



*"Planting seeds of knowledge,
cultivating tomorrow's leaders"*

REGISTRATION PACKET 2019-2020 SCHOOL YEAR

As Salaamu Alaykum Wa Rahmatullahi Wa Barakatuh,

Welcome to the Palm Grove Academy. To enroll your child in our school, you will need to complete all the attached forms and submit the required documentation listed below. Incomplete registration applications will not be accepted.

Children enrolling in Kindergarten must be five years of age or turning five by September 1st. For children under five, exceptions can only be made if a child shows outstanding intellectual and behavioral maturity on par with a five-year-old. Exceptional cases may be granted after evaluation by PGA staff and administration. The school board, taking in all considerations from all parties, will have the final say in the matter.

REGISTRATION CHECKLIST:

- Applications for Admission
- Confidential Health Form
- Medical Emergency Form
- Emergency Contact Information Completed
- Tuition Acknowledgment Signed
- Tuition Assistance Application (if applicable)
- Legible, English copy of Student Birth Certificate
- Copy of Social Security Card
- Where applicable, a copy of court-ordered custody ruling or legal name change
- Where applicable, an Individualized Educational Plan (IEP)
- Liability Waiver Form

PLEASE ALSO SUBMIT:

- Immunization Record or Immunization Waiver Form
- Physical Exam
- Previous School Records (if applicable)

Annual Tuition & Fee Matrix 2019 -2020

Tuition per Student	Amount
KG -5th Tuition • Siblings discount 10% off his/her rate	\$7,000/Academic Year
6th -12 th Grade Tuition • Siblings discount 10% off his/her rate	\$8,000/Academic Year

One-Time Yearly Fees Per Student	Amount
Application Fee	\$25
Book Fee	\$100
Supplies Fee	\$125
Activity Fee (Technology, Testing, Program Access, etc.)	\$275

One-Time Yearly Fees Per Family	Amount
Registration Fee (New & Returning)	\$100
Campus Development Fee	\$500/New Families \$250/Returning Families

Notes:

- All fees are non-refundable.
- A yearly registration fee of \$100 per family is due with the application.
- **Tuition assistance is available on a first-come basis for those in need.** You must request a Tuition Assistance Application and submit it along with your most recent federal and state income tax returns, as well as your last two pay stubs. A decision will be made by the school's financial officer. Tuition assistance will not be considered without submitting an application. Please submit a Tuition Assistance Application along with this registration packet by the end of the first week of school.
- Please note that tuition is not based on days in school. Ramadan, 'Eid holidays, and other days off do not reduce the tuition. Tuition will not be reduced for extended family trips taken at any time during the school year. Please review the student handbook for rules and guidelines.
- Lunch, snacks, school field trips and school supplies are the responsibility of the parents.

Please sign that you have read and acknowledged the above information:

Parents/Guardian's Signature **Date**

Parents/Guardian's Signature **Date**

STUDENT INFORMATION

Child : _____
Last Name First Name Middle Name

Date of Birth: _____ Age: _____ Intended Grade: _____
MM/DD/YYYY

School District: _____
Name of the Public-School District in which your child resides.

Mother/Guardian : _____
Last/Middle Name First Name PHONE

Father/ Guardian : _____
Last/Middle Name First Name PHONE

Home Address: _____
Street City State Zip

Please list all siblings living at home:

First/Last Name	Age

Has the applying child been enrolled in any school before? YES NO

If YES, please list the previous school name and grade.

School Name: _____ Phone: _____ Grade: _____

Address: _____
Street City State Zip

Reason for leaving previous school: _____

Has your child ever been suspended, expelled, or received any disciplinary action in school? YES NO

If YES, please describe which grade and why.

STUDENT INFORMATION Continued:

Has your child ever repeated a grade? YES NO - If YES, which grade and why _____

Has your child been referred and tested for any of the following?

Learning disability Language Processing ADHD/ADD Emotional Difficulties

Please submit a copy of most recent test results.

Languages spoken at home (parents' primary language first): _____

Child lives with: Both Parents Father Mother Other _____

Pickup/Early Release and Emergency Contact:

PGA has a strict pickup/early release policy, we will only release children to those listed below. Please do not send anyone who isn't listed, PGA staff will not release children under any circumstance to those not listed. This list will also be used for emergency contacts (Please also list all parents/guardians).

First Name	Last Name	Phone #

Please share your reasons for applying to the Palm Grove Academy:

I have provided accurate and truthful information, to the best of my ability, on this Application for Admission. I understand and agree that the admissions process cannot be completed until PGA has received all the required documents and fees.

Parents/Guardian's Signature	Date
Parents/Guardian's Signature	Date

Confidential Health Form

Student's Last Name _____ First Name _____ Date of Birth _____

Please list all foods and medications to which your child is allergic: _____

Please list care required: _____

Does Your child have asthma or is diagnosed by a physician? _____

If YES, please list _____
Medications Amount Time of administration

Does your child have a seizure disorder as diagnosed by a physician? _____

If YES, please list _____
Medications Amount Time of administration

Has your child been identified as having bleeding tendency? _____

Does your child have Diabetes? _____

If YES, please list _____
Medications Amount Time of administration

Does your child wear glasses? _____ Contacts? _____

If so, are there any near vision difficulties? _____ or distant vision difficulties? _____

Please list any health concerns you have for your child:

Medical Emergency From

In the case of an emergency the following policy will be applied:

1. Parent(s) will be contacted
2. If parents are unavailable, the Emergency Contact persons will be contacted in the order listed on the Emergency Contacts.

I, _____, hereby give permission for my child _____
Parent/Guardian Name **Child's First/Last Name**

to be taken to the local hospital and be given necessary emergency treatment by the medical personnel present. I understand that the following information will only be used in case of medical emergency.

Child's Physician: _____ Phone: _____

Physician's Address: _____

Insurance Company: _____ Policy Number: _____

I understand that if my child is ill during the school day a parent/guardian or Emergency Contact person must come to pick the child within one hour of being contacted by Palm Grove Academy Personnel.

I agree to the above conditions as long as my child is enrolled at Palm Grove Academy and will promptly contact the school if there are any changes to the above information.

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**

Tuition Assistance Application 2018-2019

Parent/Guardian Information:

Last Name: _____ First Name: _____

Address: _____

Street Address _____ City _____ State _____ Zip Code _____
Phone: (H) _____ (W) _____ (C) _____

Number of People in the Household: _____ Total Monthly Income: \$ _____

The Total Amount that I Can Pay per Month towards Tuition & Fees: \$ _____

Name of Student:

Last Name: _____ First Name: _____

Applications will be reviewed by a committee comprised of the Board Members and the Director. Tuition assistance is available on a first-come basis for those in need. You must submit it along with this form a copy of your most recent federal and state income tax returns, as well as your last two pay stubs.

A decision will be made by the school's financial officer. Tuition assistance will not be considered without an application submission.

Please note that, in order for students continue receiving tuition assistance, they must maintain at least an 80% average in their coursework by 2nd quarter and onward and must exhibit exemplary behavior.

I understand that money awarded for Tuition/Fees Assistance may come from the Zakat or Sadaqah of community-members. They will NOT be told who the sponsorship is going to; they will be donating simply towards the Academic and After School Programs.

I hereby confirm that all information provided to Palm Grove Academy is complete and accurate.

Signature: _____ Date: _____

For Office Only

Amount of Assistance Awarded: \$ _____ per month

Authorized Signature: _____ Date: _____

Liability Waveir Form

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Activity: __Academic School Year at Palm Grove Academy_____ (the “Activity”)

Student’s Name (Please print): _____ (the “Participant”)

Student’s Age: _____

In consideration for permitting the Participant to participate in the academic school year at Palm Grove Academy, the undersigned, for themselves (or for their child, if Participant is a minor), and for respective heirs, personal representatives and assigns, agree as follows:

Assumption of Risk: The undersigned hereby acknowledge and agree that they understand the nature of the Activity; that Participant is qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Activity; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, Participant’s participation in the Activity.

Release and Waiver: The undersigned hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Palm Grove Academy, its officers and employees, (collectively, the “Releasees”), from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to Participant’s participation in the Activity, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Indemnification and Hold Harmless: The undersigned also hereby agree to INDEMNIFY, DEFEND AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney’s fees, arising from, or in any way related to Participant’s participation in the Activity, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Permission to Use Likeness/Name: The undersigned further agree to allow, without compensation, Participant’s likeness and/or name to appear, and to otherwise be used in material, regardless of media form, promoting Palm Grove Academy and/or its events and activities.

Severability: The undersigned expressly agree that the foregoing assumption of risk, release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: The undersigned have read this assumption of risk, release and waiver of liability and indemnity agreement, and have had the opportunity to ask questions about the same. The undersigned fully understand this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned are giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that they are signing this agreement freely and voluntarily.

Signature of Student (Participant)

Date

Signature of Parent/Guardian of Minor
(if Student (Participant) is under the age of 18)

Date

Signature of Parent/Guardian of Minor
(if Student (Participant) is under the age of 18)

Date