceptance any additional years.

2. **Registration fee:** Parent understands for the school to consider the student's application, and to conduct testing, the parent must submit the original executed contract along with a non-refundable **\$450** registration fee.

If the parent is re-enrolling their student for the next academic year, the parent is able to submit this signed contract and pay a discounted registration amount of **\$400** before the early re-enrollment deadline (**May 5, 2022**).

3. **Enrollment related fees:** computer/book/supply fee **\$600**, activity fee **\$150**, field trips **\$120**, PTO dues **\$60**, made payable to the School by **June 5, 2022**, (after June 5th due immediately upon acceptance).

Parent is responsible for purchasing student's uniforms and paying any necessary miscellaneous fees at the beginning or during the school year.

4. **Tuition Deposit:** Parent understands that in order for the school to reserve a spot for their student during the school year stated above, the parent must pay a non-refundable \$1000 tuition deposit by **July 5, 2022**. The tuition deposit will be deducted from the total tuition amount stated in Paragraph 5.
5. **Tuition :** The annual tuition amount is set for the period covered by this contract. Annual tuition for the school is \$20,000 per student, currently discounted to \$17,000.

Please note: a \$1,000 sibling tuition discount is given to the older of any siblings registered at the school.

Parent has selected the following payment plan for tuition (check only one box):

- 1 Installment made payable to the School by August 5, 2022 (after August 5th within 30 days of the date of this contract set forth above)
- 2 Installment, 1st installment payable by August 5, 2022., 2nd installment payable by Jan 5, 2023.
- 10 Installments, equal monthly installments from August 5, 2022. to May 5, 2023.

Some students may have been awarded a State of Florida scholarship (McKay, AAA, Step Up for Students, HOPE, Gardiner). The amount of any state scholarship will be reduced from the full tuition amount listed above.

6. If any payment is not received on time, a late payment penalty of **\$50 per month will be assessed until payment is received**. In addition, the school reserves the right to institute legal action to enforce its rights. If legal action is required, the parent is responsible to pay for interest, and all costs of collection, including reasonable attorney’s fees. Furthermore, if payment is not made by the set dates, the student may not be allowed to attend school unless prior arrangements have been made with Allison Academy. Venue of any legal proceedings shall be held in Miami-Dade County, Florida USA. Additionally, the parent agrees to the school policy that all student records remain the property of Allison Academy until the account is paid in full.
7. **Termination Policy:** Parent understands that if for any reason their student leaves the school before the school year ends, the parent is responsible for the year’s tuition as determined by the school and an additional **\$500** withdrawal fee on the date the termination notice is delivered.

In order to terminate this contract, the parent MUST submit in WRITING a notice of termination to the Admissions Counselor. The termination notice must include the date, the student's name, and a detailed reason for the termination of the contract. The notice of termination must be received by admissions on or before the termination date.

8. **Regulations:** In the event of a natural disaster, pandemic, or other similar events, the school has the right to make adjustments to the school schedule, means of learning, curriculum, length of the school year, and teaching methods without having to suspend or refund tuition payments.

Parent agrees to accept the rules and regulations adopted by Allison Academy set forth in its latest publications. Parent will be responsible for all breakage/damage to school property caused by the student over and beyond ordinary wear and tear.

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.

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

Parent authorizes a representative of the school to designate authority for emergency medical care in a licensed hospital while their student is enrolled at Allison Academy.

Parent also understands that this contract authorizes Allison Academy to use student and parent images for publicity or advertising purposes.

*Both Parents must sign (unless the school, in its discretion, permits enrollment with one parent’s signature)

 *Signature of Parent 1 (or legal guardian) Date Social Security Number

 *Signature of Parent 1 (or legal guardian) Date Social Security Number

The person signing below, although not a Parent or Legal Guardian, is agreeing to be responsible for all financial obligations set forth above:

 *Signature of Person Financially Responsible Date Relationship (if any) to Student



Allison Academy

INDEPENDENT DAY SCHOOL GRADES 6 THROUGH 12

Official Application for Enrollment

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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: _____

Ethnicity: Hispanic/ Latino	Non- Hispanic/ Latino
Race: Black/ African American	Asian
Native American/ Alaskan Native	Native Hawaiian/ Pacific Islander
White	Middle Eastern/ North African
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
1. Demonstrates self control 2. Demonstrates respect & courtesy 3. Follows group norms & social rules 4. Uses appropriate language 5. Demonstrates ability to make friends 6. Behaves positively amongst peers 7. Demonstrates a sense of humor				

Academic Behaviors	Always	Almost Always	Sometimes	Never
1. Follows verbal directions 2. Follows written directions 3. Completes classwork satisfactorily 4. Completes homework satisfactorily 5. Can work independently 6. Can work collaboratively 7. Works to his/her academic potential 8. Sustains satisfactory attention in class 9. Performs as a dependable student 10. Exemplifies intellectual curiosity 11. Exemplifies analytical ability 12. Demonstrates problem solving ability 13. Exhibits mathematical skill &				

interest				
14. Displays academic honesty				
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.

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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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