

## Enrollment Package Instructions/Checklist

A non-refundable **REGISTRATION FEE** must accompany this application. Final acceptance is based upon 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 being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted.

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

### Enrollment Form

Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.

### Copy of Student's Immunization Card

Please include a copy of the student's current immunization card.

### Copy of Parent or Guardian's Photo ID

Please include a copy of the student's social security card.

### Copy of Student's Birth Certificate

Please include a copy of the student's birth certificate.

### Full Physical Form from Physician

Please include a copy of the student's physical evaluation provided by physician.

### Copy of Student's TWO Most Recent Report Cards

Please include a copy of the student's TWO most recent report cards from the previous school.

### Proof of Residence

Please include a copy of a driver's license, local or state tax documents, voter registration, utility bill or other official document addressed to parent/legal guardian living with student.

### Release of Student Records

This form is required to transfer your child's previous school records.

### Credit Card Release Form

Please complete and sign the Credit Card Release Form.



**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: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

**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: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_



If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one 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: (\_\_\_\_) \_\_\_\_\_

**Name of Previous School:**

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

**Address of Previous School:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_



Siblings Enrolled in Pillar Prep Academy:	Home Phone Number	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:

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
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Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**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:** \_\_\_\_\_

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



### 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:** \_\_\_\_\_



## 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 hereby authorize Pillars Preparatory Academy to contact schools and other sources to obtain information to support the application. The undersigned releases Pillars Preparatory Academy, its employees, agents, Board of Directors, as well as the sending institutions from any liability resulting from or pertaining to furnishing of records, documents, and other information provided to Pillars Preparatory Academy for the purpose of admission.

We are aware of, and agree to abide by, the fact that students are chosen by Pillars Preparatory Academy on the basis of its professional interpretation of the information gathered during the application process, in light of the general welfare of the school.

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. We understand that we may not hold the school staff responsible for physical injury or personal property damage caused by student negligence. We understand that we cannot hold the staff liable for students who fail to adhere to school safety rules and for those students who are defiant and disobedient towards those who are in charge. We agree to accept responsibility of payment of damage to property if my child causes such damage. The teachers have full discretion in the classroom discipline of my child. 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 and that we are not entitled to any deduction from any such obligations in the event of absence occurring at any time during the school year or any school closures. Upon expulsion of a student by Pillars Preparatory Academy, the family is responsible to pay tuition for the remainder of the year.

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:** \_\_\_\_\_





## Enrollment Acceptance

Pillars Prep Academy is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification.

Please accept this signed and completed document to enroll \_\_\_\_\_  
(student's name) in Pillars Prep Academy for the \_\_\_\_\_ academic year. I understand that completion of this enrollment form does not guarantee admission into the school. Pillars Prep Academy will send notification of receipt of enrollment forms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Parent/Guardian's Name: \_\_\_\_\_



Please attach a copy of a Driver's license, local or state tax documents (white-out information not pertaining to the residence), voter registration, or another official document addressed to parent/legal guardian living with student.

## Release of Student Records

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### **Prior School Information:**

To: (Name of Previous School)

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Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

### **Student Information:**

From: (Name of Parent/Guardian)

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Student's Full Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Pillars Prep Academy has enrolled \_\_\_\_\_

(Student's Name)

\_\_\_\_\_ academic year. Please accept this document as formal approval for the release of all official school records (including the latest report card, record of transcripts, testing information, special education, attendance, and health records).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

