



## ENROLLMENT CHECKLISTS

Dear Prospective Parents,

Thank you for your interest in Doctors of Academics Learning Academy. We are honored to be considered for the education of your child(ren). As an educational institution, we are committed to providing quality education for your child(ren). The checklist below highlights the required items necessary for easy and successful enrollment into DOALA. Please be advised that a letter of acceptance will be issued when these items listed below are reviewed and accepted by the Administration. Also, only completed applications will be considered. May God bless you!

### Step One

1. Completed [Pre-Registration Form](#)
2. Registration Fee (Non- Refundable fee of \$300)
3. Tuition Payment and Financial Commitment Form
4. Record Release Form
5. Standardized Test Scores (ITBS, Terra Nova, etc.)
6. Most Recent Report Card
7. Letter of Recommendation from previous school (Included on application packet)
8. Psychological/Educational Evaluations—IEP's, 504 Plans, any/all support plans, recommendations, etc. (if applicable)

### Step Two: Upon Receiving the Acceptance Letter

The following documents are required in order to finalize the enrollment process.

1. Custody Agreement (if applicable)
2. Social Security Card (Original to be copied)
3. DH-680 Form (Immunization Records)
4. DH-3040 Form (Physical/School Entry Form)
5. Birth Certificate (Original to be copied)
6. Before and After school Program Agreement (if applicable)
7. Permission Release Form

### General Information

1. Please be advised that only original document or notarized copies will be accepted. Original documents will be copied during enrollment and the original will be returned to you.
2. Because the security of our students is VERY important to us, anyone wishing to volunteer at the Academy is required to complete a Level II background screening.
3. Check the website regularly for more information about the latest updates.

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# Doctors of Academics Learning Academy Student Application

**Academic Year:** \_\_\_\_\_

## FAMILY INFORMATION

(Please fill in all blanks)

Applicant lives with (Check all that apply):

Mother  Stepmother  Father  Stepfather  Other: \_\_\_\_\_

## FATHER / STEPFATHER:

Title/ Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone and Ext: \_\_\_\_\_

## MOTHER / STEPMOTHER:

Title/ Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone and Ext: \_\_\_\_\_

\*It is the responsibility of the parent / legal guardian to support denial of parent access requests with court-ordered documentation regarding custody and/or revocation of parental rights.

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## EDUCATIONAL BACKGROUND / BACKGROUND INFORMATION

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Current School: \_\_\_\_\_

Current School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_  Homeschool  Private  Public

Number of Years Attended \_\_\_\_\_

Has your child ever skipped a grade?  Yes  No

If yes, which grade(s)? \_\_\_\_\_

Has your child ever been suspended, expelled, or asked to withdraw from their present school for any reason?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been diagnosed with a learning disability?  Yes  No

If so, please provide details of the diagnosis: \_\_\_\_\_

Does the student take medication for any medical need and/or learning disability?

Yes  No

If yes, please describe the medication and its effects (i.e., improves concentration and focus, prevents headaches, controls mood, etc.):

\_\_\_\_\_

\_\_\_\_\_

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## PARENT SCHOOL AGREEMENT

\_\_\_\_\_ I/We agree to support and abide by school regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. I/We authorize Doctors of Academics Learning Academy to contact current and previous schools and other sources to obtain information to support this application. I understand recommendations in writing or by phone are confidential documents, and I will not have access to these documents at any time.

\_\_\_\_\_ I/We agree:

1. To support the standards of the school in every area of its policies and procedures academically, behaviorally, spiritually, in dress and in discipline.
2. To support the school in its endeavors in training my child as a Leader who is a light for Christ in their family, community and beyond.
3. To assume the responsibility for my child's education by supervising assigned homework, initiating contact with my child's teacher and attending and supporting school related activities.
4. To be involved in my child's education through attendance and participation in the various activities of the school, including all meetings held for parents.
5. I understand that all recommendations and forms are required to complete the application process.

### STATEMENT OF PARTICIPATION

I give permission for my child(ren) to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school body. I further agree to hold the Doctors of Academics Learning Academy, and its agents harmless of any liability for my child(ren) or any guardian or parent thereof because of any claims on behalf of my child(ren) against the school or any agent thereof because of any injury or alleged injury to my child(ren). Should legal action for any reason, be taken against Doctors of Academics Learning Academy or any employee or agent thereof, on my child(ren)'s behalf and the school or its agent not found to be at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Doctors of Academics Learning Academy or its agent(s) should incur to defend itself against such action.

\_\_\_\_\_ This Statement of Participation will be in effect for as long as my listed child(ren) attends Doctors of Academics Learning Academy. I understand that should my marital status change, it is my responsibility to have an updated Statement of Participation signed and delivered to Doctors of Academics Learning Academy.

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## **FAMILY FINANCIAL POLICIES**

### **Private Paying Parents**

Financial Accounts are established for each family upon enrollment. Payments may be made with cash, cashier's checks, money orders, and credit cards. All tuition payments are due by the first of the month and are late if received on the 5th. Payments made after the close of business on the 4th will incur a \$35 late fee per child. If tuition payment has not been received by close of business on the 10th of the month, the student(s) will not be permitted to class until the parent account is cleared. Students whose tuition has remained unpaid for 30 days will be automatically withdrawn from Doctors of Academics Learning Academy.

### **Tuition Assistance Scholarship Recipients** (Step Up for Students, Hope, FES, AAA, Gardiner, and McKay)

Scholarship Tuition payments are distributed four times during the school year by the Step Up For Students, AAA, FES-EO, FES-UA, FTC, and Hope Scholarship programs. Though distributed by a third party, parents must be mindful that these scholarship payments cover the recipient's tuition and fund their student's enrollment at Doctors of Academics Learning Academy. All parents of scholarship recipients are required to approve scholarship two (2) business days of receiving text and/or email notification. Failure to approve by the close of business on the second approval day will result in a \$35 late fee per child. If the scholarship recipient's electronic deposit has not been received within 15 days following the approval period, as of the 16th day, the student(s) will not be permitted to class until the scholarship payment is approved, & received. Students whose scholarship approval remains outstanding for 30 days will be automatically withdrawn from Doctors of Academics Learning Academy.

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## ACADEMIC FINANCIAL PLAN OPTIONS

### Private Pay (Please initial your choice plan)

- Plan A:** Total amount of the tuition is paid in full to Doctors of Academics Learning Academy on or before August 1st of the applicable school year.
  
- Plan B:** Two equal payments made payable to Doctors of Academics Learning Academy on or before August 1st and November 1st of the applicable school year. Half of the tuition is to be paid on or before August 1, and the other half is to be paid on or before November 1 of the applicable school year.
  
- Plan C:** Four equal payments made payable to Doctors of Academics Learning Academy on or before August 1st, October 1st, December 1st, and March 1st of the applicable school year.
  
- Plan D:** Ten equal payments made payable to Doctors of Academics Learning Academy on the 1st of the month. August 1st through May 1st of the applicable school year.
  
- Plan E:** 20 equal payments made Payable to Doctors of Academics Learning Academy on a bi-weekly basis. August 1st through May 1st of the applicable school year

**Scholarship Recipients** (Please initial your choice plan) Scholarships are payable quarterly per their schedule. Please initial the scholarship your child participates with.

___ FES-UA	___ AAA Scholarship
___ FES-EO	___ Hope Scholarship
___ FTC	___ Other: _____

I(we) fully understand and agree to the terms of the financial obligation of Doctors of Academics Learning Academy, including but not limited to tuition, registration, book/curriculum fee, development fee, morning and afterschool fee, tutoring fee and all fees listed on the school tuition and fees schedule.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FINANCIAL OBLIGATION AGREEMENT

### Private-Paying Parents:

\_\_\_\_\_ I understand that the full tuition is due on the first of the month. Payments made after the close of business on the 4th will incur a \$35 late fee per child.

\_\_\_\_\_ I further understand that failure to pay within the due dates prescribed above will ultimately result in my student's withdrawal from Doctors of Academics Learning Academy.

### Tuition Assistance Scholarship Recipients:

- I understand that scholarship payments are distributed four times within the school year and require my electronic approval.
- I further understand that I have 2 business days from the time of notification to approve payment, or a \$35 late fee per child will be charged to my account.

Failure to approve within the due dates prescribed above will result in my student's withdrawal from Doctors of Academics Learning Academy.

My signature verifies that I have read and accepted the terms and conditions outlined in this contract.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## MEDICAL HISTORY

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any medical conditions of which school personnel should be aware (e.g ADD, ADHD, Asthma, etc.): \_\_\_\_\_

Does your child take medication regularly? Y/N \_\_\_\_\_ If so, please list medication(s) and the effects on your child's ability to function in school: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION/LIABILITY RELEASE

The above-named child is presently attending Doctors of Academics Learning Academy. He/she has the following physical or medical limitations, including allergies and prohibited medicine:

\_\_\_\_\_  
\_\_\_\_\_

### VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD

Insurance Company: \_\_\_\_\_ Policy/I.D. #: \_\_\_\_\_

I hereby authorize and consent for Doctors of Academics Learning Academy staff to employ a licensed physician on my behalf for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved in a school activity or while on school property. Said authorization and consent for emergency treatment includes hospitalization and surgical procedures recommended by physicians.

I understand that every reasonable effort will be made to notify me in case of such an emergency. I do hereby release Doctors of Academics Learning Academy from any and all medical or hospital expenses resulting from any type of accident or injury occurring to my child while involved in any school activity on or off campus.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## TRANSPORTATION FORM

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pick Up & Drop Off Address: \_\_\_\_\_

Pick Up and Drop Off must be at the same location Student Name:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand transportation is a privilege and fee-based service. All students must abide by transportation policy for the safety of our driver, and other passengers. In the event my child is suspended from transportation I further understand I am not entitled to a refund for services rendered. I agree to support the transportation rules and ensure my child is ready for pick up. I understand any change in transportation must be communicated with the school office by phone or in writing. If not, the change will not be considered or implemented.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZED PICK-UP PERSON(S)

The following people are emergency contacts and authorized to pick-up or sign my child out from school. No one else is permitted to do so unless I notify the school in advance:

_____	_____	_____
Name (print)	Phone Number	Relationship
_____	_____	_____
Name (print)	Phone Number	Relationship
_____	_____	_____
Name (print)	Phone Number	Relationship
_____	_____	_____
Name (print)	Phone Number	Relationship

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## Teacher Recommendation Form

### Students Entering 2nd - 8th Grade

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Teacher:

Please complete this form. The applicant's file will not be considered complete for our school without the return of this form. We appreciate your time and comments.

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Rate the student on a scale of 1-5 Please provide comment on any number marked below 3.

	1 - Below average	3- Average	5- Above Average
Academic Potential	1 2 3 4		_____
Academic Achievement	1 2 3 4		_____
Self-discipline	1 2 3 4		_____
Follows Directions	1 2 3 4		_____
Leadership Potential	1 2 3 4		_____
Personal Integrity	1 2 3 4		_____
Conduct and Discipline	1 2 3 4		_____
Respect for Authority	1 2 3 4		_____

Is this student working on grade level? \_\_\_\_\_

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How would you describe this student's strengths (academic, personal, etc.)?

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How would you describe this student's weaknesses (academic, personal, etc.)?

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Please share any additional comments about this student:

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## MEDIA RELEASE ACKNOWLEDGEMENT FORM

Dear Prospective Parents,

Thank you for choosing Doctors of Academics Learning Academy (DOALA). DOALA will fully utilize available technology to enhance our students' learning experiences as well as market our programs. Therefore, most of our programs will be photographed, videotaped, and/or filmed for newspaper articles, brochures, television, slide presentations, publications, DOALA website, and/or displays, flyers, etc.

The security of our students is our top priority. For this reason, DOALA will surely protect the identity of our students. **OUR STUDENTS' NAMES AND/OR ADDRESSES WILL NOT BE USED UNLESS PERMITTED IN WRITING BY THE PARENTS.** Also, because the reputation of our school, students and parents is important to us, we will not take any picture or video that will bring negative publicity to our school, students and parents.

In connection with any photos, video, social media and/or other images taken at Doctors of Academics Learning Academy or at any Doctors of Academics Learning Academy events, I hereby give Doctors of Academics Learning Academy the absolute and irrevocable right and permission, with respect to the photographs, video, social media and/ or other images containing myself, my child/children, or in which we/they may be included with others:

- I hereby give permission to use, reuse, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purposes whatsoever, including (but not by way of limitation) illustration, and educational purposes, and, To use their name in connection therewith if it so required.
- I hereby release and discharge Doctors of Academics Learning Academy from any claims and demands arising out of or in connection with the use of the photos, videos, social media and/or other images, including any and all claims for libel. This authorization and release shall ensure to the benefit for the legal representatives, licensees and assigns of Doctors of Academics Learning Academy as well as, the person(s) company for whom we took the photographs.
- I understand that upon withdrawal Doctors of Academics Learning Academy can still use all media obtained during enrollment.
- I Understand that this agreement shall remain in contact for as long as my child attends Doctors of Academics Learning Academy.
- I have fully read the foregoing and fully understand the contents thereof

Please be advised that if we did not receive this form signed with other enrollment forms, we will consider it as permission. May God continue to bless, provide, and protect your family!

Sincerely,  
Ms. Janola Morris  
Principal

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Date

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I attest that the information provided on this application form is true and accurate. I understand that any willful omission or untrue statement could result in the termination of my child's enrollment at Doctors of Academics Learning Academy. In such an event, tuition paid is NOT refunded.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office use only:** \_\_\_\_\_

**Admin Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Non Refundable Application Fee Paid**     Yes     No

**Paid via:**

Invoice: # \_\_\_\_\_     Check: # \_\_\_\_\_     Cash     Other: \_\_\_\_\_

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