

Orlando West Academy

“HOME OF THE SOARING EAGLES”

Fee Acknowledgement and General Financial Assurance Form

Dear Parents,

The very nature of private school education demands a commitment to financial obligations. We further understand this is one of the most important decisions you have made in the education process of your child. It indeed is an investment which we pray you will not regret.

Understandably, there are times when this commitment can be challenged due to a variety of factors. However, this responsibility yet rest upon the family and not the academy. Below you will find an outline of your said financial commitments for this year.

1. Tuition is payable the first 3 business days of the month. A late fee of \$20 is assessed on all accounts not paid at that time. The payment and late fee must accompany the student by the 10th business day or the non-admittance to class policy is enforced.

Private Pay:

PreK 4-8th Grade: \$400 per month

If you have a second child enrolled at OWA you will receive a 10% discount. The third child will receive a 25% discount except for those students receiving scholarships.

EXAMPLE:

1st student = \$400

2nd student t=\$360

3rd student = \$300

There are no tuition payments for students receiving the John McKay and Step Up For Students Scholarships

_____ **Please initial as indication of your agreement to tuition policy**

2. Additional fees: There are some fees not covered by the scholarships or supplemental funding (4c). These additional cost are the responsibility of the parent.

Book Fee - \$400

Diagnostic Test Fee - \$50 (non-refundable)

Before and After Care - N/A

Uniforms – Order through School Office

School Agenda - \$5/each

Transportation - \$10 per week (\$40 per month)

Lunch - N/A

Field Trip Fees- varies depending on activity. Advance notice will be given.

_____ **Please initial as indication of your agreement to additional fees**

By signing below, you indicate your understanding and compliance to the financial terms as outlined above.

Parent/ Guardian Signature _____ Date _____

SPIRITUAL INFORMATION

Do you consider yourself a Christian? Yes No

Church Affiliation _____ Pastor _____

Does child attend or is actively involved in church? Yes No

EMERGENCY CONTACT INFORMATION

Maternal Grandparent Information

Name(s) _____ Phone _____

Address _____

Paternal Grandparent Information

Name(s) _____ Phone _____

Address _____

MEDICAL

Physician's Name _____ Phone _____ City _____

Dentist Name _____ Phone _____ City _____

Health Insurance Co. _____ Grp# _____ Member # _____

Does child have ANY Medical Needs/Conditions/Allergies we should be aware of? _____

Are there any persons restricted from picking up student? If it is a parent, please attach legal documentation.

The Orlando West Academy admits students of any race, color, nationality and ethnic origin to all right, privileges, Programs, and activities general accorded or made available to students at the school. It does not discriminate on The basis of race, color, nationality, or ethnic origin in administration of its educational and admissions policies, Scholarships and loan programs, or athletic and other school administered programs.

I hereby confirm that all information provided is true and correct to the best of my knowledge. I hereby register my child for the _____ school year and understand that registration fees are non-refundable for all tuition and fees not covered by scholarship payments. All scholarship recipients must have their scholarship confirmed by the scholarship organization to attend Orlando West Academy.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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Scholarship Agreement

This agreement comes to inform parents of their responsibility regarding the process of endorsing the tuition vouchers. All scholarship recipients must sign as an indication of acknowledgement of terms and conditions.

Checks must be signed by the primary parent within (2) days of notification by the school.

All scholarship recipients must maintain a 90 percent attendance rate to qualify for scholarship payments.

Failure to comply with states stipulations will:

Jeopardize the future use of the student’s scholarship.

Prohibit the transference of the scholarship to another institution until account is settled with a zero balance.

Prohibit the parent/guardian from applying for future funding.

I acknowledge my understanding of the above state policy and will follow the procedure as written.

Parent Signature

Date

ACADEMY

Orlando West Academy

“HOME OF THE SOARING EAGLES”

BREACH OF CONTRACT

This agreement comes to inform parents of their responsibility regarding the registration fees. The fee is discounted at the time of enrollment (unless otherwise stated) based on the student (s) remaining to be enrolled for the first quarter (9 weeks) of school. If the student is withdrawn prior to the first quarter of school, the parent/guardian is responsible for an administration fee in the amount of **\$100.00** for each student that is being withdrawn.

No withdrawals will be given until all balances are zero or 65% of the balance is paid and a payment plan for the remainder balance is agreed upon by the parent/guardian and the administrator.

All payments are to be made in the form of a money order or cash. (NO CHECKS)

I acknowledge my understanding of the above stated policy and will follow the procedure as written.

Parent Signature

Date

ACADEMY

Orlando West Academy

“HOME OF THE SOARING EAGLES”

Student Standard of Conduct

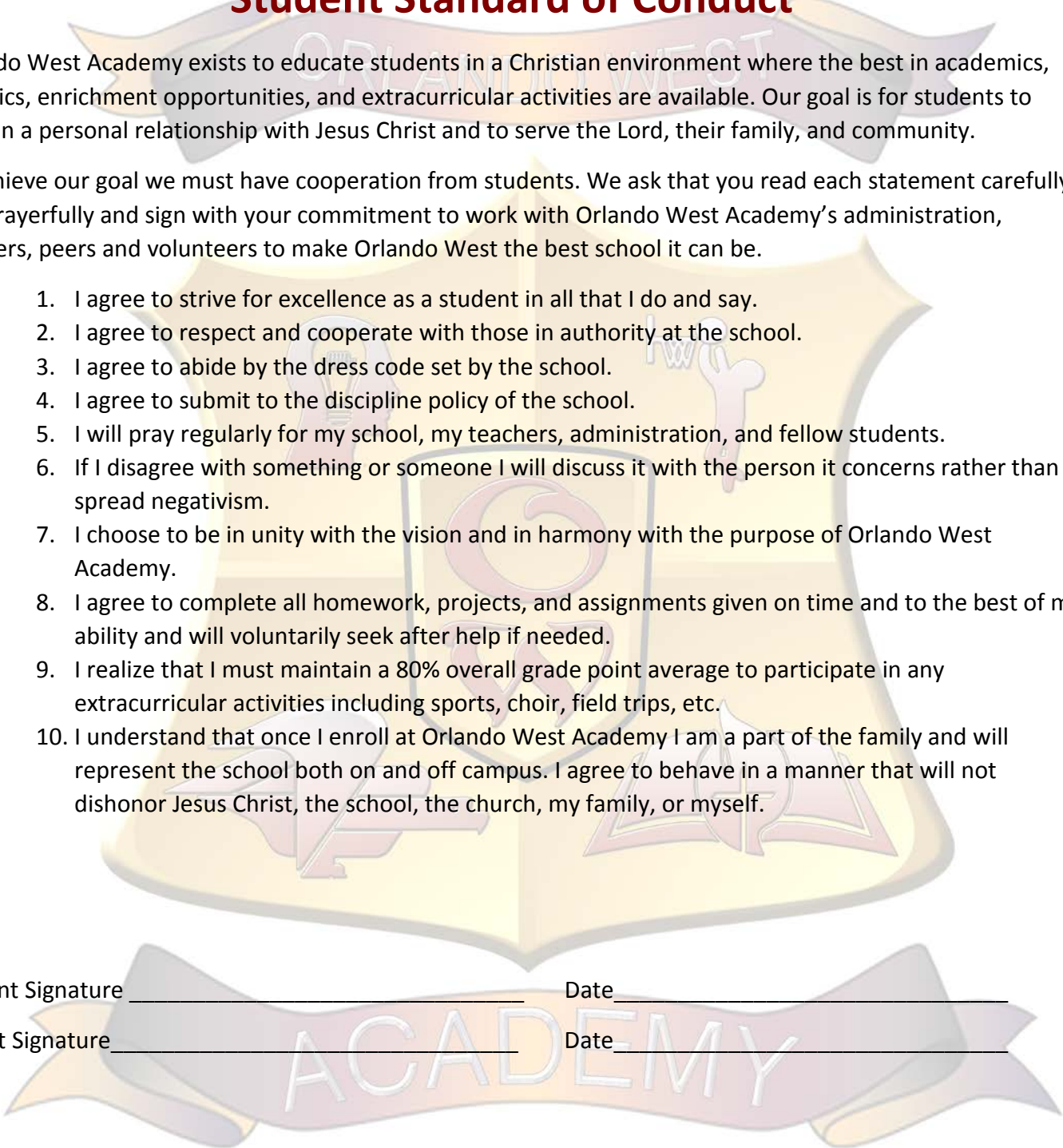
Orlando West Academy exists to educate students in a Christian environment where the best in academics, athletics, enrichment opportunities, and extracurricular activities are available. Our goal is for students to grow in a personal relationship with Jesus Christ and to serve the Lord, their family, and community.

To achieve our goal we must have cooperation from students. We ask that you read each statement carefully and prayerfully and sign with your commitment to work with Orlando West Academy’s administration, teachers, peers and volunteers to make Orlando West the best school it can be.

1. I agree to strive for excellence as a student in all that I do and say.
2. I agree to respect and cooperate with those in authority at the school.
3. I agree to abide by the dress code set by the school.
4. I agree to submit to the discipline policy of the school.
5. I will pray regularly for my school, my teachers, administration, and fellow students.
6. If I disagree with something or someone I will discuss it with the person it concerns rather than spread negativism.
7. I choose to be in unity with the vision and in harmony with the purpose of Orlando West Academy.
8. I agree to complete all homework, projects, and assignments given on time and to the best of my ability and will voluntarily seek after help if needed.
9. I realize that I must maintain a 80% overall grade point average to participate in any extracurricular activities including sports, choir, field trips, etc.
10. I understand that once I enroll at Orlando West Academy I am a part of the family and will represent the school both on and off campus. I agree to behave in a manner that will not dishonor Jesus Christ, the school, the church, my family, or myself.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Orlando West Academy
“HOME OF THE SOARING EAGLES”
Emergency and Medical Information Release
2018-2019

Please Be Advised

-To ensure the health and well-being of your child, this information may be shared with other school staff/faculty as deemed necessary.
 -If emergency medications are needed at school, they **MUST** be provided at the school or student will not be allowed to participate in school field trips or other off-campus activities.

Student’s Name (Please Print) _____ Grade _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Father/Guardian Phones

Home _____ Work _____ Cell _____

Mother/Guardian Phones

Home _____ Work _____ Cell _____

Two Local Emergency Contacts

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Physician Name _____ Phone _____ Hospital _____

Medical Conditions/Health Concerns (please be specific, include allergies)

*Medications needed while at school **MUST** be brought by an adult to the school office to be dispensed (students are allowed to carry inhalers if a special permission note signed by the doctor is on file and the inhaler is labeled). A prescription drug **MUST** have a current pharmacy label on the container and a medicine release form completed by the parent or guardian granting permission to dispense the medicine. A non-prescription medication must be brought in its original container and medicine release form completed by parent/guardian. **No medication will be dispensed without written permission. Medications must be transported by an ADULT directly to the school office and picked up by an adult to ensure the safety of our students.** It is mandatory that students take all long-term medically prescribed medications (ADHD, ADD, & Behavioral, ETC) daily, if not taken the parent will be called to pick up student. (FL Statue 827.03)*

Parent/Guardian Signature

Date

Cell Phone

Orlando West Academy
“HOME OF THE SOARING EAGLES”
Transportation Arrangements
To and From School

My child _____ will arrive by:

- By car
- By bike or walk
- By OWA bus
- By city bus

My child will go home by:

- By car
- By bike or walk
- By OWA bus
- By city bus

The following individuals are authorized to pick up my child from school:

Name	Phone	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I plan to register my child for the extended day program (see fee schedule for details). TBA
- I DO NOT plan to register my child for the extended day program. TBA

Copy of legal documentation must accompany denial of parent pick up.
 Code Word used to verify telephone instructions concerning in pick up for child _____
 Child will only be allowed to leave with authorized adults.

Orlando West Academy
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Liability Release Form

(Please initial each box)

Photo/Video Permission

_____ For and in consideration of benefits to be derived from ?? I/we do hereby consent, authorize, and grant permission to Orlando West Academy, its agents, employees or duty authorized representatives to take photographs, motion pictures, video or audio tapes of my child, and do further consent to publication of the same. I /We hereby relinquish and give to Orlando West Academy all right, title, interest, and compensation of said materials for publication or other use. I release any and all claims of any nature whatsoever arising from their use.

Care/Transport/Treatment Permission

_____ In case of a minor accident or illness, I request the school to contact me. If unable to be reached, I request that one of the emergency contacts listed on the Emergency and Medical Release form be contacted to care for my child.

_____ In order to expedite the care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of my child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for the child’s treatment and transport.

Release of All Claims

I do hereby release, forever discharge and agree to hold harmless ORLANDO WEST ACADEMY and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in any Fun Friday, field trips, bus transportation to and from school, outings including but not limited to activities, including recreation and work activities.

The undersigned agrees to hold harmless and indemnify ORLANDO WEST ACADEMY, its directors, employees, and agents from any acts of malfeasance, and failure to act on the part of the chosen administer medical care on behalf of the child.

Parent/Guardian Print Name Parent/Guardian Signature Date

Witness Title Date

Orlando West Academy "HOME OF THE SOARING EAGLES"

Student Behavioral Promise Form

Students at Orlando West Academy are to conduct themselves according to the standard of the Word of God which honors each other and our country. It is mandatory to complete the following form, sign and return it for all students in grades 4 – 8th

Please read and check your response:

1. Do you promise to adhere to the uniform dress code with a positive attitude?

_____ Yes _____ No

2. Do you promise to respect all authority as well as your peers?

_____ Yes _____ No

3. Do you promise to be cooperative with all personnel whether in the classroom or out?

_____ Yes _____ No

4. Do you promise to refrain from the use of profanity, to abstain from alcohol, drugs, sexual immorality, fire arms, fighting and other types of behavior which does not please God?

_____ Yes _____ No

As a student of Orlando West Academy, please provide a statement as to what your behavior speech, and influence will reflect during this school year. _____

Student Name _____ Grade _____

Student Signature _____

Parent's please review and sign this document with your child as an indication of your acceptance of the stated expectations and adherence to school policy.

Parents/Guardian Signature _____ Date _____

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Illness Policy

Children who are ill should not be brought to school, for their own good as well as for the good of the other children. If a child comes to school when they don't feel well they are susceptible to infections. It is in the best interest of everyone that a child should be well enough to be able to participate actively in the day's activities.

1. After a fever, a child's temperature must be normal (98.6) for 24 hours before they can return to school.
2. If a child is well enough to come to school, we expect them to participate with their class, even going outside.
3. Sometimes your child may want to go to school even though they do not feel well. They may be disappointed, but please keep them home if they are sick.
4. If your child becomes ill while at school and we call you, please come promptly to pick up your child. We will not call you unless your child's illness affects them functioning in the daily activities. **You may be called to pick your child up when:**
 - a. The child has vomited
 - b. The child has diarrhea
 - c. The child has a temperature of 100
 - d. The child has been injured and medical attention is needed

An informal health inspection, as each child arrives will be part of the daily routine of the school.

Infectious Disease

Parents/Guardians of all children enrolled or applying to enroll must notify the director of any medical condition requiring special attention or consideration. No child with an infectious disease will be permitted to attend Orlando West Academy. When the child is free of disease, a physician's statement to this effect must be submitted to the director. The child can then be readmitted or enrolled at that time.

I have read, acknowledge, and agree to the terms set forth by this Illness Policy:

Parent/Guardian Signature

Date

6101 Denson Drive, Orlando, FL 32808 •407.291.9800 •Fax 407.291.8811

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Statement of Accordance

I believe that discipline is a necessary part of a child’s development. I also believe that children learn respect for those in authority through rules that are upheld by acts of discipline. I further believe and understand that the strictest of discipline is necessary to maintain an atmosphere of learning. I am fully aware that Orlando West Academy is based on Christian beliefs, doctrines, and principles. I therefore stand in agreement with the disciplinary acts that are clearly outlined in the student handbook that I have received.

I further agree to hold Orlando West Academy and its agents blameless for any liability to my child and/or any parent/guardian thereof due to any injury or alleged injury to the below named student while under this school’s care. I absolve this school of any liability to the below named student because of injury or alleged injury during any school activity. I understand that this school does not carry pupil insurance coverage. All accidents and injuries should be covered under family medical coverage.

I give my permission for my child to participate in all school activities including school-sponsored trips away from the school property. I also understand that additional Field Trip permission forms may be provided for further consent prior to participation in activities and trips away from school.

I agree, should for any reason a breach be made in this waiver and legal actions are taken against Orlando West Academy, any employee or agent thereof, on behalf of my child, parent and/or guardian and adjudication is withheld, to pay any and all attorney fees, court cost, damages, or other cost that the school or its agents should incur to defend itself such action.

This Statement of Accordance will remain valid for as long as my child attends Orlando West Academy.

I understand should my marital status, employment, address or phone number change it is my responsibility to update all affected documents.

Print Student Full Name

Date

Print Parent/Guardian Full Name

Parent/Guardian Signature

Relationship to Child

Witness

Orlando West Academy "HOME OF THE SOARING EAGLES" Transcript Request

The following student has enrolled to enter grade _____ at Orlando West Academy:

Student Name _____ Date of Birth _____ Grade _____

Last School Attended _____

School Address _____

Street

City

State

Zip

Phone _____ Fax _____

We are requesting the following information:

- Immunization records and a copy of a physical exam
- Official Transcript- Report Card- It is very important that we receive grades for the current school year
- Standardized Test Results
- A copy of all Exceptional Education records including an IEP, Psychological Testing, etc. if applicable
- Behavior Reports which may prove helpful in the admission or placement of this student

Please send these records to Admissions Office- Orlando West Academy at:

6101 Denson Drive, Orlando FL 32808

If you have any questions, please call 407-291-9800.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule of Education Records, Federal Register, June 17, 1976, Vol 41, Number 118, page 24673).

Date Requested _____

Date Second Request _____

Date Third Request _____

Registrar/Admissions

