



January 22, 2019

Dear ACA Families,

**ENROLLMENT for 2019-2020 School Year is NOW OPEN to our current students!**

As we plan for the upcoming school year, we want you to know about some great things we have in store.

**We will be a complete K-5 Elementary School for the 2019-2020 school year!**

**We believe every child can succeed** – Utilizing the latest technology and instructional practices, we ensure each child has personalized goals and every teacher is equipped to help them reach their target

**We are a Professional Development School** – We will continue to partnership with the University of North Florida (UNF) as a Professional Development School. UNF provides our teachers with access to training and resources as well as providing academic interns to enrich our classrooms.

**We believe in educating the whole child** – In a recent parent survey, many of you voiced a desire for extracurricular programs such as music, sports and technology, and we are working on getting some programs in place before the end of the school year.

**Hold your child's spot for next year** – Check our enrollment packet for benefits of registering early to hold your child's place for next year.

We look forward to a blessed and successful school year.

Thank you for your continued support to your child's education and ACA!



## Arlington Community Academy Returning Student Enrollment Procedures

This application must be **completed in its entirety** on behalf of all students seeking admission to Arlington Community Academy (ACA).

### Required Documents:

1. Completed Student Application.

**Formal enrollment will be granted when we have received ALL the required items described below:**

- a. Returning Student application
- b. Registration Fee – *(see ACA Incentive Program 2019-2020)*
- c. Official updated school physical form (DH 3040) and immunization record (form DH 680)
- d. Updated Parent Plan from courts *(if applicable)*
- e. Medication Consent *(if applicable)*
- f. Student Pick-up Authorization Form
- g. Before/After School Childcare Request Form
- h. Scholarship Award Letter 2019-2020 school year
- i. Tuition & Fees Acknowledgement Form
- j. Parent Tuition Agreement
- k. Responsibility & Release Form

### 2. After All Paperwork is Received:

- I. Interview: Parent Tuition Agreement is signed & First month's tuition is due.
- II. Acceptance: Official acceptance is communicated to all families in writing.

Non-Discriminatory Policy: ACA admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of denomination, race, color, national or ethnic origin in administration of its education, admission policies, tuition assistance, athletics and other school administered programs.

Office Use Only \_\_\_\_\_ Date Received

PARENT INITIALS: \_\_\_\_\_



# Arlington Community Academy Returning Student Application

Required from all current students

**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_ Last First Middle

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_

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

Suite/Apartment \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Grade Applying For: \_\_\_\_\_ School Year Applying For: \_\_\_\_\_

Student Lives With: (Check all that apply) \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_  
Grandparent \_\_\_ Other, if other, please give

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Guardian Name(s): \_\_\_\_\_

(Proof of Guardianship must be provided to the school.)

\_\_\_\_\_ **Yes! I want to re-enroll my child at Arlington Community Academy for next school year.**

\_\_\_\_\_ **Yes! I want a new student enrollment packet for a sibling**

\_\_\_\_\_ **I am undecided currently. You can assist me in deciding by:**

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\_\_\_\_\_ **No, my child will not be returning next year. Please share reasons for not returning:**

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**PARENT INITIALS:** \_\_\_\_\_



## Arlington Community Academy Returning Student Application

**TERMS AND CONDITIONS:** Applications are made to the governing authority of ACA which reserves the right to accept or reject any application. Information on current policies will be made available at Parent orientation meetings prior to enrollment. Parents/Legal Guardians agree that their student(s) will receive instruction in the Christian faith and understand that the school will endeavor to be guided by a biblical worldview in all its programs and activities. The school's Tuition and Fee Sheet provides information about financial terms and obligations. It is updated annually. **Students are enrolled for the entire school year and the parent or guardian is responsible for the annual tuition upon accepting and signing the enrollment agreement.** PARENT INITIALS: \_\_\_\_\_

**PARENT RELEASE AND CONSENT:** I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Arlington Community Academy, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death and any claims of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the school. PARENT INITIALS: \_\_\_\_\_

**STUDENT MEDIA RELEASE:** I hereby authorize the photographing/videotaping/filming of my child, and/or the release of his/her name and achievement(s) for publishing (print & internet) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that Arlington Community Academy is not a party to outside organizations' photography/filming/video production and will hold Arlington Community Academy harmless of any liability in connection with a production not produced internally by Arlington Community Academy.

I give permission  I DO NOT give permission PARENT INITIALS: \_\_\_\_\_

**TECHNOLOGY NOTICE:** At ACA, your child may have access to many school-related activities and technology resources, including the internet. Internet access at Arlington Community Academy is filtered and monitored. While precautions are being taken, it is possible that he/she may access inappropriate sites. Arlington Community Academy has rules and consequences for such behavior, however we will not be responsible for the consequences of such access. PARENT INITIALS: \_\_\_\_\_

**MEDICAL TREATMENT** I give permission to the Arlington Community Academy to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of the medical attention and treatment.

PARENT INITIALS: \_\_\_\_\_

**LOST & STOLEN ITEMS:** I understand that the Arlington Community Academy is not responsible for lost or stolen items.

PARENT INITIALS: \_\_\_\_\_

**PARENT OR GUARDIAN AGREEMENT:** I hereby certify that I have read this Student Application, including the Terms and Conditions section. I do agree with the Terms and Conditions stated herein and furthermore, if admitted to ACA, pledge to work with staff, administration and faculty to assist and cooperate with the school in the Christian education of my/our child.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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

# Enrollment Process Overview K-5<sup>th</sup> Grades



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<p><b>1</b></p> <p><b>Schedule Tour</b></p> <p>Contact the School Office to schedule a Campus Tour and pick-up a Student Enrollment Packet</p> <p>Tours are required for “New/Prospect” Student Families</p>	<p><b>2</b></p> <p><b>Apply to ACA</b></p> <p>Enrollment Packets are available at the School’s office. Complete an enrollment packet for each student prospect</p>
<p><b>3</b></p> <p><b>Submit Documents</b></p> <p>Submit all required documents to the school’s enrollment office (List of Required Documents Below)</p>	<p><b>4</b></p> <p><b>Review &amp; Acceptance</b></p> <p>The Student’s file is reviewed by the Admissions Team. Tuition Agreement, Responsibility &amp; Release form completed at Parent Interview.</p> <p>Once all documents received &amp; interview conducted. An acceptance letter will be provided in writing.</p>

## List of Required Documents

### Documents for NEW Students Entering Kindergarten – 5<sup>th</sup> Grade

1. Student completed Application
2. Registration Fee
3. Birth Certificate
4. Immunization Record (Form: 680)
5. Physical Exam (Form: DH3040) (Completed within Last Year)
6. Medication Consent Form (if applicable)
7. Flu Brochure
8. Transcript/Report Card (1<sup>st</sup>-4<sup>th</sup> grades)
9. Student’s most recent IEP or Service Plan and/or 504 Plan (if applicable)
10. Title I Form
11. ESE Form
12. Student Pick-Up Authorization Form
13. Before/After School Childcare Request Form
14. Student/Family Photo
15. Scholarship Award Letter 2019-2020
16. Tuition & Fees Acknowledgement Form
17. Parent Tuition Agreement (Completed at Parent Interview)
18. Responsibility & Release Form (Completed at Parent Interview)

### Documents for RETURNING Students Kindergarten – 5<sup>th</sup> Grade

1. Returning student application
2. Registration Fee
3. Updated Immunization Record (if applicable)
4. Updated Physical Exam Form (if applicable)
5. Medication Consent Form (if applicable)
6. Student Pick-up Authorization Form
7. Before/After School Childcare Request Form
8. Scholarship Award Letter 2019-2020
9. Tuition & Fees Acknowledgement Form
10. Parent Tuition Agreement (Completed at Parent Interview)
11. Responsibility & Release Form (Completed at Parent Interview)

## Arlington Community Academy TUITION & FEES 2019-2020

**Registration:** All students seeking admission to Arlington Community Academy (ACA) must submit a completed application, along with a registration fee. All fees are NON-REFUNDABLE should the student/parent cancel or withdraw for any reason.

**Tuition:** ACA's total tuition cost for the 2019-2020 school year is \$6700 for grades Kindergarten through 5<sup>th</sup> Grade. VPK students must present ELC voucher at enrollment.

Grade	Registration Fee	Tuition Fee	Text Book Fee	Total
K-5 <sup>th</sup> (New)	See incentive program	\$6,200	\$500	\$6,700
K-5 <sup>th</sup> (Return)	See incentive program	\$6,200	\$500	\$6,700
VPK (School Hours)	\$30	Voucher ONLY	N/A	\$30
VPK (Full Day)	\$50	Voucher ONLY	N/A	\$50

**Scholarships:** ACA accepts Step Up For Students, McKay and AAA Scholarships. Awarded families must present an award letter upon enrollment. Scholarship checks requires the authorized parent signature within 7 days of receipt. Tuition fees not covered in scholarship award is the parent's responsibility. The first parent payment of tuition is due at time of enrollment and by the 15<sup>th</sup> of each month thereafter, per Parent Tuition Agreement.

**Extended Services:** ACA provides Before Care and After Care Services on school days. **After Care** with ACA is available for VPK & Kindergarten students ONLY. Extended day fees are due monthly, prior to each service month.

\*1<sup>st</sup>-5<sup>th</sup> Grade students will receive priority registration for on-site After Care services with the Boys & Girls Club for a minimal fee. **Parents must apply directly with B&G.** For more information visit: [www.bgcncf.org](http://www.bgcncf.org) or call (904)395-4435.

Grade	Service	Time Frame	Amount
VPK-5 <sup>th</sup>	Before Care	6:45am-7:45am	\$45 monthly
VPK	After Care (School Day)	11:30am-3:30pm	\$200 monthly
VPK	After Care (Full Day)	11:30am-6:00pm	\$400 monthly
Kindergarten	Aftercare (space limited)	3:30pm-6:00pm	\$200 monthly
1 <sup>st</sup> through 5 <sup>th</sup>	Aftercare (must register w/ B&G Club)		

**Fees and Payments:** ALL fees are **NON-REFUNDABLE** and is **due by the 15<sup>th</sup> of each month** for the following month. Late fees are assessed after the 15<sup>th</sup>. Tuition payments can be made on an annual or monthly basis. Delinquent accounts are subject to be reported to the Credit Bureau. **Payment options are:** Cash, Money Order or Cashier's Check

Payment	Month of Service	Due Date
Pay-1	August	July 15 <sup>th</sup>
Pay-2	September	August 15 <sup>th</sup>
Pay-3	October	September 15 <sup>th</sup>
Pay-4	November	October 15 <sup>th</sup>
Pay-5	December	November 15 <sup>th</sup>
Pay-6	January-2019	December 15 <sup>th</sup>
Pay-7	February	January 15 <sup>th</sup>
Pay-8	March	February 15 <sup>th</sup>
Pay-9	April	March 15 <sup>th</sup>
Pay-10	May	April 15 <sup>th</sup>

I have read and understand this sheet

Parent Signature \_\_\_\_\_ Student Name \_\_\_\_\_



Arlington Community Academy Responsibility & Release Form  
Enrollment Review 2019-2020

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

1. I am aware that all fees for tuition, book fees, and extended day services are due by the 15<sup>th</sup> of each month for the following prior (or on the date in my tuition agreement). I know that if my account remains delinquent at the end of the month and I have not contacted the enrollment office to make payment arrangements, I may be asked to keep my child home from school until the situation has been resolved.
2. I understand my obligation to bring my child(ren) to school on time each day by 8:35 a.m. and to keep them in school until the proper dismissal time. I realize that early dismissals from school should typically be for medical/emergency reasons and that early dismissals may count as a partial day absence.
3. Students are expected and required to complete some projects at home. I agree to monitor their completion of assigned projects. I understand that the ACA homework policy consists of parent-child interactions. I agree to read with my child for a minimum of ten minutes per night and to practice math skills for a minimum of ten minutes per night. I will also cooperate with procedures for late and missing work.
4. **Internet Acceptable Use Policy** (included in Parent/Student Handbook available online). I understand that Internet access is only for educational purposes. I will discuss the Internet Use Policy with my child(ren). I/We acknowledge that should my/our child(ren) access information other than that which is intended for instruction, study, or research related to the curriculum, I will not hold the School or any employee responsible. I give permission to grant Internet access privileges to my child(ren).
5. **Photography Consent** (included in online Parent/Student Handbook at [www.acajax.org](http://www.acajax.org)). During the course of the year we will take videos and pictures of our students; some events may involve media coverage. We also send pictures to our benefactors, use pictures on our Internet pages, share videos and clips with other schools and possibly use videos for spots on television. Students' pictures may appear in newspapers or newsletters. We request your permission to have your child(ren) participate.
  - a. \_\_\_\_\_ I **DO** give consent for photographs and/or video recordings taken of my child(ren) to be used by Arlington Community Academy for educational, instructional or promotional purposes.
  - b. \_\_\_\_\_ I **DO NOT** give consent for photographs and/or video recordings taken of my child(ren) to be used by Arlington Community Academy for educational, instructional or promotional purposes.
6. I agree that adults must be role models for appropriate behavior at all times at school and at school functions. I am aware of the school policy that forbids such behaviors as raising voices, inappropriate language, swearing, threatening, bullying, or disrupting the front office or a classroom. I understand that adults who fail to conduct themselves properly on school property, at school functions or while speaking in person or on the phone with school personnel risk the termination of their child's enrollment at ACA.
7. If I am the parent of a Step Up for Students, AAA or McKay scholarship student, I will endorse scholarship checks within 7 days of notification and adhere to the Scholarship Program attendance policy.
8. If I am the parent of a student in VPK, I will abide by the VPK attendance policy. Each month I will sign and promptly return the monthly attendance sheet required by VPK.
9. **Agreement to Uphold School Regulations** I/We understand the importance of the school and families working cooperatively to uphold school regulations. Our family has/will read the Parent/Student Handbook (available at [www.acajax.org](http://www.acajax.org)) and agrees to support and observe all school policies, rules and regulations as explained in the Handbook.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT NAME – PLEASE PRINT

\_\_\_\_\_  
DATE

Enrollment Review Meeting Completed by \_\_\_\_\_ (School Representative)



## ACA Tuition Incentive Program 2019-2020

The ACA Tuition Incentive Program applies to **fully enrolled students** only in Kindergarten through 5<sup>th</sup> Grades. This includes **completion & submission** of all required documentation. Partial enrollment is not accepted. Please refer to the Arlington Community Academy Returning Student Enrollment Procedures for details.

Current Students 2018-19	Received by	Incentive
	Before Jan 31	<ul style="list-style-type: none"> <li>• Waived Registration Fee</li> <li>• Free 5-piece Value-Uniform (embroidery not included)</li> </ul>
	Feb 1 – April 30	<ul style="list-style-type: none"> <li>• \$25 Registration Fee</li> <li>• Free one-set Value uniform (top/bottom) (embroidery not included)</li> </ul>
	After May 1st	<ul style="list-style-type: none"> <li>• \$50 Registration Fee</li> </ul>
Multiple Sibling Enrollment	Received by	Incentive
	Before Jan 31	<ul style="list-style-type: none"> <li>• 30% Off Parent Responsibility</li> </ul>
	Feb 1 – April 30	<ul style="list-style-type: none"> <li>• 20% Off Parent Responsibility</li> </ul>
	After May 1	<ul style="list-style-type: none"> <li>• 10% Off Parent Responsibility</li> </ul>
New Student 2019-20	Received by	Incentive
	Feb 1 – April 15	<ul style="list-style-type: none"> <li>• Waived Registration Fee</li> <li>• Free 5-piece Value – Uniform (embroidery not included)</li> </ul>
	April 16 – May 31	<ul style="list-style-type: none"> <li>• \$25 Registration Fee</li> <li>• Free one-set Value uniform (top/bottom) (embroidery not included)</li> </ul>
	After June 30	<ul style="list-style-type: none"> <li>• \$50 Registration Fee</li> </ul>
Multiple Sibling Enrollment	Received by	Incentive
	Feb 1 – April 15	<ul style="list-style-type: none"> <li>• 50% Off Parent Responsibility</li> </ul>
	June 1 – May 31	<ul style="list-style-type: none"> <li>• 30% Off Parent Responsibility</li> </ul>
	After June 30	<ul style="list-style-type: none"> <li>• 10% Off Parent Responsibility</li> </ul>

<b>Private Pay - Active Military Families</b>	<ul style="list-style-type: none"> <li>• 30% Off Total School Tuition</li> </ul>
<b>Refer A Student by April 15<sup>th</sup></b> (referred student must complete one full semester at ACA to qualify)	<ul style="list-style-type: none"> <li>• \$100 Gift Card (<i>applies to current families of ACA only</i>)</li> </ul>

***\*Terms and conditions are subject to change***





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Learn. Love. Lead.

## Before School Child Care Selection Form

Mark one of the following:

- Yes, Enroll my child in the Before School Care Program.
- I agree to pay \$45 per month by the 15<sup>th</sup> of each month prior to month of service.
  - I acknowledge Before School Care hours are 6:45am-7:45am
  - I will notify the Enrollment Manager in writing to remove my child from the program. Otherwise, I will be billed monthly for service.
- No, I'm not interested in the Before School Care Program at this time.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name – Print \_\_\_\_\_

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

*Office use only*

Date received:



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## STUDENT PICK-UP AUTHORIZATION FORM 2019-2020

Date \_\_\_\_\_

Childs Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact number \_\_\_\_\_

Please list below all persons authorized to pick up your child from school (all persons MUST be 18 years of age or older and provide a valid picture I.D. each time the child is picked up).

Name	Relationship to Student	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand it is my ("Parent") responsibility to ensure the accuracy of information listed above. It is also my ("Parent) responsibility to update this information as often as needed.

\_\_\_\_\_  
Print parent name

\_\_\_\_\_  
Parent signature