

Family Academy Student Registration

Registration date (date student attendance begins): ____/____/____

Note: Attendance cannot begin until enrollment is complete.

Student Information

Student Name:

Last Name _____ First Name _____ MI _____ Birth Date ____/____/____ Male () Female ()
 Graduation Date _____ Grade Last Year _____

Mailing Address:

Street Address _____ City _____ State _____ Zip code _____

Phone Number _____ Email Address _____

Student Resides with Female parent / guardian:

Last Name _____ First Name _____
 Relationship to Student _____
 Email _____
 Cell Phone () _____

Student Resides with Male parent / guardian:

Last Name _____ First Name _____
 Relationship to Student _____
 Email _____
 Cell Phone () _____

Previous School Attended:

 Street Address _____
 City _____ State _____ Zipcode _____

Dual Enrollment: Yes () No () How many classes ____

School Name _____
 Street Address _____
 City _____ State _____ Zipcode _____

Ethnic Background – Please check the appropriate box:

- Black (not of Hispanic origin) White (not of Hispanic origin)
 Native American Hispanic
 Asian or Pacific Islander Decline to provide

Emergency Contact (non-relative)

Last Name _____ First Name _____ Relation _____
 Cell Phone Number () _____
 Email Address: _____

Is your student planning on a future in Sports? () Yes or () No

Is your student planning to attend College? () Yes or () No

Do you need NCAA information? () Yes or () No

Previously Enrolled with Family Academy? () Yes or () No

Multiple Students to Enroll? () Yes or () No

Please check if there is a Parenting Plan the school must be aware of. If so, include a copy with registration ()

Registration Includes:



This registration form
 Uploaded Immunization Record
 Non-Refundable Deposit to Family Academy of \$185.00
 Parent/Teacher Financial Contract will be completed at your initial interview.

Terms and Conditions of Registration



Social Media Permission () Not allowed

Family Academy® and your students Teacher Consultant/learning center is seeking permission to post photos which may or may not include your child; to our website; social media accounts and postings or in the Family Academy® Newsletter. As the parent or legal guardian of child above, I hereby authorize Family Academy® to use my child's photos or works if no name is associated with the photos and my child's name is not on the projects that are posted.

Zoom Permission () Not allowed

Family Academy® and your students Teacher Consultant /learning center is seeking permission to zoom with your student to meet the mandated requirements set by law of one (1) hour per week or nine (9) hours per quarter in-person conferencing. This includes Zoom, in-person, and electronic communication. As the parent or legal guardian of the child named in this registration form, I hereby authorize Family Academy® permission to use any electronic means or in-person conferencing as needed according to Washington State Law.

Conditions of Enrollment:

- Provide immunization and/or immunization exemption records for each student at the time of registration.
- **Adhere to the parent/teacher consultant financial agreement.**
 - Late payments are subject to a \$15.00 fee.
 - NSF fees are \$45.00.
 - All payments are due on the 1st of each month with billing beginning August 1, 2023
- Authorize Family Academy® to obtain necessary student records from any previous school(s) the student attended.
- Some Teacher Consultants have an additional non-refundable registration fee that will be included in the Parent/TC Financial Statement you will receive through Docusign.
- Accreditation through our affiliate school, Stride Christian Academy using IALDS for accreditation is available.
- Attend 5 scheduled conferences with the Teacher Consultant for the purpose of reviewing student progress and setting future goals.
 - **Late Cancellation or failure to show is \$25.00.**
- Immediately inform the Teacher Consultant if my student tests positive for COVID and will not send the student to school as per Health Dept. guidelines.
- Understand that a withdrawal requires a fourteen (14)-day written notification to Teacher Consultant.
 - Withdrawal requires a final conference with the Teacher Consultant within 7 days. Direct Family Academy® as to the disposition of student records once fees are paid in full. Family Academy® retains a permanent record of high school transcripts only.
- Understand that a student may be withdrawn by the Teacher Consultant for any of the following reasons, though not limited to:
 - Non-attendance for more than two (2) consecutive weeks without prior arrangement with the Teacher Consultant, excessive absences, inadequate record-keeping by parent or student, or insufficient progress in the student's learning plan.
 - Disruptive behavior (i.e., hurtful comments, inappropriate dress, bullying, sexual harassment, pressuring other students to engage in inappropriate behavior) which remains unresolved after verbal and/or written warning from the Teacher Consultant.
 - Student involvement in any illegal activity, illegal substance use, or bringing any weapon to any Family Academy® event or Learning Center activity.
 - Plagiarism.

My signature below gives evidence that I have read, and I agree to adhere to the terms and conditions of this Agreement. All information provided to the school is truthful and complete and all relevant information has been disclosed to the Teacher Consultant and to Family Academy®.

_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Principal	_____ Date
_____ Signature of Teacher Consultant	_____ Date	_____ Signature of Student over 18	_____ Date

Family Academy® P O Box 157, Arlington, WA 98223
206-928-2934 School@familyacademy.org www.familyacademy.org

Family Academy Student Registration Additional Students

Registration date (date student attendance begins): ____/____/____

Note: Attendance cannot begin until enrollment is complete.

Student Information

Student Name:

_____ Birth Date ____/____/____ Male () Female ()
 Last Name First Name MI Graduation Date _____ Grade Last Year _____

 Email Address of Student Cell Phone of Student

Ethnic Background – Please check the appropriate box:

- Black (not of Hispanic origin) White (not of Hispanic origin)
 Native American Hispanic
 Asian or Pacific Islander Decline to provide

Dual Enrollment: Yes () No () How many classes ____

 School Name

 Street Address

 City State Zip code

Is your student planning on a future in Sports? () Y or () N
 Do you need NCAA information () Y or () N
 Parenting plan in place () Y or () N – will need a copy

Is your student planning to attend college? () Y or () N
 Previously Enrolled with FA () Y or () N
 Previous School Attended: _____

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 Do you need NCAA information () Y or () N
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 Previous School Attended: _____

Parents Name: _____