



REIGN ACADEMY
SCHOOL OF ENTREPRENEURSHIP

- New Enrollment
- Enrollment Renewal

School Year: 20__ - __

"Reforming the family structure through academics!"

Student Enrollment Form

Student Information

First _____ Middle _____ Last _____

Date of Birth ___/___/___ Gender: Male/Female Race: _____

Social Security # _____ - _____ - _____ Grade Level Starting: _____

Allergies: _____ Epipen Y/N _____

Scholarship Awarded: Step Up For Students /McKay/ AAA/Other _____

Did you renew this scholarship from last year? (Circle one) Yes or No

Does the student have an IEP or 504 Plan? _____

List any known disabilities/exceptionalities _____

Have the student ever repeated a grade? Y/N If yes, which grade? _____

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #1 _____ Phone #2 _____

Email(s) _____

Work Phone _____ Employer _____

Emergency Contact Name _____ Phone _____

Authorized to Pick-up and/or call in case of emergencies

1. Name _____ Relationship _____ Ph _____

2. Name _____ Relationship _____ Ph _____

3. Name _____ Relationship _____ Ph _____

For office use only: <input type="checkbox"/> BC <input type="checkbox"/> SSN <input type="checkbox"/> IR/Exempt <input type="checkbox"/> Physical <input type="checkbox"/> Fieldtrip

STATEMENT OF COOPERATION AND RELEASE FROM LIABILITY

I am in partnership with the school and will do all that is helpful and necessary to ensure that my student is in compliance with RASOE's behavioral standards and will provide encouragement and appropriate assistance with my student's efforts to achieve academic success. It is my desire to have him/her complete each school year in which he/she is enrolled. I give permission for my child to participate in all school activities, including sports or school-sponsored trips away from the school premises, and I release Reign Academy School of Entrepreneurship from any and all liability due to any injury my child experiences during any school activity, on or off campus. In case of an accident or illness where immediate treatment of my child is required, the school staff will contact parents, guardians, responsible parties, or emergency contacts that I have provided. If none of these persons can be reached, then I authorize school personnel to take wise and expedient action on my behalf to ensure my child's safety and protection. RASOE is committed to ensure the general well being and protection of all students.

Parent/Guardian initials: _____

FINANCIAL AGREEMENT

My registration fee is non-refundable. All payments including tuition, test fees, book fees, late fees, fieldtrip fees, and the like are to be paid through the Main Office using methods accepted by RASOE in accordance with due dates stated. I will provide the full school uniform and all necessary items on the school's "List of School Supplies" for my child's classroom use. If a student withdraws, then he/she may retain his/her consumable materials. I will take responsibility for the care of any books/workbooks that my child brings home from school. I further understand that I will be responsible for replacing any books/workbooks that are lost or damaged. If my child is withdrawn from the program during the year, then tuition payments for that month are non-refundable and payments for future months are refundable.

Parent/Guardian initials: _____

RASOE ACTIVITY RELEASE

All students are required to participate in supervised recreation activities and physical education at a level that is most beneficial for the physical fitness of each student. We, as parents/guardians, do hereby approve of our student's participation in any and all of the activities. We also assume all risks and hazards incidental to the conduct of the activities, and we do further hereby release, absolve, indemnify, and hold harmless Reign Academy School of Entrepreneurship, its agents, employees, organizers, sponsors, and volunteers unless extreme negligence has been involved. In case of injury to our child, we hereby waive all claims against the school staff, organizers, volunteers, and any supervisors appointed by them.

Parent/Guardian initials: _____

PHOTO/VIDEO RELEASE

Photographs or video footage may be taken while my child is in the care of the school or its personnel. Such images may be reproduced in printed or digital format to post on campus or other appropriate places or may be used and/or distributed for presentations or promotional events. I give permission for my child's photograph or video to be used as such, and otherwise can terminate my permission at any time in the future. I also understand that security cameras are recording live in all hallways, classrooms, and offices on our campus at all times.

Parent/Guardian initials: _____

I have read, understand and agree with all of the policies on this page as set forth by Reign Academy School of Entrepreneurship (RASOE).

Parent/Guardian Signature: _____ Date: _____

Student Profile

School Last Attended: _____

1. State briefly why you desire to enroll your child at RASOE.

2. What extracurricular activities are of interest to your child?

3. Tell us about your child's special talents and achievements.

4. Has your child:

a. Had repeated disciplinary, social, or emotional issues? Yes No

b. Is your child under any treatment and/or medication? Yes No

c. Been dismissed from any other school? Yes No

5. If you answered "yes" to any of the above questions, please explain briefly:

Essay questions for 6th-12th grade students. Please write your answers neatly and completely on the lines provided. *(both sides)*

1) Describe three things you like most about school.

other side →

Student Profile

2) Do you think your education is important? Answer this question honestly. Then give at least three reasons to explain your answer.

3) What do you see yourself doing after high school?

4) What do you think God is like? Then describe your relationship with God.

Thank you for answering these questions. Please return this page with your enrollment form to the Admissions Office.



Annual Fieldtrip Release Form

1060 W. Granada Blvd., Ormond Beach, FL, 32173, (386) 898-8188

Student Name: _____ **Current Grade:** _____

Current Year: 2019-20

Students will have the opportunity to go on field trips throughout the year. This form will be on file at the school office for the current school year. School staff will have access to students' forms as required for each field trip. Students will be accompanied by RASOE staff and will be under adequate supervision. I understand that I may revoke permission for a specified field trip by notifying the office in advance.

Release of Liability

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Reign Academy School of Entrepreneurship, its employees, representatives, and volunteers from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

Consent for Medical Treatment

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

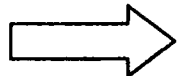
I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatments, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

Father's/Guardian's Printed name

Mother's/Guardian's Printed Name



Fieldtrip Uniform:

Unless otherwise notified, students should wear the gray fieldtrip t-shirt, uniform bottoms, and black shoes. _____ Initials

“Current Account” Policy:

Attendance for fieldtrips will only be granted if your account is current with all school fees in good standing. _____ Initials

Right to Revoke Privileges:

RASOE reserves the right to revoke fieldtrip privileges from students who do not display behaviors that meet RASOE’s expectations OR are not dressed in proper attire as mentioned above. Such students will either be sent home or remain at the school under strict supervision. _____ Initials

Photo Release:

I hereby give permission for my child’s picture and/or video to be used by Reign Academy School of Entrepreneurship’s literature and online publications. _____Initials

Water Activities:

I understand that fieldtrips may include activities in or near water. Unless otherwise instructed, I give permission for my child to participate in all water activities. For trips that require travel in a water vehicle, my student must be able to swim. _____Initials

Note: By initialing above, you acknowledge that you have read and agree to each item.

INFORMATION FOR EMERGENCY

Parent #1: _____ Cell Phone: _____

Parent #2: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Doctor: _____ Phone: _____

Persons to contact if parent is not available

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____



REIGN ACADEMY
SCHOOL OF ENTREPRENEURSHIP

1060 W. Granada Blvd, Ormond Beach, FL 32173 (386) 898-8188 Email: fo@reignhomeschooling.com

Permission for Release of Student Records

Name of school previously attended: _____

Address of School: _____
Street address City State Zip

I hereby give my permission to release the following educational records of:

Student name: _____ Grade: _____ DOB: _____ / _____ / _____

Student Address: _____
Street address City State Zip

Please release the following:

- Transcript of Grades
- Copy of Birth Certificate
- Copy of Social Security card
- Immunization Record or Exemption form
- School Entry Health Exam (physical)
- Standardized Test Scores
- IEPs/Special Education Information/Accommodations
- Exceptional Student Education Records
- Discipline Files / Psychological Evaluation records

I authorize the release of the above information to the institution named. I understand that I have a right to review all records being forwarded prior to their release.

Signature of Parent/Guardian

Date

First Request Sent: _____	(FOR SCHOOL USE ONLY)	Second Request Sent: _____
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