

Enrollment Package Instructions/Checklist

A non-refundable **REGISTRATION FEE** must accompany this application. Final acceptance is based upon personal interview, placement testing, previous transcript and the availability of openings in the grade for which the student is applying.

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted.

Please mark the box for each item on the list below as you complete/include it. This checklist is for your records only.

Forms:

Enrollment Form

Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.

Copy of Student's Immunization Card

Please include a copy of the student's current immunization card.

Copy of Parent or Guardian's Photo ID

Please include a copy of the student's social security card.

Copy of Student's Birth Certificate

Please include a copy of the student's birth certificate.

Full Physical Form from Physician

Please include a copy of the student's physical evaluation provided by physician.

Copy of Student's TWO Most Recent Report Cards

Please include a copy of the student's TWO most recent report cards from the previous school.

Proof of Residence

Please include a copy of a driver's license, local or state tax documents, voter registration, utility bill or other official document addressed to parent/legal guardian living with student.

Release of Student Records

This form is required to transfer your child's previous school records.

Credit Card Release Form

Please complete and sign the Credit Card Release Form.



Enrollment Form for 2018 - 2019 School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Student Information:

Legal Name of Student:

(Last) _____ (First) _____ (Middle) _____

Gender: Male Female **Date of Birth:** _____ **Home Phone:** () _____

Ethnicity: (check one) American Indian/Alaskan Native Asian Black, not Hispanic Hispanic
 White, not Hispanic Other Multiracial

Social Security Number: _____ **Grade level applying for:** _____

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Student's Mailing Address: (Check here if same as residence address.)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Student lives with: Both parents Both parents alternately (Joint custody) Mother only Father only
 Legal guardian

Father's Name: _____ **Father's SSN:** _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ **Occupation:** _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____

E-mail address: _____

Mother's Name: _____ **Mother's SSN:** _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ **Occupation:** _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____

E-mail address: _____



Emergency Contacts:

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name (Last) _____ (First) _____ (Middle) _____

Relationship: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____

SECOND person to contact if parents cannot be reached:

Name (Last) _____ (First) _____ (Middle) _____

Relationship: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____

Previous School Information:

Name of Previous School:

Type of School: Public School Private School Registered Home School Charter School Other

Address of Previous School:

Street: _____ City: _____ State: _____ Zip Code: _____

School Phone: (____) _____ School Fax: (____) _____

Sibling Information:

Siblings Enrolled in Pillar Prep Academy:	Home Phone Number	Relationship to Student
1	()	
2	()	
3	()	

Other Children Living in the Household:	Birth Date	Relationship to Student
1		
2		
3		
4		

HOME LANGUAGE QUESTIONNAIRE (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank you.

(Check boxes that apply)

What language(s) is spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	
What language(s) is spoken most of the time at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	
What language(s) does the student understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	
What language(s) does the student speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	
What language(s) does the student read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Read
What language(s) does the student write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Write
In your opinion, how well does the student understand, speak, read and write English	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Health Insurance and Health Information:

Primary Physician Information:

Doctor Name: _____ Doctor Phone: _____

Dentist Name: _____ Dentist Phone: _____

Type of Health Insurance: HMO Medicaid No health insurance Other

If the student is covered by Medicaid, provide the Medicaid number: _____

Read and check:

I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions, or restrictions the student has or put (NONE):

Please list any physical or emotional disabilities the student has or put (NONE):

EMERGENCY RELEASE

Pillars Prep will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, PCPA personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER PCPA NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

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

Print Parent/Guardian's Name: _____

Special Programs:

Has your child been evaluated for and/or participated in any of the following special services?

Gifted & Talented Title 1/Chapter 1 Program Special Education (IEP)

English as a Second Language (ESL) Other: _____

If you checked Special Education (IEP), do you have the student's special education records? Yes No



MEDIA RELEASE FORM

Dear Parent/Guardian: Throughout the year there are occasions when Pillars Prep Academy will want to take pictures/videos of your child participating in activities. We may use these pictures and/or videos for Pillars Prep Academy's publications, local newspapers, school website and/or homerooms, advertising, or on display at the Pillars Prep Academy. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

Student's Name: _____

I (parent's name), _____, hereby DO or DO NOT grant permission to Pillar Prep Academy, its Agents and Assigns, to use my photo or video, and likeness for the purpose of promotion by Pillars Prep Academy for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, and exhibition for an indefinite period of time.

I give unrestricted permission for the images, videos, and recordings of me to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the Pillars Prep Academy owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release Pillars Prep Academy and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

I also understand that Pillars Prep Academy has cameras in all the hallways for the sole purpose of teacher & student security. This footage is not to be used for any form of marketing or media purposes.

This Release expresses the complete understanding of all parties.

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

Print Parent/Guardian's Name: _____



Commitment Letter

In completing the application for our child to attend Pillars Prep Academy, we attest that all of the information given is true to the best of our knowledge.

We hereby acknowledge that we are aware of this policy and accept it fully. Further, we hereby authorize Pillars Prep Academy to contact schools and other sources to obtain information to support the application. The undersigned releases Pillars Prep Academy, its employees, agents, Board of Directors, as well as the sending institutions from any liability resulting from or pertaining to furnishing of records, documents, and other information provided to Pillars Prep Academy for the purpose of admission.

We are aware of, and agree to abide by, the fact that students are chosen by Pillars Prep Academy on the basis of its professional interpretation of the information gathered during the application process, in light of the general welfare of the school.

We understand and accept that we are bound by the Admission and Registration policies of Pillars Prep Academy as amended. Pillars Prep Academy admits all qualified students of any race, religion, national or ethnic origin or gender to all rights, privileged programs, and activities generally accorded or made available to students at the school. In completing the application for our child/ren it is my desire to have him/her complete the school year of **2018- 2019**. We have read and understand the registration and withdrawal policies stated above on this form. We understand that we may not hold the school staff responsible for physical injury or personal property damage caused by student negligence. We understand that we cannot hold the staff liable for students who fail to adhere to school safety rules and for those students who are defiant and disobedient towards those who are in charge. We agree to accept responsibility of payment of damage to property of others if my child causes such damage. The teachers have full discretion in the classroom discipline of my children, as described in the parent/student handbook, available in the school office and distributed at the beginning of the school year. The administration has full responsibility for placing my children in the proper grades. Our co-operation is expected in practical help throughout the year.

We also agree to comply with the school bylaws and Pillars Prep Academy student handbook. We will provide time and talent to the improvement of the school, as well as, support of selected fundraising events and other school activities. We agree that the student and we will respect and be bound by the policies, rules, and regulations of Pillars Prep Academy as stated in the student handbook, as may be amended from time to time. The student and we further agree not to engage in any conduct or activities, which may be destructive or detrimental to the administrative, educational, or extracurricular environment of Pillars Prep Academy. Pillars Prep Academy, in its sole discretion, shall determine when the conduct of the pupil or parent warrants dismissal.

We agree that we are obligated to pay tuition for the entire school year and that we are not entitled to any deduction from any such obligations in the event of absence occurring at any time during the school year. Upon dismissal of a student by Pillars Prep Academy, the family is responsible to pay tuition for the remainder of the semester.

This contract shall become binding, after being signed by the parents or guardian, and upon acceptance by Pillars Prep Academy and shall be interpreted in accordance with the laws of N.J. Should any provision of this contract be invalidated by a court or competent jurisdiction, the remaining provisions shall continue in effect. We acknowledge that we have read and understand all the terms and conditions of the Contract and affix our signatures hereto.

Name of Student: _____

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

Print Parent/Guardian's Name: _____



Enrollment Acceptance

Statement of Educational Equality:

Pillars Prep Academy is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification.

Please accept this signed and completed document to enroll _____
(student's name) in Pillars Prep Academy for the **2018- 2019** academic year. I understand that completion of this enrollment form does not guarantee admission into the school. Pillars Prep Academy will send notification of receipt of enrollment forms.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____



Please attach a copy of a Driver's license, local or state tax documents (white-out information not pertaining to the residence), voter registration, or another official document addressed to parent/legal guardian living with student.

Release of Student Records

Prior School Information:

To: (Name of Previous School)

Address:

Street: _____

City: _____ State: _____ Zip Code: _____

School Phone: (____) _____ School Fax: (____) _____

Student Information:

From: (Name of Parent/Guardian)

Student's Full Name:

(Last) _____ (First) _____ (Middle) _____

Social Security Number: _____

Student's Residence Address: (Note No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Pillars Prep Academy has enrolled _____

(Student's Name) for the **2018 - 2019** academic year. Please accept this document as formal approval for the release of all official school records (including the latest report card, record of transcripts, testing information, special education, attendance, and health records).

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

Print Parent/Guardian's Name: _____