

Enrollment Discovery Academy Virtual Private School

Discovery Academy Virtual Private School
 227 N Ridgewood Ave.
 Edgewater, FL 32132
 Phone: (386) 427-9400
 www.discovery-academy.org
 susan@discovery-academy.org

One Enrollment Form per student. Please print clearly with black or blue ink:

| | | | | | | |
|------------------------------------|--------|----------------|-----|--------|--------------------|----------|
| STUDENT NAME (First, Middle, Last) | D.O.B. | AGE | SEX | S.S.N. | GRADE ENROLLING IN | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE |
| PRIMARY PARENT NAME | | E-MAIL ADDRESS | | | | |
| SECONDARY PARENT (If Applicable) | | HOME TELEPHONE | | | CELL PHONE NUMBER | |

Last School Attended

| | | | |
|----------------|-------|-------|----------|
| NAME | GRADE | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

Your School Year

| | |
|---------------------|-------------------|
| Begins (Month/year) | Ends (Month/Year) |
|---------------------|-------------------|

I/We, the parent(s)/guardian(s) of _____ agree to uphold the requirements of _____ and the educational laws of the State of Florida, namely:

1. Complete 180 days of instruction per school year (or the equivalent in hours), or complete the curriculum for the grade level listed above.
2. Submit annual attendance records.
3. Submit report card twice yearly, complete with subjects taught and grades earned.
4. Although it is not mandatory at Discovery Academy Virtual Private School, we suggest that you do keep samples of your students work through a portfolio or participate in yearly assesement testing. Again this is NOT mandatory but suggested.
5. Submit Birth Certificate, School Entry Health Exam (or exempt form), Certificate of Immunization form DH680 (or religious exemption form DH 681)

We understand that Discovery Academy is a private school whose purpose is to provide parents with the opportunity to instruct their children at home. We have read and will abide by the requirements set forth in the Discovery Academy Handbook. We understand that the school does not guarantee any advice given by the staff. We understand that Discovery Academy believes that your personal information belongs to you and does NOT request records from previous institutions. It is your responsibility to request your students records if you wish to have them.

We release Discovery Academy from any and all liability. We assume all responsibility for compliance with all requirements with regard to education in our state. We understand Discovery Academy is not liable for any neglect on the part of the parents. We understand, if we withdraw from Discovery Academy our financial obligations must be met and all required documentation submitted before Discovery Academy will release our student's records.

Signed: _____ Date: _____

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