



ENROLLMENT CONTRACT

School Year: 2017-2018

Enrollment Form

I, as the Legal Guardian, hereby Enroll the following Child(ren) in TLE Christian Academy:

Name: _____ DOB: _____ Grade: _____ SSN _____/_____/_____

Name: _____ DOB: _____ Grade: _____ SSN _____/_____/_____

Name: _____ DOB: _____ Grade: _____ SSN _____/_____/_____

Address:

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

Contact Information

Name: _____ Cell: _____ Email: _____

Relationship to child: _____

Employer: _____ Phone: _____

Name: _____ Cell: _____ Email: _____

Relationship to child: _____

Employer: _____ Phone: _____

Person financially responsible for child(ren) if other than above

Name: _____ Cell: _____ Email: _____

Signature (Person Responsible for Payment): _____

**ENROLLMENT CONTRACT****School Year: 2017-2018****FINANCIAL AGREEMENT 2017-2018**

Student(s): _____

Grade(s): _____

TLE Christian Academy (the "School") and the Parent(s) or Guardian(s) (the "Parent") of the enrolling student(s) (the "Student") who is/are identified in the Enrollment Form hereby enter into the Enrollment Contract for the School term 2017-2018 subject to the terms and conditions outlined below. The School agrees to matriculate the Student in a program of academic instruction appropriate for the Student's grade level, and the Parent agrees to pay the following tuition and fees. Each Parent/Guardian is jointly and severally responsible for the financial and other obligations of this Contract.

ONE-TIME FEES (Non-refundable):

- | | |
|---|--|
| <input type="checkbox"/> Registration fee: \$350 | <input type="checkbox"/> Assessment testing: \$250 (new enrollment only) |
| <input type="checkbox"/> PIE membership (family fee): \$100 | <input type="checkbox"/> Book fees and/or supplies: \$550 |

TOTAL One-Time Fees: \$ _____**TUITION FEES:****Annual tuition:** ☐ Elementary (K – 5) \$7,970 ☐ Middle (6 – 8) \$10,218 ☐ High (9 – 12) \$11,663**Student 1****Student 2****Student 3**

Name: _____

Annual Tuition: \$ _____ \$ _____ \$ _____

Adjustments:

- Multiple Children Discount - (20%) \$ _____ - (30%) \$ _____

- SB10/IEP estimate - \$ _____ - \$ _____ - \$ _____

Tuition Due after Adjustments \$ _____ \$ _____ \$ _____

+ One-Time Fees \$ _____ \$ _____ \$ _____

- Other Adjustments \$ _____ \$ _____ \$ _____

TOTAL DUE \$ _____ \$ _____ \$ _____



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FINANCIAL AGREEMENT, CONTINUED

INCIDENTALS:

Uniforms: Uniforms should be ordered at the Uniform Source, located at 2141 Cobb Parkway NW, Kennesaw, GA. The store is open Monday – Saturday, or you can order online at: www.uniform-source.com.

Early Care School Program: Our Early Care program is available from 7am – 8am. The charge is \$15 per day*.

After Care Program: Our After Care program is available from 3:45pm – 5:30pm every day after school. The cost for the program is \$15 per day* per child. In the event your child is not picked up by 5:30pm, a *Late Fee* of \$10 per every 15 minutes is charged until the time your child is picked up.

* If a student is in the Early Care and After Care programs on the same day, the discounted rate is \$25 per day total.

ADDITIONAL DISCOUNTS:

- **Multi-Child Discount:** If Parent has multiple children enrolled in the School, multi-child discounts will be applied as follows:
 - Child One – the child in the highest grade will pay the full tuition amount.
 - Child Two – the child in the next highest grade will receive a 20% discount on the tuition charge.
 - Child Three+ - the child(ren) in the lowest grade(s) will receive a 30% tuition discount.
 - Multi-child discounts are for tuition only and are not applicable to any other fees.
- **Financial Aid:** A limited amount of financial aid may be available for families that qualify. Please see the school administration for further information regarding the financial aid application and award process.

PAYMENT OPTIONS:

For the 2017-2018 school year, the School will have three (3) tuition payment options available. The options are;

1. Pay the balance in full by August 1st and receive a 5% discount.
2. Pay the balance in two equal payments, 1st payment due by August 1, 2017; 2nd payment due by January 1, 2018 and receive a 3% discount.
3. Pay the balance in ten (10) equal payments, due on the 1st of each month from August 1, 2017 through May 1, 2018. Payments can be made by bank draft (ACH), charged to credit card on file (plus 3% processing fee), or check delivered to school office.



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Financial Obligations: Since the School hires faculty, purchases supplies, and makes other financial commitments on an annual basis determined largely due to the strength of Enrollment Contracts, any Student who withdraws prior to the end of a semester will be charged the tuition for the remainder of the semester.

The obligation to pay the fees for the semester as aforesaid shall constitute liquidated damages and not a penalty or forfeiture. School and Parent hereby agree that the actual damages for breach of the Enrollment Contract and Agreement are impossible to ascertain with certainty and that the amount described above is a reasonable estimate thereof. These rules, as governed by Board policy, apply regardless of the reason of cancellation, whether for absence, withdrawal, dismissal, or otherwise. Tuition payments are not prorated for illness or suspension.

Outstanding Balances/Delinquencies: Once an account is 5 days late, a \$50 late fee will be imposed on the balance due. If an account is delinquent for 30 days, the student's Ignitia account will be blocked and the student will not be allowed to return to school until the account has a current status. In addition, the school reserves the right to withhold grades, diplomas, and transcripts until account is paid in full. By signing the Enrollment Contract, Parent authorizes School to withhold report cards, diploma and other records until tuition and other School fees have been paid in full.

GENERAL TERMS AND CONDITIONS:

TLE Christian Academy admits student of any race, color or national and ethnic origin to all the rights, privileges, programs, and activities available to students at the school. All new students are accepted on a probationary period of 9 weeks. During this time all academic subjects and the student's behavior must be at an acceptable level. At the end of 9 weeks, the student's performance will be evaluated. TLE Christian Academy reserves the right to dismiss or maintain on probation any student who does not meet the requirements at that time.

Hold Harmless Agreement: The Parent agrees that the Student may participate in all School activities in which the School permits the Student to participate, including classroom lectures, discussions, and other activities, sports and trips away from the School premises. It is understood that all activities of any nature carry certain elements of risk, many of which are not foreseeable. The possibility for injury, illness, or even death exists. By signing this Contract, the Parent agrees not to hold the School, its officers, directors, agent or employees responsible or liable for, or to make or bring any claim, demand, or action on account of any damage to personal property, personal injury, or death which may results from or related to the Student's attendance at, participation in, and/or transportation to or from the School premises or any School activity, except to the extent arising from the School's gross or willful misconduct.

Executed this _____ day of _____, 20_____

Mother/Father or Legal Guardian

Printed Name

Mother/Father or Legal Guardian

Printed Name



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Emergency Contact and Medical Information

_____ Child's Name		_____ Date of Birth	Sex: M ____ F ____
_____ Parent/Guardian Name		_____ Parent/Guardian Name	
_____ Cell Phone	_____ Work Phone	_____ Cell Phone	_____ Work Phone
_____ Street Address		_____ Street Address	
_____ City, State, Zip		_____ City, State, Zip	

Medical Information

_____ Hospital/Clinic Preference	_____ Physician's Name/Phone Number
_____ Insurance Company	_____ Policy Number
Allergies/Special Health Considerations: _____	

Alternative Emergency Contact

_____ Alternative Emergency Contact	_____ Cell Phone	_____ Work Phone
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Should _____ become sick or injured while in school, or on a field trip, I understand that you will try to contact me immediately and that if I cannot be reached immediately, you will make an effort to contact the Alternative Emergency Contact persons noted above. However, in the case of serious injury or illness, if I cannot be reached, I give consent and authorize TLE Christian Academy to have my child taken to the nearest Emergency Medical Service Facility. I agree to pay all costs and fees related to any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I give permission for a voice message to be left regarding sickness or injury in the event that I or the others listed above do not answer. And, as a result, I release TLE Christian Academy and its representatives from further attempts at contact regarding such situations.

_____ Parent/Guardian Signature	_____ Date
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Authorization to Pick-Up

Listed below is a list of persons authorized to pick-up my child (other than Alternative Emergency Contacts noted above):

Name _____ Phone _____

Name _____ Phone _____

The person(s) noted below are NOT authorized to pick-up my child:

Name _____ Phone _____

Photo Release

I, the undersigned, hereby give permission for images of myself or my child(ren), captured during regular and special activities of TLE Christian Academy through video, still photo, digital imaging or any other such means, to be used by TLE Christian Academy for the purpose of promoting enrollment, involvement, and financial support of the school itself consistent with TLE Christian Academy's privacy policy. I consent to such uses and hereby waive all rights to compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on TLE Christian Academy's Internet Web Page. I understand that photographs in which the minor may be present may be used for the purpose of marketing and promotion. I release and discharge TLE Christian Academy and its representatives from any and all claims arising out of the use of the photos, or any rights that I or the minor may have.

Print name: _____ Signature: _____ Date: _____

Field Trip Release

As part of the care/program of TLE Christian Academy, children may be provided with opportunities to participate in field trips/outings.

GENERAL AUTHORIZATION: We hereby grant to TLE Christian Academy permission for our child(ren) to take part in all program activities, including the use of all indoor and outdoor equipment; be photographed or videotaped in connection with program activities; and leave the premises to take part in field trips or activities.

TRANSPORTATION: We hereby grant permission for TLE Christian Academy to provide transportation through its own vehicles, rental vehicles, or personal vehicles of the other participants in the program. Parents may transport their own children and prohibit their child's use of any vehicle by separate written notice. Otherwise, permission for transportation as stated herein is authorized.

RELEASE AND INDEMNIFICATION: We hereby release TLE Christian Academy from any and all liability, claims, actions, and/or causes of action for loss, damage, and/or injury relating to the activities and programs offered by TLE Christian Academy. We further agree to indemnify and hold harmless TLE Christian Academy, Employees and Associates from and against any and all claims, third party claim, cross-claims, and/or claims for contribution indemnification arising out of the activities and programs offered by TLE Christian Academy.

Mother/Father or Legal Guardian

Printed Name



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AUTHORIZATION TO RELEASE RECORDS

PERMISSION TO RELEASE STUDENT RECORDS:

I (Parent/Guardian) authorize: _____
(previous school) to release all records including academic, disciplinary, and Special
Education/504 records (if applicable) of the following student:

Student's Last Name (print)

First Name

Middle

Student's Date of Birth: _____ Student's Current Grade Level: _____

The records are to be released for the purpose of enrollment in a school in compliance
with O.C.G.A. 20-2-670.

(Signature of Parent/Guardian)

Date

=====

REQUEST FOR RECORDS

Enrolling School:

TLE CHRISTIAN ACADEMY

2765 S. Main St. NW

Kennesaw, GA 30144

Attn: Jenny Homan, Business Administrator

Email: jenny@tleacademy.com

Phone: 770-218-1790

Fax: 678-903-5909

PLEASE SEND THE FOLLOWING RECORDS:

1. Cumulative records
2. Report Card
3. Test Data
4. SB10 Records
5. Special Ed Records
6. Discipline Record

Jenny Homan, Administrator

Date



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STUDENT BACKGROUND INFORMATION

Date: _____ Student's Legal Name: _____

Grade Entering: _____ Student Email: _____

Date of Birth: _____ Sex: M _____ F _____

Street Address: _____ City: _____ Zip: _____

Home Phone#: _____ Student Cell Phone#: _____

SCHOOL HISTORY:

<u>School Year</u>	<u>School Attended</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last school attended: _____

Please attach: ☐ Progress Report ☐ Test results ☐ Behavioral and Attendance Report

Why is the student leaving his/her present school?

What are your desires/expectations for a new School?

At TLE Christian Academy our focus is to Equip students for life. What top areas would you like to see the school address in order to get him or her Equipped, like: Academics, Presentation Skills, Social Skills, Work Skills, Character? Please explain.

Does the student have any behavioral issues like anger, bullying that has caused him/her to be expelled/suspended? Is the student under therapy for behavioral issues? No ____ Yes ____
Explain:



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Is the student exceptionally gifted in a certain area? No____ Yes ____

Explain:

Does the student have any emotional issues like anxiety? Is the student under counseling for emotional issues? No____ Yes ____

Explain:

Has the student been diagnosed for ADD/ADHD? No ____ Yes____

Is this Student currently taking any medication? No ____ Yes____ What medication, and for what?

How would you describe the Student's social skills? Does he/she have friends that you approve of?

Does the Student receive SB10/IEP? No ____ Yes ____ Please provide a copy of his/her IEP plan and scholarship award letter.

Has the Student any learning problems? No ____ Yes ____

Please explain:

Has the Student gone through a psychological evaluation? No ____ Yes ____ If yes, please explain below and provide copy of the report.

Has this Student ever repeated a grade or been recommended to be retained (is he/she on grade level? No ____ Yes ____ If yes, which grade(s) /subject(s)_____
Reason:

Is the Student receiving, or ever received tutoring in any area? No ____ Yes ____
If yes, which grade(s) /subject(s)_____
Reason:

Has the Student been refused admission to another school? No ____ Yes ____ Please explain:



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CHILDHOOD YEARS:

The early childhood years are critical to the development of the child. It is not so much what has happened but how he/she reacted to it. A child's reaction/learning whether, unconsciously or consciously, often dictate student growth and actions later in life. Therefore, any information you may share with us will assist us in better understanding our abilities to serve you and your child. Your cooperation is appreciated.

Is the child adopted/a foster child? No____ Yes____ If Yes, at what age was the child adopted/put in foster care? _____

Please explain the situation the child grew up in.

During the first 6 years of the child's life, pregnancy included, did the child experience any trauma, such as, but not limited to these:

Difficult birth or pregnancy: No____ Yes____ Please elaborate:

Divorce, sudden death of one parent, financial or physical hardship: No____ Yes _____

Child accident, bullying by peers, abuse etc. No _____ Yes _____

Other issues during this early childhood time you would like to share with us?

Have you seen a major behavior change during the years? No ____ Yes ____

When?

What do you think could have caused it?

HOME ENVIRONMENT

Could you please describe the environment at home:

Does the Student have his/her own room/study area where he/she can get the peace to focus on studying? Yes _____ No _____ Describe:

Are biological parents married to one another and live with the child? Yes____ No____

Explain:

On what activities does the student spend time when at home? Please prioritize based on Student's interest:

- ___ watching TV, playing games, listening to music and or on internet
- ___ playing in the neighborhood with friends or socialize with family members
- ___ extra curricula activities like music, athletics
- ___ doing tasks at home or for a business, church groups or community service
- ___ staying in his/her room



TLE Christian Academy, 2765 South Main St. NW, Kennesaw, GA 30144

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Does the student have siblings at home? No _____ Yes _____ Please give age(s), gender(s) and if going to school, where?

How does the Student relate to authorities? Would you call him/her defiant? Rebellious? Only obeys when he/she wants to? Please explain:

We are a non-denominational school with parents and students of different walks with Christ. However, for us, Christian means reconciling relationships with God, Self, Others and the Rest of the Creation. Though we do not have a course per se, we do have daily worship and prayers and the staff walk to honor God and live according to the Bible. We also know from experience that students who accept the authority of God in their lives also will honor parents and teachers. Therefore, it is important to us that we give the child teaching of similar values. We would appreciate if you could share where you are spiritually.



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Parent Covenant

Educating our child(ren) is a serious undertaking, and in deciding to enroll our child(ren) at TLE Christian Academy we have done our due diligence in understanding TLE Academy's values, beliefs, educational philosophy, student growth model, governance model as expressed in the Parent Student Handbook.

We are committed to work in unity with TLE Academy staff to the equipping of our child(ren) for Life-Long Success.

We expect that TLE Academy staff will work diligently to fulfill the promises as outlined in the Parent-Student Handbook.

We as parents will take our responsibility in this endeavor and:

- We will attend parent/teacher conferences when requested to do so.
- We will regularly monitor our child(ren)'s progress in the Assignment book.
- We will pick up/or make arrangements to pick up our child(ren) from school at the end of the day or when requested to do so by TLE staff.
- We will attend all required parental orientations and parent meetings.
- We have read and understand the financial information and pledge to fulfill our responsibilities accordingly.
- We understand that tuition rates do not cover the cost of operating the school and thus our participation is needed through other ways such as volunteer involvement, monetary gifting and regular prayer efforts for the benefit of our children. See my separate commitment.
- We agree to encourage our child(ren) in the learning of biblical truths and of school curriculum.
- We will read the *Parent-Student Handbook* and pledge our cooperation regarding school policies and practices.
- We recognize that times may come when the relationship between us and the staff or a parent may be strenuous, at which time we are committed to handling all problems appropriately. Please go to the person(s) most directly involved. We agree to handle disagreements privately but maintaining peace publicly.

Parent/Legal Guardian Signature: _____ Date: _____



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Student Covenant

I desire to attend TLE Christian Academy, or I am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at TLE.

I understand that TLE Academy's teachers are united and committed with my parents to give me the training I need for Life-Long Success. I will obey their decisions and promise to do all I can at TLE.

In order for me to be able to learn I expect the correct learning conditions. Here is a list of them, and the list is not complete. I want to be respected:

- By students which means: no bullying, no name calling, no threats of any kind, no physical touch. Instead I want them to accept me and show me respect and encourage me when I do well.
- By teachers which means: support and respect me, give me help when I need, try to take the time to teach me so I can understand, be available when I need

I agree to treat all the students at TLE Academy the same way as I expect to be treated. I further will do my very best to treat others outside TLE according to these principles.

I understand that because we are in such a small environment TLE Academy has some demands on all of us that makes the environment at TLE the best for all of us:

- No dating between students at TLE. If I would be involved in that, I understand I will be expelled from TLE.
- I will obey what teachers and various student leaders say and not speak back to them or be rebellious. At the same time TLE promises to be willing to listen to what I have to say and not just disregard me.

I understand that that our highest desire, including myself, is for all of us to grow that is why we have the best at heart for one another.

I understand that willful disobedience of these principles may result in my dismissal from TLE Christian Academy.

Print Student's name

Student's signature

Date

