



# Enrollment Form

2020 - 2021

REV: 072420

## Enrollment Instructions

1. Fill out and sign the enrollment form.
2. Turn in the forms at the Academy, mail it to the address below, or email the scanned copy to: [admissions@american-academy.org](mailto:admissions@american-academy.org)
3. Wait for registration confirmation email along with the payment authorization form.
4. Once you have completed the above, your academy director will meet with you to create a strategic educational plan for our child.

Select a location (Circle): **Mission Viejo** **Newport Mesa** **San Clemente** (You may also circle Mission Viejo if this location is not opening this FALL)

## Student Info

First Name:					Last Name:			M.I.	
Gender (Circle):	Female	Male	Date of Birth:		Age:		Grade Level:		
Days enrolling (Circle):	Monday		Tuesday		Wednesday		Thursday		Friday
Academic Interests:									
Outside-of-School Interests:									
Religious pref. (If any):									
Address:									

## Charter School Info

Charter School (If any)									
Teacher (If any):	Mr./Ms./Mrs.				Phone Number:				
Email Address:									

## Mother's Info (Legal Guardian 1)

First Name:					Last Name:				
Email Address:									
Phone Number (Home):									
Phone Number (Cell):									
Address (If different from above):									

## Father's Info (Legal Guardian 2)

First name					Last Name:				
Email Address:									
Phone Number (Home):									
Phone Number (Cell):									
Address (If different from above):									

## Emergency Contact Info (other than parent)

Name:									
Phone Number (Cell):									
Address (Optional):									
Email Address:									
Relationship to Student:									

Where did you hear about American Academy?	<input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Charter School <input type="checkbox"/> Website <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Other _____								
What interested you most about American Academy?									
Have you also considered other classes or learning centers?	<input type="checkbox"/> No <input type="checkbox"/> Yes         If yes, what ultimately caused you to choose American Academy? _____								

**No Refunds:**

As with other academic institution, American Academy of Strategic Education does not provide any pro-rated refunds for missed classes. Initial: \_\_\_\_\_

**Financial Responsibility:**

Parent agrees to be personally financially responsible for the timely payment of all fees owed for the length of the entire school year (September – June) for which the Student is being registered and enrolled. Parents may pay the total balance due for the year, make semi-annual payments, or make monthly payments. Parent also assumes all financial responsibility whether or not Student’s charter school ultimately agrees to pay such balance(s). Initial: \_\_\_\_\_

**Payment:**

Parent agrees to return this Enrollment Form with payment in the form of credit card, check, and/or charter fund PO before attending first day. Initial: \_\_\_\_\_

**Able to Learn and Study Independently** (\*Not applicable for students in Kidspot program):

Parent states that, to the best of Parent’s knowledge, each Student registered by Parent is able to study independently in a quiet environment with minimum supervision and assistance. American Academy staff reserve the right to determine a student’s ability to study independently with minimum supervision and assistance. Initial: \_\_\_\_\_

**Medical History:**

Does the student currently have any illnesses?  Yes  No If yes, please describe \_\_\_\_\_

Is the student currently taking medications?  Yes  No If yes, please describe \_\_\_\_\_

Has the student ever:

Had any physical handicap?  Yes  No If yes, please explain \_\_\_\_\_

Been diagnosed with mental illness?  Yes  No If yes, please explain \_\_\_\_\_

Been given an IEP?  Yes  No If yes, please explain \_\_\_\_\_

Been given a 504?  Yes  No If yes, please explain \_\_\_\_\_

Been discharged or expelled from a school?  Yes  No If yes, please explain \_\_\_\_\_

Had any unusual behavior?  Yes  No If yes, please explain \_\_\_\_\_

**Consent to Treatment for Emergency Medical and Dental:**

As the parent, guardian, or authorized representative, I hereby give consent to American Academy of Strategic Education (hereafter “American Academy”) and its employees and volunteers to obtain all emergency medical or dental care as is deemed necessary for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child. Initial: \_\_\_\_\_

**Insurance Disclaimer:**

American Academy does not carry health or accident insurance on its participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant and his/her parents. I have read, understand, and accept the above conditions. Initial: \_\_\_\_\_

**Consent to Photograph and Video Release:**

My signature grants permission to American Academy the right to use and copyright photographs and video footage of my child without restriction for any professional purpose such as, but not limited to, promotion, advertising, marketing and public relations. I hereby release and discharge American Academy and all affiliates from any and all claims and demands arising out of or in connection with the use of the photographic, audio or video recordings, including any and all claims for libel. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

If you would NOT like your child to participate in activities such as these, you must notify the academy, and they will ensure that your child is not photographed for the duration of the program. Initial: \_\_\_\_\_

**Food Restrictions at the Academy:**

My child will not bring any snacks or food to the Academy that contain peanuts. Initial: \_\_\_\_\_

**Acknowledgement of Risk and Release and Waiver of Liability:**

As the parent or legal guardian of \_\_\_\_\_ (Child’s name), I acknowledge that there are certain risks inherent in my child’s participation in the American Academy. These risks include, but are not limited to, risks associated with travel to, from, and in and around our academy, and my child’s participation in supervised and unsupervised activities while at American Academy. I also acknowledge that any questions that my child or I may have about activities related to American Academy can be addressed to representatives of American Academy. I agree that I will inform an appropriate representative of the Academy of any special information regarding the health, or physical or mental condition of my child that may be relevant to my child’s participation at the Academy. In consideration for permitting my child to participate at the Academy, I hereby agree:

(a) to release and discharge the Academy from any liability or responsibility for any personal or bodily injury, death, and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child’s participation at the Academy, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty, staff, other employees, agents, or servants of the Academy; and

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the Academy for any cause of action that may result from or arise out of or in connection with my child’s participation at the Academy, for any personal or bodily injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty, staff, other employees, agents, or servants of the Academy.

All references to the Academy in this form will include, and all provisions of this form will insure to the benefit of the Academy’s officers, employees, agents, servants, and representatives.

This acknowledgment of risk and release and the waiver of liability are governed by and will be construed in accordance with the laws of the State of California without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in Orange County, California, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT:**

Signature of Parent/Guardian/Representative: \_\_\_\_\_



Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT FORM    RESET FORM    PRINT FORM

\*Digital signature and form submission are not required. If you are experiencing problems signing and submitting the form digitally, you may also print and fill out the forms and submit them either in person at the Academy, by mail, or by emailing a scanned copy to: [admissions@american-academy.org](mailto:admissions@american-academy.org)