

Please list chronologically all other children and birth date under 18 years of age living with the family:

Name	Month	Day	Year	School Attending

State briefly why you wish your child(ren) to attend LiFT Academy. _____

Has applicant ever had any serious discipline problems? _____ Yes _____ No

Suspended or expelled from school? _____ Yes _____ No

Brought before the Juvenile Court or law enforcement agency? _____ Yes _____ No

Ever used alcohol, tobacco, or controlled drugs at any time? _____ Yes _____ No

If yes to any of the above, please explain: _____

Has the applicant ever repeated a grade? _____ Yes _____ No

Reason for repeating: _____

Other than you, who has the authority to pick up your child? _____

Physician's Name: _____ Phone _____

May school personnel call the family physician in case of an emergency? _____ Yes _____ No

In case your student needs to be sent home from school due to a local emergency (hurricane, etc) and you should not be home, to whom may he/she be sent (We must have at least two.)

1) Name and Relationship _____ Phone _____

Address: _____

2) Name and Relationship _____ Phone _____

Address: _____

Indicate allergies and give specifics:

Food: _____

Allergies other: _____

Prescription Medicines: _____

Any restrictions for Physical Education? _____ Yes _____ No

If yes, please explain _____



INDEMNITY & WAIVER AGREEMENT

I/We, _____ and _____, parent(s)/guardian(s) of _____, (hereinafter my/our "child") the student understand and agree to the following:

1. I/We affirm and understand that LiFT Academy referenced herein, include the following: respective officers, directors, board members, employees, agents, School Committee members, elected officials, appointed officials, principals, administrators, personnel, staff, teachers, successors, contractors, subcontractors, vendors, insurers, and assigns.
2. I/We warrant and affirm that I/we am/are the sole legal guardian(s)/parent(s) of my/our child, _____, and am/are solely authorized to enter into this Agreement.
3. I/We understand and agree that nothing contained herein creates any obligation or duty on behalf of LiFT Academy and/or its Parties and/or assigns that would not otherwise exist absent this Agreement.
4. I/We agree that my/our child will abide by and comply with all rules and requirements imposed now and in the future by LiFT Academy.
5. I/We, on my/our own behalf, as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, and assigns, forever waive and forfeit all rights whatsoever that I/we now hold, or may in the future acquire, to assert claims of any nature whatsoever against LiFT Academy arising from or in any way related, directly or indirectly, to my/our child's participation in School attendance and/or School Activities.
6. I/We, on my/our own behalf as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, and assigns, shall indemnify, defend and hold harmless LiFT Academy or any of it's assigns, from and against any and all losses, liabilities, damages, claims, liens, and/or demands of whatsoever kind or nature sounding in contract, tort, statute or otherwise, arising from or in any way related, directly or indirectly, to my/our child's participation in School Attendance or School Activities, alleged or pursued by any third party, whether entity or individual, at any time. I/We agree that this indemnity provision shall be interpreted as broadly as the law of the State of Florida permits and that it expressly obligates me/us to indemnify LiFT Academy, including costs and reasonable attorneys' fees, and hold them harmless from any and all claims relating in any way to my/our child's participation in School Attendance and/or School Activities.
7. I/We certify that I/we have read and understand the foregoing paragraphs and agree with all of the provision contained within them. I/We affirm that the information provided in this application is true and correct to the best of my/our knowledge. I/We acknowledge that failure to disclose fully and/or falsification of information may result in revocation of admission to and releases liability of LiFT Academy for any claims of any nature whatsoever.

NOTE – SIGNATURES OF ALL PARENTS, AND GUARDIANS ARE REQUIRED FOR INDEMNITY AND WAIVER AGREEMENT FOR LIFT ACADEMY FAILURE OF DISCLOSURE RELEASES LIFT ACADEMY FOR ANY CLAIMS OF ANY NATURE.

PARENT/GUARDIAN NO. 1:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Signature

Printed name

PARENT/GUARDIAN NO. 2:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Signature

Printed name

Checklist for LiFT Academy Registration Forms

We will need the following:

Copy of birth certificate

Current Immunizations Form HRS Form 680 Current Physical Form 3040 (must be within this calendar year)

Registration Packet with all pages

Last page of Student Code of Conduct

Copy of Parent's Driver's License if you plan to drive for field trips

Copy of Auto Insurance Declaration page required for field trip drivers as well as fingerprinting on file

McKay Affidavit for those who receive the McKay Scholarship

Notarized Emergency Card (Leanne in office can notarize for free)

Scholarship award letter and ID number

Gardiner Enrollment contract (Gardiner and AAA recipients only)

Registration is not considered complete until all paperwork and fees are paid.

Registration and the first quarter's tuition are non-refundable.

We will need a copy of your child's IEP, or 504 plan, psychological and educational evaluations, current or expired.

State Law:

In order for a child to be enrolled in Kindergarten he/she must attain the age of 5 years old on or before September 1, 2017. In order for a child to be enrolled in the First Grade, he/she must attain the age of 6 years old on or before September 1, 2017.

For new students in grades K-8, a State of Florida Physical examination form 3040 and Immunization HRS Form 680, Mar. 91 will be required before school begins.