



Enrollment Package Instructions/Checklist

A **NON-REFUNDABLE REGISTRATION FEE** must accompany this application. Final acceptance is based, but not limited to: a personal interview, placement testing, previous transcript and the availability of openings in the grade for which the student is applying.

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink. NOTE: Students are not officially enrolled until all complete forms have been submitted and a Welcome Letter/Email has been received.

Please mark the box for each item on the list below as you complete/include it. This checklist is for your records only.

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- ☐ Enrollment Form
 - ☐ Copy of Student's Immunization Card
 - ☐ Copy of Parent or Guardian's Photo ID
 - ☐ Copy of Student's Social Security Card
 - ☐ Copy of Student's Birth Certificate
 - ☐ Full Physical Form from Physician
 - ☐ Copy of Student's TWO Most Recent Final Grades
 - ☐ Proof of Residence (utility, tax bill, lease agreement, deed)
 - ☐ Release of Student Records (included)
 - ☐ Credit Card Release Form (included)
 - ☐ Financial Commitment Letter (included)
 - ☐ Home Language Questionnaire (included)
 - ☐ Nonpublic Nursing Services (included)
 - ☐ Nonpublic School Family Survey (included)
 - ☐ Student Special Services Records (if applicable)
 - ☐ Legal Custody Documentation (if applicable)



Enrollment Form for _____ School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Legal Name of Student:

(Last) _____ (First) _____ (Middle) _____

Gender: ☐ Male ☐ Female **Date of Birth:** _____ **Home Phone:** () _____

Ethnicity: (check one) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black, not Hispanic ☐ Hispanic
☐ White, not Hispanic ☐ Other ☐ Multiracial

Social Security Number: _____ **Grade level applying for:** _____

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Student lives with: ☐ Both parents ☐ Both parents alternately (Joint custody) ☐ Mother only ☐ Father only
☐ Legal guardian

Father's Name: _____ **Father's SSN:** _____

Address and phone same as student? ☐ Yes ☐ No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Cell Phone: () _____ E-mail address: _____

Name of Employer: _____ **Occupation:** _____

Mother's Name: _____ **Mother's SSN:** _____

Address and phone same as student? ☐ Yes ☐ No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Cell Phone: () _____ E-mail address: _____

Name of Employer: _____ **Occupation:** _____

EMERGENCY CONTACT:

FIRST person to contact if parents cannot be reached:

Name (Last) _____ (First) _____ (Middle) _____

Relationship: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____

SECOND person to contact if parents cannot be reached:

Name (Last) _____ (First) _____ (Middle) _____

Relationship: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____

Siblings Enrolled in Pillar Prep Academy:	Birth Date	Relationship to Student
1		
2		
3		

Other Children Living in the Household:	Birth Date	Relationship to Student
1		
2		
3		
4		

HOME LANGUAGE QUESTIONNAIRE (HLQ)

Dear Parent or Guardian:

Has your child been evaluated for and/or participated in any of the following special services?

☐ Gifted & Talented ☐ Title 1/Chapter 1 Program ☐ Special Education (IEP)

☐ English as a Second Language (ESL) ☐ Other: _____

If you checked Special Education (IEP), do you have the student's special education records? ☐ Yes ☐ No

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank you.

(Check boxes that apply)

What language(s) is spoken in the student's home or residence? ☐ English ☐ Other _____

What language(s) is spoken most of the time at home? ☐ English ☐ Other _____

What language(s) does the student understand? ☐ English ☐ Other _____

What language(s) does the student speak? ☐ English ☐ Other _____

What language(s) does the student read? ☐ English ☐ Other _____ ☐ Does Not Read

What language(s) does the student write? ☐ English ☐ Other _____ ☐ Does Not Write

In your opinion, how well does the student understand, speak, read and write English Very well Only a little Not at all

Understands English ☐ ☐ ☐

Speaks English ☐ ☐ ☐

Reads English ☐ ☐ ☐

Writes English ☐ ☐ ☐



Health Insurance and Health Information:

Primary Physician Information:

Doctor Name: _____ Doctor Phone: _____

Dentist Name: _____ Dentist Phone: _____

Type of Health Insurance: ☐ HMO ☐ Medicaid ☐ No health insurance ☐ Other

If the student is covered by Medicaid, provide the Medicaid number: _____

Read and check:

☐ *I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.*

Please list any serious allergies, conditions, or restrictions the student has or put (NONE):

Please list any physical or emotional disabilities the student has or put (NONE):

EMERGENCY RELEASE

Pillars Prep will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, PCPA personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER PCPA NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____



MEDIA RELEASE FORM

Dear Parent/Guardian: Throughout the year there are occasions when Pillars Prep Academy will want to take pictures/videos of your child participating in activities. We may use these pictures and/or videos for Pillars Prep Academy's publications, local newspapers, school website and/or homerooms, advertising, or on display at the Pillars Prep Academy. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

Student's Name: _____

I (parent's name), _____, hereby ☐ DO or ☐ DO NOT grant permission to Pillar Prep Academy, its Agents and Assigns, to use my photo or video, and likeness for the purpose of promotion by Pillars Prep Academy for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, and exhibition for an indefinite period of time.

I give unrestricted permission for the images, videos, and recordings of me to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the Pillars Prep Academy owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release Pillars Prep Academy and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

I also understand that Pillars Prep Academy has cameras in all the hallways for the sole purpose of teacher & student security. This footage is not to be used for any form of marketing or media purposes.

This Release expresses the complete understanding of all parties.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____



Financial Commitment Letter

In completing the application for our child to attend Pillars Preparatory Academy, we attest that all of the information given is true to the best of our knowledge.

We understand and accept that we are bound by the Admission and Registration policies of Pillars Preparatory Academy as amended. Pillars Preparatory Academy admits all qualified students of any race, religion, national or ethnic origin or gender to all rights, privileged programs, and activities generally accorded or made available to students at the school. In completing the application for our child/ren it is my desire to have him/her complete the school year. The administration has full responsibility for placing my child in the proper grade. Our co-operation is expected in practical help throughout the year.

We will provide time and talent to the improvement of the school, as well as, support of selected fundraising events and other school activities. We agree that the parents/guardians and students will respect and be bound by the policies, rules, and regulations of Pillars Preparatory Academy and may be amended from time to time. The parents/guardians and students further agree not to engage in any conduct or activities, which may be destructive or detrimental to the administrative, educational, or extracurricular environment of Pillars Preparatory Academy. Pillars Preparatory Academy, in its sole discretion, shall determine when the conduct of the pupil or parent warrants expulsion.

We agree that we are obligated to pay tuition for the entire school year, regardless of when a student withdraws/unenrolls/leaves the school year early for any reason, installment terms remain the same for the entirety of that academic year. This policy ensures consistency and stability in our financial planning and resource allocation, allowing us to maintain the high standards of education and support that we are committed to providing to all our students.

We understand that unexpected circumstances may arise which necessitate the withdrawal of a student before the end of the academic year. **However, your chosen installment method is a commitment for the entire academic year, and as such, any outstanding balance for the remaining months of the academic year will still be due if a student leaves before June. Students leaving before JUNE are not exempt from June tuition.**

This contract shall become binding, after being signed by the parents or guardian, and upon acceptance by Pillars Preparatory Academy and shall be interpreted in accordance with the laws of N.J. Should any provision of this contract be invalidated by a court or competent jurisdiction, the remaining provisions shall continue in effect. We acknowledge that we have read and understand all the terms and conditions of the Contract and affix our signatures hereto.

Name of Student: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____



Release of Student Records

Prior School Information:

To: (Name of Previous School) _____

Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

School Phone: (_____) _____ School Email: _____

Type of School: ☐ Public School ☐ Private School ☐ Registered Home School ☐ Charter School ☐ Other

Student Information:

Student's Full Name:

(Last) _____ (First) _____ (Middle) _____

Social Security Number: _____

Student's Residence Address:

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Please accept this document as formal approval for the release of all official school records:

- Report Cards(2 prior years) -Transcripts

-Attendance

-Standardized Test Results,

-Discipline Records

-Special Education Records (IEPs, reports,etc.)

-504 Plans

-Health and Immunization

-State Transfer Card

-Legal Documents(Custody,etc.)

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____