

(PLEASE PRINT)

Date of Application _____ Please Plan to attend student lottery to confirm your child's enrollment

Child's Last Name		Child's First Name		Middle Initial	
Grade Entering 2020-2021 <input type="checkbox"/> KDG <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th					
Address					
Street		Apt #	City, State		Zip Code
Previous School Information					
Previous School Name			Previous School Fax		
Home Environment					
Who does the child live with? (please circle) Mother Father Both Parents Other _____					
Names and ages of other adults and/or children in the home: _____					
Have you recently moved to our district within the past 36 months for temporary or seasonal agricultural or fishing work? _____ Yes _____ No *Original birth certificate for child must be presented to the school by the first day of classes.					
MOTHER INFORMATION					
Mother's Last Name		Mother's First Name		Daytime Phone Number	
Street		Apt #	City, State		Zip code
Email Address			Place of employment & Work Phone Number		
FATHER INFORMATION					
Father's Last Name		Father's First Name		Daytime Phone Number	
Street		Apt #	City, State		Zip code
Place of Employment		Work Phone Number			
LEGAL GUARDIAN INFORMATION (IF APPLICABLE - OTHER THAN PARENT)					
Legal Guardian Last Name		Legal Guardian First Name		Daytime Phone Number	
Street		Apt #	City, State		Zip Code
Email Address			Place of employment & Work Phone Number		
TO BE COMPLETED BY EXCELL ACADEMY ADMINISTRATION					
Meeting Date:		Date Received:		Received By:	
Admission Date:		Assigned Teacher:		Wait List Date:	
Discharge Date / Reason?				Amount Received with Application:	

Emergency Contacts must be person(s) other than parent

Emergency Contact Information #1			
Name		Relationship	
Day time Phone Number		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Street Address	Apt #	City, State	Zip
Emergency Contact Information #2			
Name		Relationship	
Day time Phone Number		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Street Address	Apt #	City, State	Zip
Emergency Contact Information #3			
Name		Relationship	
Day time Phone Number		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Street Address	Apt #	City, State	Zip
Person(s) Authorized to Pick Up Child from School			
<p>Please note that it is always required for a parent/legal guardian to notify Excell Academy when an authorized person will be coming to pick up your child. Students will not be released unless a phone call has been received.</p>			
Name: _____		Relationship _____	
Name: _____		Relationship _____	
Name: _____		Relationship _____	
<p>By signing the following, I hereby agree that I must call Excell Academy to notify them that someone other than myself will be picking up my child, my child will not be released to an authorized person until I have notified Excell Academy, and proper identification must be provided by the authorized person at the time of pick up.</p>			
_____		_____	
Parent Name		Date	
Person(s) UNAUTHORIZED to Pick Up Child from School			
<p>Excell Academy does not release students to any person without a parent notification. Please list names of any person(s) who are unauthorized to pick up your child from school. A court order must be provided if a biological parent is listed.</p>			
Name: _____		Relationship _____	
Name: _____		Relationship _____	
Name: _____		Relationship _____	

Excell Academy for Higher Learning

Family Agreement Form

Family Involvement Agreement (Policy)

Families are an integral part of the success of Excell Academy and its students. Educational research shows that students are happier, healthier, and more successful academically and socially when their families (especially) parents and/or guardians are actively involved in the child/children's school life. Active involvement at Excell Academy includes, **but is not limited to**, participation/volunteering in three or more of the following areas with the **highlighted** areas being mandatory:

Homework help	Mentoring	Reading aloud to students	Correcting papers
Classroom helper	Planning committees	Carpooling	Afterschool activities
Fundraising	Tutoring	attending all student conferences	and more

Homework Policy

Students will have homework daily, with the exception of some weekends. The child's teacher(s) will send work home for the child to complete. Families must agree to help supervise and/or guide their child with his/her homework. If no work is sent home, families must read to or listen to their child read for at least 15 minutes.

Uniform Policy

Every student of Excell Academy **must** wear the complete required uniform daily. If student is unable to wear the appropriate school uniform because of an emergency, a note must accompany him/her with an explanation. There will be a fee assessed for each time your child is out of uniform.

Mandatory Parent Empowerment Workshops

Excell Academy requires all parents/guardians to attend the mandatory Parent Empowerment Gathering (PEG) workshops. Parents are required to attend at least 3 of 5 two-hour sessions. Parents with students who exhibit excessive behavioral challenges will be required to attend all of the 5 sessions. These workshops are designed to ensure that parents/guardians and Excell Academy staff members are working together towards a common goal. Parents/guardians will be notified in advance of the dates and times of these sessions. Childcare is available upon request.

Student Lottery

Please plan to attend student lottery to confirm your child's registration.

Text Communication

All families are automatically enrolled into text notifications. Please contact the front office if you would like to opt-out.

Medical Emergency/Liability Waiver

I hereby give my permission for Excell Academy for Higher Learning staff members to procure all necessary medical help for my child or ward while this person is under the supervision of Excell Academy for Higher Learning and grant permission to its representatives to authorize competent medical persons to do all things reasonably necessary to take care of any injury or sickness. There is no health or medical insurance provided by Excell Academy. The signing of this form acknowledges that the student's parent/guardian accepts responsibility for payment of any emergency medical treatment.

Medical Records and Birth Certificate Requirement

No student will be admitted to Excell Academy for Higher Learning until all of her/his immunizations are updated and a copy of these records have been sent to Excell Academy's office. Birth Certificates are required.

Field Trips

Field trips are an important part of Excell Academy for Higher Learning. Your signature authorizes your child to attend field trips that are developed as a part of Excell Academy.

I acknowledge and accept that my child's participation in Excell Academy field trips are entirely voluntary and all risk are voluntarily assumed by my child and me. I understand that school rules and regulations will be in effect at school field trips. I also will ensure that my child understands that it is important for their safety, and for the safety of the group, that all rules and instructions given by the field trip supervisors are obeyed.

You will be notified in advance of field trips that will take place during the school year.

I _____ the parent/guardian of _____ agree to comply with the above policies of Excell Academy for Higher Learning.

EXCELL ACADEMY FEES

2020-2021

Please note that fees are due upon submitting a registration packet

Kindergarten – 8 th Grade Fees	\$15 Instructional Materials Fee
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Instructional Fee– The Instructional Material fee does not cover school supplies for your child. There will be a school supply list sent to your home in the summer.