



Enrollment Packet

2020-2021

35636 Hwy. 54 West Zephyrhills, FL 33541
813-782-7848 Fax 813-782-5909
www.heritageacademyschool.org

Heritage Academy

2020/2021

Enrollment Packet

1. Please fill out all forms **completely**. Use N/A for any blank spaces.
2. Be sure to get forms notarized. (There are two notaries on staff who can notarize your paperwork.)
3. **Contact our Compliance Department at 813-782-7848 ext. 227 or by email at lgouldbourne@heritageacademyschool.org to:**
 - i. return your completed enrollment packet
 - ii. provide us with the additional forms needed for enrollment
 - iii. complete the admissions process
4. **Contact our Finance Department at 813-782-7848 ext. 225 or by email at dmcduffie@heritageacademyschool.org to:**
 - i. set up a tuition payment schedule and/or make a payment on your account

Please include the following documents with your Admissions Packet:

- Copy of Birth Certificate
- Original up-to-date State of Florida Immunization form
- Original up-to-date State of Florida Physical Exam form
- Scoliosis Screening (6th grade only)
- Original transcript or signed Release of Records form
- K4 VPK – must have a VPK certificate (**Contact the Early Learning Coalition of Pasco and Hernando Counties at 1-352-834-0052 or log on to www.phelc.org for information on how to obtain your VPK Certificate. Ask about “School Readiness” funding to help offset the costs of for wrap around care.**)

Contact our Administrative offices at 813-782-7848 or by email at info@heritageacademyschool.org if you have any questions or need assistance.

Heritage Academy

2020/2021

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

Heritage Academy expects full cooperation from both students and parents in the total education and discipline of students. If at any time the school administration feels this cooperation is lacking, the student may be dismissed from school. Heritage Academy reserves the right to dismiss any student who fails to comply with established rules and regulations of discipline or whose financial obligation remains unpaid after the due date.

FEES: Since the fees do not completely cover the cost of educating our child, we recognize the importance of and agree to support Heritage Academy in prayer, fundraisers, service, and gifts.

P/G #1 P/G #2

PERMISSION: I give Heritage Academy permission for my child to take part in all school related activities including but not limited to bus trips, sports activities, and school sponsored trips away from the school premises.

P/G #1 P/G #2

DISCIPLINE: The teacher and administration are given full discretion, within the guidelines of our Discipline Procedures and Disciplinary Measures, in the guidance of our students. I agree that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

P/G #1 P/G #2

LIABILITY: I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of injury or alleged injury to my child. Should legal action, for any reason, be taken against Heritage Academy or any employee or agent thereof, on my child's behalf and the school or its employee or its agent not be found at fault, I agree to pay any and all attorney fees, court fees, damages, or other costs that Heritage Academy or its employee or its agents should incur to defend itself against such action. This Parental Agreement of Accountability and Cooperation will be in effect for as long as my child (ren) (or others enrolled) attend/are enrolled in any program at Heritage Academy (including but not limited to school, after school care, before school care, middle school, elementary, kindergarten, K2, K3, K4, and/or summer program) and for a period of time up to seven years from the time a student withdraws from any program at Heritage Academy.

P/G #1 P/G #2

COOPERATION: I make this agreement between the Lord, myself, and Heritage Academy; that I will, in a spirit of cooperation and love, commit myself to abide by Matthew 18:15-20 in regard to any problems, concerns, or offenses that may occur pertaining to Heritage Academy and/or its Administrators, staff, or representatives by following the steps listed below:

1. I agree to first talk to the person(s) with whom the problem/concern exists and not talk to anyone else about the issue. (Matthew 18:15).
2. If no solution is reached through using step 1, I agree to present the problem/concern to the supervisor of the Person(s) involved. (i.e. if teacher – go to an administrator; if administrator – go to the Chancellor) (Matthew 18:16)
3. If no solution is reached in step 2, I agree to submit a written request for a meeting with the entire board for resolution of the matter. (Matthew 18:17)

P/G #1 P/G #2

P/G #1 P/G #2

P/G #1 P/G #2

I agree that a positive attitude toward Heritage Academy, its administrators, teachers, staff, and representatives as well as its policies has a positive affect on the emotional and academic stability of my child. I agree to support and uphold the ideals of the school and all school policies as stated in the Heritage Academy Parent-Student Handbook and any and all policies that are amended or issued throughout the school year. I also agree to abide by the discipline and regulations of the administration. I understand that it is a privilege to attend Heritage Academy and that Heritage Academy reserves the right to determine which students will be admitted to and/or removed from the school. I further understand and agree that Heritage Academy reserves the right to dismiss any student who does not cooperate with the educational process or does not adhere to the standard of conduct established by Heritage Academy.

P/G #1 P/G #2

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

I pledge my loyalty to the aims and ideals of the school. I will bring all questions and criticisms directly to the administration so that they may be properly considered by those in authority.

P/G #1 P/G #2

Heritage Academy agrees to work closely with parents or guardians in helping the students to learn and solve their school related problems. This cooperation includes provisions of competent teachers, a full and balanced curriculum, regular reporting, supervision of the students and the program, and cooperation with the parents or guardians.

ACCEPTANCE, WITHDRAWALS, AND TRANSFERS: I understand and agree to abide by the policy that all students are accepted on a conditional basis. Continued enrollment is based on acceptable academic progress and conduct. No student is guaranteed re-enrollment each year.

P/G #1 P/G #2

I understand and agree that if my child is dismissed for any reason, including but not limited to withdrawal, transfer, or expulsion, I am fully responsible for payment as stated here. K5 - 8th grade tuition is calculated on a 10-month or 12-month basis unless payment in full is chosen. Tuition is not prorated if a child, for any reason, is enrolled, withdrawn, or expelled after the school year has begun. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

\$600 - for any student leaving between the first day of school and the end of the 1st quarter.

\$450 - for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.

\$300 - for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.

K2 - K4 monthly tuition is based on a weekly rate. If for any reason a child is enrolled, withdrawn, or expelled after the school year has begun, students will be charged for the current week's tuition. If a monthly payment has already been made for a withdrawing student, the tuition will be prorated, and a refund may be issued. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school.

No student records will be transferred or released if there is an outstanding balance due on the account.

P/G #1 P/G #2

I agree to notify the school administration in writing 10 days in advance of withdrawing or transferring my child from Heritage Academy and that I will fully settle all accounts.

P/G #1 P/G #2

I understand and agree that Heritage Academy reserves the right to refuse any application or dismiss any child at any time for unacceptable academic performance, conduct, or for any other reason deemed necessary according to their standards. I further understand and agree that the application or payment of fees is not considered to be a binding contract with Heritage Academy, its administrators, staff, or representatives.

P/G #1 P/G #2

I understand and agree that before any student can be accepted to Heritage Academy, they will be required to take an entrance exam and submit the most recent report card and standardized test scores. Additional information may be needed, including, but is not limited to, grades, behavior, and conduct.

P/G #1 P/G #2

ACCOUNTABILITY: I understand and agree that I am accountable and responsible for all financial and moral responsibilities that come with being a part of Heritage Academy, and I will comply. I further understand and agree that if I do not comply with all Heritage Academy standards and policies, I will be required to attend a meeting with the Board of Directors, and at said meeting, I will be asked to voluntarily withdraw my child from the school immediately and to pay all outstanding balances in full. If I refuse to do so, my child will be expelled immediately, and I will still be responsible for full payment of all outstanding balances. In either case, I understand and agree that Heritage Academy will not release any school records (health records being exempt by law) until all financial obligations have been met by me.

P/G #1 P/G #2

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

ADMISSION: Admission to Heritage Academy is open to any young person who meets the entrance requirements regardless of race, color, or national and ethnic origin. In addition, we are committed to helping students of various academic levels provided the students are working to the best of their ability to succeed academically and the student's behavior and /or academic performance does not impede the affected class. All students who are admitted to Heritage Academy are admitted on the basis of former academic and behavior records and/or entrance and placement tests. In addition, an interview by the Administration is also required for new students.

P/G #1

P/G #2

I agree to support the standards of Heritage Academy in every area of its philosophy and policies, including but not limited to academic, behavioral, spiritual, dress, moral, and disciplinary procedures.

P/G #1

P/G #2

I have read, understand, and agree to comply with the policies stated in this Parental Agreement of Accountability and Cooperation as they currently stand and as they are modified in the future.

P/G #1

P/G #2

Parent or Guardian #1 (Print)

Parent or Guardian #1 Signature

Date

Parent or Guardian #2 (Print)

Parent or Guardian #2 Signature

Date

Heritage Academy

2020/2021

FINANCIAL CONTRACT/PAYMENT POLICY FOR K4

This financial agreement is between (Parent/Guardian's Name) _____ and Heritage Academy. We, the parents/guardians, will enroll our child, _____, for the school year 2020/2021 and agree to the following payment schedule:

Select one of the following options:

- _____ PT VPK (No tuition or fees)
- _____ FT VPK 10 month plan August – May (\$361/month)
- _____ FT VPK 12 month plan June – May (\$300.83/month)

TUITION AND FEES:

FULL TIME

Tuition	\$3610
Registration Fee (non-refundable)	\$125

PART TIME

Tuition	N/A
Registration Fee	N/A

All VPK Students must have a VPK Certificate prior to Orientation.

Full Time Monthly tuition must be paid on the 10th of each month and must be paid in advance. Your first tuition payment is due **before Orientation**. Subsequent installments are required on the 10th of each month. If a payment falls on a non-school day, payment is expected in advance.

Payments should be made online through ParentsWeb. Payments made in the school office (cash, check, cashier's check, or money order) will incur a processing fee of \$5.00. Payments received after the 10th of the month will incur a daily late fee of \$10 until account is paid in full. All returned payments will incur a \$50 fee per occurrence.

- We understand and agree to the payment schedule for tuition and fees as stated.
- We understand and agree that once our account becomes past due, our child will not be allowed to return to Heritage Academy until all accounts are current.
- We understand and agree that if our child is withdrawn or expelled from Heritage Academy before the end of the school year, his/her textbooks will become the property of Heritage Academy until all accounts are paid in full.
- We understand and agree that if our account has a delinquent balance either on withdrawal of our child (ren) or at the end of the school year, report cards and school records will be withheld until the account is paid in full.
- We understand and agree that the registration fee must accompany the pre-registration form and all other fees are due upon acceptance of your child to Heritage Academy.

- We understand and agree that K4 monthly tuition is based on a weekly rate. If for any reason a child is enrolled, withdrawn, or expelled after the school year has begun, students will be charged for the current week's tuition. If a monthly payment has already been made for a withdrawing student, the tuition will be prorated, and a refund may be issued. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school. **No student records will be transferred or released if there is an outstanding balance due on the account. Tuition will be due in full for the entire week of the withdrawal, expulsion, or late enrollment.**

STUDENT BILLING INFORMATION

Please complete the following information for the person who will be responsible for paying this account **if other than parents:**

Name of Responsible Party:			
First		Last	
Mailing Address:			
Street		City	State Zip
Home Phone:	Work:	Cell:	

Mother/Guardian

Date

Father/Guardian

Date

Heritage Academy Administrator

Date

Student is not enrolled or guaranteed placement until the "Enrollment" packet and all required forms, tuition, and fees are received.

Heritage Academy

2020/2021 FINANCIAL PAYMENT POLICY & OBLIGATIONS

REGISTRATION REFUNDS

The registration fee is non-refundable and is due at the time of pre-registration/registration.

K2-8TH GRADE TUITION FEES

MONTHLY tuition is **due in full by the 10th of the each month**. Your first tuition payment is due by **Orientation**. Subsequent installments will be due the 10th of each month. If a payment falls on a non-school day, payment is expected in advance. **Payments should be made online through ParentsWeb**. Payments made in the school office (cash, check, cashier's check, or money order) will incur a processing fee of \$5.00. Payments received after the 10th of the month will incur a daily late fee of \$10 until account is paid in full. All returned payments will incur a \$50 fee per occurrence.

If your balance has not been paid by the 15th of the month you will receive notification that your child **will not be permitted to return** to Heritage Academy until the past due balances and current balances are **PAID IN FULL**.

BEFORE/AFTER SCHOOL CARE FEES

If your child utilizes our Before and/or After School Care program, those payments are due **MONTHLY**. The fees of these services will follow the payment structure for K2-8th grade as outlined above.

RETURNED CHECK CHARGE (NSF)

All returned check balances are due in the form of a cash payment immediately. In addition, your account will be assessed a \$50 NSF fee and your child will be considered a "No-Return" until your balance is paid in full. On the second offense, your account will be put on a **cash only basis** until further administrative review. In addition, post-dated checks are not an acceptable form of payment for current and/or past due balances.

PAYMENT FAILURES

Payment failures occur when a ParentsWeb payment is made and there are not enough funds in your bank account to cover the charges. Your payment is due immediately and must be paid in cash to the school's financial office. All payment failures will incur a **\$50 NSF** fee, and your child will be considered a "No-Return" until your balance is paid in full. On the second offense, your account will be put on a **cash only basis** until further administrative review.

LATE ENROLLMENT

K5 - 8th grade tuition is calculated on a 10- month or 12-month basis unless payment in full is chosen. Tuition is not prorated. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon enrollment.

\$150 - for any student enrolled between the second day of school and the end of the 1st quarter.

\$300 - for any student enrolled between the end of 1st quarter and the beginning of 2nd quarter.

\$450 - for any student enrolled between the end of 2nd quarter and the beginning of 3rd quarter.

\$600 - for any student enrolled after 3rd quarter.

WITHDRAWALS/EXPULSIONS

K5 - 8th grade tuition is calculated on a 10-month or 12-month basis unless payment in full is chosen. Tuition is not prorated if a child, for any reason, is enrolled, withdrawn, or expelled after the school year has begun. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

\$600 - for any student leaving between the first day of school and the end of the 1st quarter.

\$450 - for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.

\$300 - for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.

\$150 - for any student leaving between the end of 3rd quarter and the last day of school.

Parents withdrawing a student **MUST** complete the withdrawal process through the school office. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school. **No student records will be transferred or released if there is an outstanding balance due on the account. Tuition will be due in full for the entire month of the withdrawal, expulsion, or late enrollment and an administrative fee will be charged according to the chart above.**

K2 - K4 monthly tuition is based on a weekly rate. If for any reason a child is enrolled, withdrawn, or expelled after the school year has begun, students will be charged for the current week’s tuition. If a monthly payment has already been made for a withdrawing student, the tuition will be prorated, and a refund may be issued. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school. **No student records will be transferred or released if there is an outstanding balance due on the account. Tuition will be due in full for the entire week of the withdrawal, expulsion, or late enrollment.**

Father/Guardian

Date

Mother/Guardian

Date

Heritage Academy

2020/2021

EMERGENCY CONTACT INFORMATION

Student Name: _____ **Grade:** _____

Please complete the following in the order in which you want Heritage Academy to contact a parent/guardian in the event of an emergency.

Parent 1

Name: _____ Relationship to student: _____ OK to pick up?

Work#: _____ - _____ - _____ ext. _____ Cell#: _____ - _____ - _____ Other#: _____ - _____ - _____ __Yes __No

Parent 2

Name: _____ Relationship to student: _____ OK to pick up?

Work#: _____ - _____ - _____ ext. _____ Cell#: _____ - _____ - _____ Other#: _____ - _____ - _____ __Yes __No

Contact 1

Name: _____ Relationship to student: _____ OK to pick up?

Work#: _____ - _____ - _____ ext. _____ Cell#: _____ - _____ - _____ Other#: _____ - _____ - _____ __Yes __No

Contact 2

Name: _____ Relationship to student: _____ OK to pick up?

Work#: _____ - _____ - _____ ext. _____ Cell#: _____ - _____ - _____ Other#: _____ - _____ - _____ __Yes __No

Contact 3

Name: _____ Relationship to student: _____ OK to pick up?

Work#: _____ - _____ - _____ ext. _____ Cell#: _____ - _____ - _____ Other#: _____ - _____ - _____ __Yes __No

*Please list any other persons who are allowed to PICK UP your child.
Picture ID will be required to be on file.*

Name	Relationship to student	Home Phone	Other Phone
1.			
2.			
3.			
4.			

Parent/Guardian Signature: _____ **Date:** _____

Heritage Academy

2020/2021 MEDICAL RELEASE FORM

THIS FORM MUST BE NOTORIZED

TO EMERGENCY PERSONNEL:

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which cannot be administered without my consent, and in the event that I cannot be reached, I hereby authorize, appoint, and empower the Administration or his/her designee, to furnish on my behalf such written or oral authorization as may be so required. Further I release the Administration or his/her designee and Heritage Academy (a ministry of Oasis World Outreach) from any liability which might arise from the giving of such authorization; it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Signature of parent of legal guardian

Driver's license #

Date

PLEASE SIGN IN FRONT OF NOTARY

STATE OF _____

County of _____

On the _____ day of _____, 20____, before me came _____, who is known to me to be the individual described in and who executed the same.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

ADDITIONAL EMERGENCY INFORMATION:

Child's full name: _____ DOB: ____/____/____ SS#: ____-____-____

Home Address: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital Preference: _____

List all medications child may be allergic to: _____

List all medication child takes on a regular basis: _____

Allergies: _____ Date of last Tetanus shot: ____/____/____

Has your child had Chicken Pox? ____ Yes ____ No

Is there any medical reason why your child cannot participate in the physical education program? _____

Insurance company covering child: _____

Policy Number: _____ Phone: _____

EMERGENCY CONTACTS: (List in the order you would like us to call)

1st Name: _____ Number: _____

2nd Name: _____ Number: _____

3rd Name: _____ Number: _____

4th Name: _____ Number: _____

5th Name: _____ Number: _____

Heritage Academy

2020/2021

AUTHORIZATION FOR NON-PRESCRIPTION/PRESCRIPTION MEDICAL TREATMENT

THIS FORM MUST BE NOTARIZED

In emergencies, Heritage Academy will assist parents by administering over-the-counter non-aspirin products if the following conditions have been met:

- A. Parent signs below stating that his/her child is not allergic to non-aspirin medication.
- B. The child complains of a headache or some other malady for which a pain reliever is commonly used.

In addition, Heritage Academy will make every effort to notify the parent(s) before any non-prescription medication (non-aspirin pain reliever type and dosage commensurate with age and weight of child) is administered.

I, _____ hereby authorize Heritage Academy staff and/or Chaperones to administer Tylenol or any non-prescription / prescription medical treatment for _____, my minor child.

Child's date of birth: ____/____/____

Child's present medications: _____

Child's medical conditions: _____

Child's food allergies: _____

Child's drug allergies: _____

Child's other allergies: _____

Father/Guardian's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Father/Guardian's Signature: _____ Date: ____/____/____

Mother/Guardian's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Mother/Guardian's Signature: _____ Date: ____/____/____

ONE PARENT OR GUARDIAN IS REQUIRED TO SIGN IN FRONT OF A NOTARY PUBLIC

STATE OF _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____.

____ Personally Known

____ Produced Driver's License

NOTARY PUBLIC

Heritage Academy

2020/2021

STUDENT INJURY WAIVER

THIS FORM MUST BE NOTARIZED

I hereby grant permission for _____ who is my child, to participate in any extracurricular activities. I waive, release, absolve, and hold blameless Heritage Academy, its administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities, and other participants from any claim arising out of injury or sickness to my child.

Signature of parent or legal guardian

Driver's license #

____/____/____
Date

PLEASE SIGN IN FRONT OF NOTARY

STATE OF FLORIDA

County of Pasco

Sworn to and subscribed before me this ____ day of _____, 20____, by _____ who is know to me to be the individual described in and who executed same.

___ Personally Known

___ Produced Driver's License

NOTARY PUBLIC

Heritage Academy

2020/2021

PARENTAL CONSENT FORM FOR STUDENT PHOTOGRAPHS/VIDEOS

It is our practice to seek parental consent before including your child's photograph and/or recorded video in any publications, on the Heritage Academy school web page, or to release any images to the media for the purpose of showcasing the accomplishments of our students, teachers, and staff.

In order to release or include your child's image in any school wide project, (including videos of special programs such as Christmas or K5 Graduation) we must have your consent.

Please review the three sections below. Please complete this form in its entirety and return it with your acceptance packet. This form will be good for one academic year and will remain on file at Heritage Academy.

Heritage Academy has my permission to publish a photograph and/or video image of my child, _____, for the following:

Print first and last name of child

Section I: Internal Use of Photographs and Video Student photographs/video images may be taken for internal use such as student recognition on bulletin boards, in school newspapers and newsletters, classroom projects, etc.

Please check one:

_____ I grant permission to use my child's photograph/video as described above.

_____ I DO NOT grant permission to use my child's photograph/video as described above.

Section II: External Use of Photographs and Video Student images may be used for external publications such as press releases, print ads, or other Heritage Academy publications related to my child's participation in school related and/or extracurricular activities.

Please check one:

_____ I grant permission to use my child's photograph/video as described above.

_____ I DO NOT grant permission to use my child's photograph/video as described above.

Section III: Web Page Use of Photographs and Video Student images may be used for the Heritage Academy websites with the understanding that the child's full name will not be published on the Internet when an image is posted. Last names of students will NOT be used on web page projects.

Please check one:

_____ I grant permission to use my child's photograph/video as described above.

_____ I DO NOT grant permission to use my child's photograph/video as described above.

Print first and last name of parent/guardian

Signature of parent/guardian

Date

Heritage Academy

PARENTAL CONSENT FOR FOOD IN THE CLASSROOM

At times during the school year, teachers will use food to enhance a classroom lesson, celebrate holidays or birthdays. Due to the number of allergies among students, we need to know whether or not your child may have food that is provided in class. If your child cannot participate in food related lessons, holiday parties, or birthdays, you may indicate it below.

If this form is not returned to school, your child may not be able to participate in classroom celebrations/curriculum related food activities.

Parents/Guardians of students with significant food allergies may consider providing a snack that is safe for your child to be kept in the classroom for celebrations.

_____ My child **MAY** participate in all food related celebrations/curriculum in the classroom.

_____ My child **MAY NOT** participate in food related celebrations/curriculum in the classroom.

_____ My child **MAY** participate in food related celebrations/curriculum in the classroom only if the ingredients **DO NOT** contain the following:

Student Name

Grade

Parent/Guardian Signature

Date

35636 Hwy 54 West Zephyrhills, FL 33541
813-782-7848

Revised 3/4/2019