



Principles of Faith Academy Enrollment Packet

Welcome to Principles of Faith Academy! We are honored to be serving your child in the upcoming school year. We look forward to an exciting and transformative year as we develop our love and connection with God and in turn permitting God to guide us to construct an exceptional academic year for each and every student.

In filling out each form, we prefer that you type into each PDF form using the PDF tool bar. If you are unable to do so, print and legibly complete each form.

Document Checklist:

- ☐ Copy of birth certificate
- ☐ Copy of recent report card
- ☐ Florida Certificate of Immunization (DH 680 or DH 681: religious exemption)
(Must include Scoliosis Test Results for 6th Graders)
- ☐ School Entry Health Form DH 3040 Part I & II (complete & signed)
- ☐ Teacher Evaluation Form (complete & signed by teacher)
- ☐ Copy of IEP or 504(b); previous testing results (if available)
- ☐ Enrollment Documents (to include the following)
 - Application
 - Conducts Policy Agreement (must be notarized)
 - Student Allergy Form
 - Tuition Agreement
 - Medical/Release Authorization Information
 - Family First Survey Form
 - Physical Education Authorization
 - Gym Transport Form
 - Teacher Evaluation Form
- ☐

Application Fee: \$100.00 (non-refundable) via Cash/Money Order /CC

Return all requested documents with App fee in-person (by appointment only): Schedule application appointment by clicking link: <https://calendly.com/poffacademy/parent-contact>



Principles of Faith Academy

1234 Martin Luther King Jr Avenue, Lakeland, Florida 33805
863.337.4002

Enrollment Application

Child's Information

Full Name: _____ Sex: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Place of Birth: _____

DOB: _____ Social Security No.: _____ Race: _____

Enrollment Grade: _____ IEP/504B Plan: **Select One**

PARENT 1 INFORMATION

Student Lives with: Please select

Name: _____

Address: _____

Hm Ph#: _____

Work _____

Ph#: _____

Cell Ph#: _____

Email: _____

PARENT 2 INFORMATION

Student Lives with: Please select

Name: _____

Address: _____

Hm Ph#: _____

Work _____

Ph#: _____

Cell Ph#: _____

Email: _____

How will the student get home?

☐ Walk ☐ Car ☐ Bus ☐ Other: _____

Brothers/Sisters attending school:

Education

Previous

School: _____ Address: _____

From: _____ To: _____

Has your child repeated any grades? Yes ☐ No ☐ If yes, what grades? _____

Emergency Contacts

Please list three emergency contacts:

Full Name: _____ Relationship: _____

Home/Cell: _____ Email: _____

Address: _____

Pick up
allowed ☐

Full Name: _____ Relationship: _____

Home/Cell: _____ Email: _____

Address: _____

Pick up
allowed ☐

Full Name: _____ Relationship: _____

Home/Cell: _____ Email: _____

Address: _____

Pick up
allowed ☐

School Notifications

School Notifications Should be sent
to:

☐ Mother ☐ Father ☐ Other ☐ Guardian (Court
Order)

Other: _____

If parents are divorced or separated,
are there any restrictions on the non-
custodial parent?

☐ Yes ☐ No

If yes (explain): _____

Financial Responsibility will be Assumed by: _____

Why have you chose Principles of Faith Academy as an option for your child?

Please write a short paragraph describing what you expect your child to receive from his/her educational experience at PFA.

Tell us about your child's strengths, talents, and special abilities.

Tell us about areas of refinement upon which your child can work to improve.

Has the student ever repeated or skipped a grade?

☐ Yes ☐ No Explain: _____

Has the student ever been homeschooled?

☐ Yes ☐ No Explain: _____

Has the student ever been professionally tested or diagnosed with any hearing, vision, speech issues, learning disabilities such as ADD/ADHD or any other? ☐ Yes ☐ No (Provide a copy of report)

Does the student have any food allergies, medical or drug-related concerns? ☐ Yes ☐ No (copy of report)

Has the student ever attended a school or program designed for students with specific academic or other needs (such as a program for the gifted, special learning, ESE, etc? ☐ Yes ☐ No (copy of report)

Has the student had any disciplinary or emotional problems or been suspended, expelled, withdrawn from school or truancy issues? ☐ Yes (explain) ☐ No

Has the student ever been arrested, or baker acted? ☐ Yes (explain) ☐ No

Is the student presently or has the student ever been under the care of a psychologist or psychiatrist?
☐ Yes (explain) ☐ No

Disclaimer and Signature

- ☐ I certify that my answers are true and complete to the best of my knowledge.
- ☐ I give Principles of Faith Academy permission to request records and teacher evaluations from my child's school.
- ☐ I understand that providing false information in this application is grounds for immediate expulsion.

Signature: _____ Date: _____

FOR OFFICE USE		
Date Received: _____	Teacher Evals: _____	Acceptance/Denial: _____
Application Fee: _____	Reviewed: _____	Followup Contact: _____
Notes: _____		



Conduct Policy Agreement

This Form Must Be Notarized –Parents: Please read carefully and initial each statement.

- _____ 1. I/we authorize staff members to provide any first aide treatment deemed necessary for my child. This includes triple antibiotic ointment, Neosporin, Benadryl spray, antiseptic wash or spray for cuts, and Band-Aids.
- _____ 2. In order to meet all legal requirements, I/we hereby authorize the Administration of the School or any person in charge, to give my/our consent for any and all emergency treatment for my/our child, while he/she is under Principles of Faith Academy LLC's care.
- _____ 3. In the event of serious illness or accident, if I/we cannot be immediately contacted, I/we give permission to have my/our child transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I/we also guarantee payment of all charges incurred as a result of this medical treatment.
- _____ 4. My/our child is in overall good health and it is safe for my/our child to be actively involved with the program at Principles of Faith Academy LLC.
- _____ 5. I/we understand that parents will be notified and required to pick up their child who is suspected of having a communicable illness such as, but not limited to: Fever (100 degrees +), diarrhea, pink eye, ringworm, head lice, vomiting, green/yellow runny nose, cough, and rotavirus. Children must be symptom free, without medication for 24hours before returning to school. A written statement from a physician attesting that the child has been appropriately treated for an illness is required upon returning to school.
- _____ 6. I/we acknowledge that PFA is a Christian school. Students and families agree to adhere to the standard and conduct requirements while in partnership with the Academy. Any conduct breaches or inappropriate behaviors will be addressed via parental conference. I/we agree that I/we will work with Administration to appropriately address these concerns and will adhere to any corrective action plan. I/we also agree that if I/we do not adhere to the corrective action plan, my/our child will be disenrolled from the Academy.
- _____ 7. I/we have reviewed the tuition payment policy. I/we agree to adhere to the policy ensuring either that the student's scholarship remains active and approving any fees assessed by the Academy or that I/we will make tuition payments timely as per the policy schedule. I/we understand that all fees/tuition payments are non-refundable and are subject to change at any time. I/we will timely pay any other costs related to my/our child's attendance and participation in the Academy's academic program and activities.
- _____ 8. In the event, I/we choose to withdraw my/our child from PFA, I/we understand that a two weeks' written notice is required and that two weeks of the tuition will be required and is non-refundable.

- _____ 9. I/we agree to work with PFA Administration and Staff cooperatively, communicating effectively and assisting where applicable in providing the best learning and growing environment for all involved. I/we understand that there may be modifications set in order for my/our child to succeed. PFA has my/our permission to complete screenings and evaluations that are in the best interest of my/our child. I/we agree to follow through with referrals given by the Administration. This could include, but not limited to hearing speech, behavioral, etc.
- _____ 10. I/we agree for my child to participate in daily chapel to include worship, reading of the word and prayer and as well as all character development electives.
- _____ 11. I/we have received and reviewed the Parent/Student Handbook and I/we have a good understanding of PFA's policies and Procedures.

My Signature below is in full acknowledgment and agreement to adhere to and with the above conducts policy agreement.

Print Name

Parent Signature/Date

Print Name

Parent Signature/Date

State of Florida, County of _____
Parent/Legal Guardian Full Name: _____

Sworn to and subscribed to me in the aforementioned State and County. This _____ day of _____ in the year _____
Personally, known to me or who has produced a valid Driver's License # _____ as identification.

Notary Public, State of Florida _____
Commission Number: _____
Commission Expires: _____



TUITION CONTRACT AGREEMENT

This is an agreement between Principles of Faith Academy LLC and _____
_____(Parent(s)/Guardian) regarding tuition and fees for the
_____ school year. I/we agree to adhere to the annual tuition payment schedule and
submit timely payments for any additional fees assessed for _____
while as an enrolled student. (student name)

I understand that additional fees/costs related to my/our child's attendance may or may not be optional. PFA will provide advance notice of such fees/costs (i.e. school photos, field trip, book fair, tutoring, before/afterschool care, etc.) to ensure parents/guardians have sufficient time to prepare. I/we understand that these fees/costs are not covered in the annual tuition.

Scholarship Funding: I/we agree to ensure that my/our child's scholarship account with Step for Students or AAA scholarship remains active/current. I/we will maintain the account and contact the organization for any changes or concerns. I/we will approve scholarship payments to the Academy within in a timely fashion. Scholarship funds/fees while my child is enrolled at PFA are non-refundable.

StepUp for Students School Enrollment Funding Requirements:

- For Quarter 1- A student must be enrolled through the EMA platform at least 30 days before the quarterly payment, which is August 1 or after 75% of FTC funds have been obligated
- Quarter 2- November 1, enrollment deadline is October 1
- Quarter 3- February 1, enrollment deadline is January 1
- Quarter 4- April 1, enrollment deadline is March 1

If my/our child's enrollment is after the above-mentioned dates, I/we understand that the school is not guaranteed to receive that quarter's scheduled funding. **In this instance, I/we agree to establish a supplemental payment plan with PFA Administration.**

PFA Tuition Exceeds Scholarship Awarded Amount

PFA works with families to address any tuition shortages. By signing this tuition contract, I/we agree to discuss this matter with PFA Administration and adhere to any payment arrangements and/or options established. I/we understand that my/our adherence assists PFA in successfully meeting its annual operational budget.

Private Pay Funding:

I/we agree that if my child is no longer eligible to receive scholarship funding, I/we will be responsible for any tuition costs and fees under the private pay option.

I/we agree to ensure timely payment of my/our child's annual tuition as listed in the tuition payment schedule. I/we understand that late payments will be assessed a fee.

I/we understand that any payments made directly to the Academy must be made in cash, money order or other approved form of payment (See Administration for details).

Tuition Payment Options:

Paid In full: Due August 1, or the first day your child is enrolled

10-Payment Plan: Due on the first of each month (August 1- May 1)

PFA sends bill notification on the first day of each month, starting in August. Payment is due by the **10th day of each month.**

A **\$35 late fee** will be charged for payments received after the 10th of the month.

Overdue Payments

Quarterly and final grades will be withheld until all payments are current. Student transcripts/records will be released only after the account has been paid in full.

Refund/Cancellation of Contract

Payment must be made each month in which the student attends a day of school during that month. No refund will be made for the days that the student is enrolled at PFA.

****Please note: Tuition and fees may increase on an annual basis****

I/we have reviewed the Tuition Contract Agreement. By signing below, I/we agree to the terms set forth above.

Print

Print

Signature

Date

Signature

Date

Administration

Date

For Office Use Only: _____ App Fee

Tuition Provider

_____ FES _____ FTC _____ UA

StepUp _____ AAA _____

_____ Private

Notes: _____

Pay: Full or 10mo

MEDICAL/RELEASE INFORMATION FORM

Name/DOB: _____

Hospital/Clinic _____

PCP/Ph# _____

Dentist/Ph# _____

Insurance _____

Provider/Ph# _____

Policy # _____

Food Allergies: _____

Drug Allergies: _____

List Current Medications: _____

List any other Special Health or Disabilities:

Does your child require Medication
Administration during school hours?

☐ yes or ☐ no

If yes, please explain.

MEDICAL/RELEASE INFORMATION FORM

Please mark the check box next to any condition or illness that applies to your child.

Allergy to Insect bites:

☐ Ants ☐ Wasps ☐ Bee stings ☐ Other: _____

Specify reaction to allergy or allergen: _____

☐ Takes medication for any allergies Name Medication: _____

☐ Asthma Diagnosed at age: _____ Under Doctor's care now ☐ Yes ☐ No

List Triggers: _____

☐ Attention Deficit/Hyperactivity Disorder (ADD/ADHD) Medication: _____

☐ Autism Spec Disorder (diagnosed by Medical Doctor) Medication: _____

☐ Autoimmune Disease (Lupus, etc.) Explain: _____

☐ Blood Disorder

☐ Cancer

☐ Cystic Fibrosis

☐ Diabetes. Requires insulin at school? ☐ Yes ☐ No Medication: _____

☐ Hypoglycemia (low blood sugar) Medication: _____

☐ Digestive Disorders

☐ Head Injury (serious)

☐ Hearing Problems ☐ Uses hearing aid ☐ Right ear ☐ Left ear

☐ Heart Condition _____

Under doctor's care for this condition ☐ Yes ☐ No Any physical restrictions? ☐ Yes ☐ No

If yes explain: _____

☐ High Blood Pressure (Hypertension) Medication: _____

☐ Kidney or Bladder disorder Explain: _____

Requires catheterization? Explain: _____

☐ Mental Health Condition Medication: _____

☐ Migraines Medication: _____

☐ Muscle/Bone/Mobility Disorder Explain: _____

☐ Seizure Disorder Type: _____ Date of Last seizure: _____

Medication: _____

☐ Vision Problems Explain: _____ ☐ Glasses ☐ Contacts

MEDICAL/RELEASE INFORMATION FORM

☐ Other Medical conditions not listed: _____

☐ Other Medications taken note listed above: _____

☐ **My child does not have any of the listed conditions or illnesses.**

Note: Use the comments sections below for any additional explanations or health information.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. I will accept responsibility for payment of any medical services rendered, not covered by my insurance carrier. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Principles of Faith Academy LLC will make every attempt to contact the parent/guardian or emergency contact, in the event that no contact is made, the signing of this consent gives Principles of Faith Academy LLC/Inc permission to take all reasonable steps to see that children enrolled at Principles of Faith Academy LLC/Inc receive necessary medical treatment.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL/RELEASE INFORMATION FORM

EMERGENCY MEDICAL TRANSPORT

I give permission for my child to be released from Principles of Faith Academy LLC/Inc and transported by Emergency Medical Services Transportation (Ambulance/Paramedic or Fire Rescue) to the nearest medical facility. I release Principles of Faith Academy LLC and any individuals from liability in case of accident or injury during transport, as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE AUTHORIZATION

I DO DO NOT give permission to Principles of Faith Academy LLC/Inc to use photographs or videotapes of my child for publication (bulletin boards, newsletters, or other media outlets) taken during Principles of Faith Academy LLC hosted events throughout the school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SEVERE WEATHER POLICY

In the event of severe weather, I will listen to any instructions broadcasted via the radio or local news station. During the school year, we will follow the Polk County School Board's decisions in regards to school closings, early releases, delayed openings, etc. During the summer months, we will adhere to our own guidelines and discretion regarding weather related closing. Please contact the office or view the website for updates. In order to operate safely, our facility must have a working landline phone, running water and electricity.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FAMILY FIRST SURVEY

One form completed per household Instructions: Place an “X”
in the applicable box *Use the space bar to tab*

Parent Last Name/First: _____

Sometimes Never Often Always

Do you believe that children should obey their parents?				
Do you permit your children to talk back?				
Do you correct your children’s attitudes?				
When my child misbehaves, I immediately correct the behavior and/or administer an appropriate punishment.				
Do you teach your children to respect authority?				
Do you discuss and settle conflicts with your children?				
Do you read the Bible and pray with your children?				

Sometimes Never Often Always

Do your children complete their assigned homework?				
Do you work on homework with your children?				
Do you help your children with school projects?				
Do your children complete homework with the TV on?				
Do you talk to your children about the school day?				
Do you attend parent meetings at your child’s school?				
Do you attend extra-curricular activities your students participate in?				

Sometimes Never Often Always

Do your students (for their age) try to live by the Bible?				
Does your children hear profanity within the home?				
We attend church on Sundays and/or Wednesdays.				
I allow my children to watch R rated movies.				
I monitor my children’s friends.				
My children and I eat dinner together each night.				



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ACADEMY

Physical Education Authorization

☐ **FULL PARTICIPATION** I/we understand that physical education is a class and includes physical activities. My child, _____ has permission and does not have any medical condition or needs that exempt him/her from participating fully in all such activities. I/We agree to hold Principles of Faith Academy LLC (PFA), its employees, authorized volunteers and lessor, Greater Refuge of Lakeland harmless should any mishap occur. I/We realize that PFA and its staff will adhere to established policies and procedures to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the PFA staff to obtain medical treatment and I/we will bear all expenses incurred on behalf of my/our child.

☐ **LIMITED PARTICIPATION** Complete this section if your child has physician prescribed limitations to his/her physical exertion level. **A PHYSICIAN'S SIGNATURE IS REQUIRED** if your child cannot participate in regular physical activities. Please make us aware and complete the LIMITED PARTICIPATION section.

For reasons explained below physical activities for my/our child, _____ must be limited. My/Our child has permission to participate within the guidelines set forth in the limitations prescribed below by his/her physician. I/We agree to hold Principles of Faith Academy LLC (PFA), it's employees, authorized volunteers and lessor, Greater Refuge of Lakeland harmless should any mishap occur. I/We realize that PFA staff will adhere to established policies and procedures to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the PFA staff to obtain medical treatment and I/we will bear all expenses incurred on behalf of my/our child.

The physician has prescribed these limitations:

Physician Signature

Date

I give permission for my child to participate in physical educational activities at both approved off site locations, 619 6TH ST W, LAKELAND, 33805 (fenced lot) and 1258 MARTIN L KING JR AVE, LAKELAND, 33809 (Gym).

Parent Signature

Date

Parent Signature

Date



PRINCIPLES OF FAITH ACADEMY

TEACHER EVALUATION K-2

To APPLICANT: Parent complete section A and provide this form to the student's current teacher/counselor/youth pastor, who will complete section B. The evaluator may email, mail or fax the form directly to the Academy. Please print or type in the blanks below. Evaluations become the confidential property of Principles of Faith Academy LLC and are **NOT** subject to applicant and/or parental review.

Section A

Students Name: _____
Last First Middle

Parent's Signature: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Requested Enrollment Date: _____

Section B: TO BE COMPLETED BY EVALUATOR

To EVALUATOR: The above-named student has made application for admission to Principles of Faith Academy. Please complete this form and email, mail or fax the form directly to the Academy. This information will be held in strict confidence. You may confer with others who also have knowledge of the student. If a question does not apply, please indicate "N/A".

Evaluator's Name: _____

Title: _____ School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Email: _____

1. How long has the student been enrolled in your school or attended your ministry? _____
2. How long have you known the student? _____



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3. To your knowledge, has the student had any history of serious conduct/behavioral problems? If yes, please explain.

4. Has the applicant ever been suspended from school or youth group? Yes ☐ No ☐
If yes, please explain.

5. Has the applicant ever been expelled from school? Yes ☐ No ☐ If yes, please explain.

6. Would applicant be permitted to re-enroll in your school/youth program?

7. Please comment on the applicant's attitude toward school or youth group.

8. To your knowledge, has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency problems? Yes ☐ No ☐ If yes, _____

PLEASE COMPLETE THE CHART BELOW. CONFER WITH ANY OTHER INDIVIDUALS WHO HAVE KNOWLEDGE OF THE STUDENT TO ASSIST IN COMPLETING THE EVALUATION.

Use an "X"	Excellent	Good	Average	Below Avg	Unsatisfactory	Not Observed
Inquisitive						
Listens and Pays Attention						
Concern for others						



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Self-Confidence						
Respect for authority						
Personal Initiative						
Response to Correction						
Self - Control						
Plays well with others						

Additional Comments:

Signature: _____

Date: _____

Submit completed Form to:

Principles of Faith Academy

Email: poffacademy@outlook.com

Mail: PO Box 92222, Lakeland, FL 33805



PRINCIPLES OF FAITH ACADEMY

TEACHER EVALUATION 3-9

To APPLICANT: Parent complete section A and provide this form to the student's current teacher/counselor/youth pastor, who will complete section B. The evaluator may email, mail or fax the form directly to the Academy. Please print or type in the blanks below. Evaluations become the confidential property of Principles of Faith Academy and are **NOT** subject to applicant and/or parental review.

Section A

Students Name: _____
Last First Middle

Parent's Signature: _____

Address: _____

City: _____ State: _____ Zip code: _____

Requested Enrollment Date: _____

Section B: TO BE COMPLETED BY EVALUATOR

To EVALUATOR: The above-named student has made application for admission to Principles of Faith Academy. Please complete this form and email, mail or fax the form directly to the Academy. This information will be held in strict confidence. You may confer with others who also have knowledge of the student. If a question does not apply, please indicate "N/A".

Evaluator's Name: _____

Title: _____ School: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____

Email: _____

1. How long has the student been enrolled in your school or attended your ministry? _____
2. How long have you known the student? _____



PRINCIPLES OF FAITH ACADEMY

3. To your knowledge, has the student had any history of serious conduct/behavioral problems? If yes, please explain.

4. Has the applicant ever been suspended from school or youth group? Yes ☐ No ☐
If yes, please explain.

5. Has the applicant ever been expelled from school? Yes ☐ No ☐ If yes, please explain.

6. Would applicant be permitted to re-enroll in your school/youth program?

7. Please comment on the applicant's attitude toward school or youth group.

8. To your knowledge, has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency problems? Yes ☐ No ☐ If yes, _____

PLEASE COMPLETE THE CHART BELOW. CONFER WITH ANY OTHER INDIVIDUALS WHO HAVE KNOWLEDGE OF THE STUDENT TO ASSIST IN COMPLETING THE EVALUATION.

	Excellent	Good	Average	Below Average	Unsatisfactory	Not Observed
Motivation						
Self Discipline						
Concern for others						



PRINCIPLES OF FAITH ACADEMY

Self-Confidence						
Respect for authority						
Personal Initiative						
Response to Correction						
Leadership						
Peer to Peer Relations						

Additional Comments:

Signature: _____ Date: _____

Submit completed Form to:

Principles of Faith Academy
Email: poffacademy@outlook.com
Mail: PO Box 92222, Lakeland, FL 33805



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Transport Permission Form

I/We _____ give permission
for my/our child _____ to be transported
in an approved (background check) staff member's vehicle from the gym location
back to the school site in the event of rain or severe weather.

Parent Signature/Date

Parent Signature/Date