

**South Florida Academy of Learning
South Florida Jewish Academy**

APPLICATION FOR ADMISSION

Family Name: _____

1. Please complete this application and include a **non-refundable** Student Evaluation fee of \$175.00 for students entering grades Kgn. – 8.

It is most important for both parents or the parent and the person responsible for payment of tuition bills to sign the application. You will receive an acknowledgment that your application was received.

2. All candidates for admission will be evaluated by grade-appropriate observation and/or testing.

3. Students entering Grades 5-8 must sign in their own handwriting and return it with the application form.

4. Candidates' families who wish to consider the school's financial aid program based on family need should check the appropriate box on the Application for Admission or call the School Office to request the required forms.

- Families must follow procedures and meet deadlines.
- Financial aid can be requested only for registered students.
- A recommendation about admission will be made by the Committee on Admission when all materials have been received.
- You are welcome to contact the School at **(954) 427-7788** for additional information or to determine that the application folder is complete.
- Office hours are 8 a.m. – 4 p.m. weekdays.
- The School Office Fax is **(954) 427-6384**.

A campus visit for the candidate and family is required. The members of the Admission Committee may request additional testing and/or a class day visit.

Office Use Only:
Data Ent.: _____
Fin. Ent: _____

**South Florida Academy of Learning
South Florida Jewish Academy
Coconut Creek, Florida**

APPLICATION FOR ADMISSION

Name of Student _____
Last/First Middle Hebrew Name

Applicant to enter Grade _____ to begin enrollment in _____
Month/Year

PERSONAL DATA

Home address _____

City/State/Country/Zip _____

Area code and telephone _____ Cell # _____ Email _____

Date of birth _____ Male Female Where born _____

Country of Citizenship _____
Country name Month/Day/Year

Is Applicant adopted? Yes No Converted? Yes No Social Security# _____

Candidate's special talents and/or interests _____

Referred by: _____

How did you first learn about the South Florida Academy? _____

FAMILY DATA

Father's Name _____ Father's Hebrew Name _____

Is father Jewish? Yes No Converted? Yes No SS# _____

Home address _____

City state/country zip _____

Area code and telephone _____

Occupation _____ Job title _____ E-mail _____

Business name and address _____

State/Country/Zip _____

Area code and telephone _____ Cell phone: _____

Mother's Name _____ Mother's Hebrew Name _____

Is mother Jewish? Yes No Converted? Yes No SS# _____

Home address _____

City state/country zip _____

Area code and telephone _____

Occupation _____ Job title _____ E-mail _____

Business name and address _____

State/country/zip _____

Area code and telephone _____ Cell Phone _____

Please star (*) above which address to use for all correspondence about this application.

CONTACT DATA

Please indicate name(s) of person(s) and address (es) who should receive report cards if different from above:

Name of person responsible for bills (this person must sign enrollment contract along with other parent or person having custody) and give address if not noted on this application:

Are parents married? Yes No *separated? Yes No *divorced? Yes No

*If yes, who has legal custody? _____

*With whom does the student live? _____

GUIDANCE AND ADMISSION DATA

List each school attended for past three years. If more space needed, please use remarks section below:

School _____ School _____

Address _____ Address _____
City/State/Zip City/State/Zip

Dates of Grade(s) finished _____ Dates of Grade(s) finished _____

Attendance _____ or in progress _____ Attendance _____ or in progress _____

Please indicate your child's approximate recent academic grade average: _____

What language spoken at home? _____

If the student has received or is receiving counseling due to a serious personal problem or event, please share information about that help so we can better understand and respond to your child's needs:

Does your child suffer from any condition or disability which might require special consideration, i.e. Learning Disability, Emotional, Physical, ADD, OCD, NLD etc.

Does your child take any medication? _____

Can the student participate in organized team sports? Yes No

Please share information to help us understand your child's athletic interests, talents and team participation:

Has applicant ever received severe disciplinary censure at school or from the community? Yes No

School Suspension? Yes No Asked to withdraw by school? Yes No Expelled? Yes No

Please share with us information about discipline matters:

OTHER IMPORTANT INFORMATION

In order to keep grandparents of our current students informed about school activities, they are sent the school's newsletter and invitations to special events. Please name living grandparents and give their addresses (even if they do not reside in this country):

First Name Last Name _____

Address/ City/State/Zip _____

First Name/Last Name _____

Address/City/State/Zip _____

First Name/Last Name _____

Address/City/State/Zip _____

First Name Last Name _____

Address City State Zip _____

Do you wish to receive information about South Florida Academy's Scholarship Program based on family need?

Yes No

REMARKS FROM FAMILY

South Florida Academy's open admission and financial aid policies do not discriminate on the basis of race, sex, ethnic origin, disability or similar factors. Applicants of all races and creeds are welcomed at South Florida Academy of Learning.

- All **South Florida Academy of Learning** students must be transported to and from school daily.
- Any walking or bike riding is strictly prohibited.

Registration, Materials & Resource Fees must be paid at time of registration and are not refundable.

_____ (Initial)

South Florida Academy of Learning practices a policy of nondiscrimination in employment and admission. We hire employees and admit students of either sex and of any race, color, non-disqualifying handicap, religion or creed, or national or ethnic origin

For Office Use Only	
Registration Fee _____	Date _____
Materials and Resource Fee _____	Date _____
Tuition Payment _____	Date _____

ENROLLMENT CONTRACT

Contract of Enrollment for Name:

First Name	Middle Name	Last Name
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If accepted by the Committee on Admission and with (my/our) payment of the appropriate enrollment fees (Registration, Materials, and resource fees), please enter (my/our) child as a student at the South Florida Academy of Learning (“South Florida Jewish Academy”) only for the full school year 2010 to 2011 subject to general statements, rules, regulations, conditions, traditions, and financial terms contained in the Student Code of Behavior and the Parent Handbook (“The Handbook”), which are acknowledged to be a part hereof and the following additional conditions and terms:

1. If deemed necessary by school personnel, candidates may be required to undergo further diagnostic testing for which a separate fee will be charged.
2. When applicant is accepted, a \$375.00 registration fee is required. This fee is non-refundable and constitutes good faith consideration to bind this contract.
3. **All students are enrolled for the entire year unless it is expressly agreed in writing to the contrary. Should the application be withdrawn before July 1, prior to entry, the fees will be retained by the school as consideration for accepting the student. After July 1, (I/we) agree that no reduction of (my/our) obligation to pay the full year’s tuition and fees can be otherwise made for absence, voluntary or involuntary withdrawal or expulsion. South Florida Academy hereby agrees to make a pro-rata adjustment in the payment of tuition in the event that a Parent/Guardian relocates outside Dade, Broward or Palm Beach County. All accounts must be paid before records can be transferred to other schools. Students will not be allowed to continue to attend classes unless tuition is paid by stated deadlines unless other written arrangements are made with the school. The school has the right to terminate the attendance of any student for reasons set forth in the Parent Handbook, including the failure of parents to pay part or all of their financial obligations for the student’s attendance.**
Initial _____
4. **Give/Get: In addition to regular tuition and fees, each family is required to either donate or raise \$250 during the school year and to sell or purchase one ad for the annual scholarship fundraising event. (NOTE: Families receiving Student Financial Aid are required to volunteer fifty (50) hours in service to the school during the school year in addition to the standard Give/Get requirement.)**
Initial _____
5. South Florida Academy is not responsible for damages to or loss of personal belongings.
6. The use of (my/our) child(ren)’s photograph and/or videotaped image in school publications and media, or for instructional or observation purposes is authorized without compensation or fee. **Initial** _____
7. (I/We) hereby give permission for (my/our) child to go on any school trip during the 2010-2011 school year. Please note school trips are part of the school curriculum and are mandatory. **Init.** _____
8. (I/We) hereby authorize South Florida Academy to contact schools and other sources to obtain information to support this application and (I/we) will not seek access to confidential recommendation and evaluation materials before or after (my/our) (child’s/ward’s) admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to South Florida Academy for that purpose.
9. A positive and constructive working relationship between South Florida Academy and a student’s parents/guardian is essential to the fulfillment of South Florida Academy’s educational purpose. Thus, South Florida Academy reserves the right not to extend the privilege of re-enrollment to a student if South Florida Academy reasonably concludes that the actions of a parent(s)/guardian(s) make such a positive and constructive relationship impossible or otherwise seriously interferes with South Florida Academy’s accomplishment of its educational purpose. Grade/classroom placement is determined by South Florida Academy and does not constitute a part of this contract or subsequent renewals. Any conduct by a student which is in violation of The Handbook and which South Florida Academy administration considers detrimental to the student or to other students of South Florida Academy of Learning may be deemed adequate cause for appropriate disciplinary action, including suspension or dismissal.
10. If in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) needs medical or surgical services which requires (my/our) authorization or consent before the same can be supplied by the undersigned, (I/we) whereby authorize, appoint and empower South Florida Academy of Learning, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be required,

