



2020-2021 REGISTRATION INFORMATION FOR ALL NEW AND RETURNING LiFT STUDENTS

February 3 is the opening of enrollment at LiFT. Much time is spent analyzing the school's current tuition and fee rates relative to the economic and demographic data. The following factors are considered:

- Assess the competitive landscape in the area in relationship to the cost of tuition, registration fees, additional fees, and teacher/pupil ratio of schools similar to LiFT.
- Current economic conditions;
- Number of families on LiFT Scholarships, including the grade level to determine the need at each LiFT school level
- Regulatory climate and its impact on the schools operations and/or offerings;
- Teacher/pupil ratio at each LiFT school level;
- Full time equivalent cost per student at LiFT;
- What is covered under Registration Fee
- What is covered under Tuition Fee
- Staff salary
- Staff benefits

The current overall teacher to student ratio at LiFT is an average of 5 students to every one teacher. Our elementary classes have an assistant and a teacher. LiFT University students get one to one job coaching. The cost to educate each K-12 and LiFT University student is currently over \$17,000.

The registration fee includes a yearbook, FACTS SIS (previously RenWeb) fee, MAP assessment for students in K-12, and a technology fee.

Tuition fees include textbooks, e-textbooks, consumables, assignment agenda book (if needed), and any other classroom curriculum.

This and other data was shared at the November 12th Parent University night and also during an open parent conference call-in November 21. In addition, a spreadsheet was emailed to each family sharing the data after the November 12th meeting.

The registration and tuition for the 2020-2021 are listed below.

2020/21 Tuition & Registration Rates:

K-6th Grade: \$10,500

7-8th Grade: \$11,000

9th – 12th Grade: \$12,500

LiFT University Tuition: \$15,750

Developed/Revised: 1/3/2020



Re-registration

\$400.00 from Feb. 3 through March 2, 2020

Registration

\$450.00 as of March 3, 2020

We are offering a \$400.00 registration fee for returning families that have their registration turned in on or before March 2, 2020, with an additional child discount of \$100. On March 3, 2020 registration will then be \$450.00 for anyone registering for the following school year, including returning students. New families registering will have a registration fee of \$450.00. **The registration fee is non-refundable.**

- **FACTS Annual Fee: \$46**
- **Extended Care Registration Fee: \$30**

FACTS tuition management handles any payments for tuition and extended care, and this account needs to be set up by July 1st. If you are a scholarship recipient and your scholarship does not exceed the amount of tuition, you will be required to have an account set up with FACTS unless you pay the balance difference by August 1.

ALL STUDENTS are required to have a current physical & immunization record on file. Every student must have a physical completed each school year. Students in 6th grade must also have a form filled out by a physician for a scoliosis check. The LiFT form is included in the registration packet. These are LiFT policies and are not negotiable.

State funded scholarship recipients will be charged a \$50 fee for the yearly audit required by the state of Florida. McKay recipients with a 254 matrix or higher will continue to be charged a \$250 administrative fee for ordering/invoicing/payment for therapies and items needed to support therapy.

Please contact our LiFT University Director or the LiFT Academy Principal if you have any questions or concerns.

LiFT Scholarships

Our LiFT Board sets aside a portion of our budget for scholarships based on hardship. FACTS Grant & Aid Assessment conducts the financial need analysis for LiFT for the upcoming school year. Families applying for financial aid will need to complete a FACTS application and submit the necessary supporting documentation to FACTS Grant & Aid assessment by April 30, 2020.

Applicants can apply online beginning now. Go to our website, www.liftacademy.org. If you look under the admissions tab, you will see the FACTS Family Portal button to start your application. Once an outline application has been completed, the following information will need to be sent to FACTS to complete the application process.

Qualifying for a scholarship this current school year does not guarantee a scholarship for the next school year. You must re-apply for the 2020/21 school year.



Daily attendance is expected. Excessive absences, more than four a quarter, and grade point average in any class lower than 2.5, will result in removal of the scholarship.

For scholarship recipients that receive Gardiner, McKay, HOPE, FES, and FTC, the amount of the LiFT Scholarships will be determined based on the 2020-21 scholarship amounts. The state of Florida does not announce the new rates until later in July. If the amount of the Gardiner, McKay, HOPE, FES, and FTC scholarships increases for the 2020-21 school year, the amount of the LiFT Scholarships will decrease, the payment owed will not decrease.

McKay, Gardiner, HOPE, FES, and FTC for Student scholarship recipient's families assume financial responsibility for any unpaid portion of tuition that results from withdrawing students before the end of term.

Due to the fact that there are limited funds available, no family will receive 100% scholarship. Here is what you will need to apply for the FACTS Grant & Aid Assessment:

- Copies of your most recent Federal Tax forms including all supporting tax schedules.
- Copies of your 2019 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation and TANF.

REGISTRATION

Registration is not considered complete until **all paperwork and fees are paid**. Registration and the first quarter's tuition are non-refundable. For new students a State of Florida Physical examination form 3040 and Immunization HRS Form 680, Mar. 91 will be required before school begins. Florida State 232.032 states that all students (new and returning) entering 7th Grade in August, 2020 will be required to have the following immunizations: Tetanus-diphtheria (Td) booster, Measles vaccine (second dose, preferable MMR-Measles, Mumps, Rubella and Hepatitis B series (three doses given over a six month period). The updated Immunization HRS Form 680 is due with the registration paperwork or no later than August 1, 2020. The Florida Legislature passed a law effective January 7, 2003, that requires all students who attend a Florida college (age 18 & older) receive a meningitis and hepatitis B vaccine, or submit a waiver stating that they do not want the vaccine (if the student is under 18, a parent or guardian must sign the waiver)



Checklist for LiFT Registration

Registration is not considered complete, and your student’s spot will not be held until ALL paperwork and fees are paid. This includes the emergency form, the McKay or Gardiner form, and the concussion form, which can be received from the front office at LiFT. LiFT also has a notary on staff. The registration fee includes a yearbook, RenWeb fee, MAP assessment for students in K-12, and a technology fee. Registration and the first quarter’s tuition are non-refundable. Registration is due at the time of enrollment.

We will need the following:

- _____ Copy of birth certificate (unless it is already on file)
- _____ Current Immunizations Form HRS Form 680
- _____ Current Physical Form 3040 (must be within this calendar year)
- _____ Scoliosis form mandatory for ALL incoming 6th graders and to be turned in for all other students with the physical.
- _____ Annual Physical
- _____ Registration Packet with all pages
- _____ 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
- _____ Fingerprinting is required if you plan to visit campus during school hours and for those who volunteer in any capacity for LiFT Inc.
- _____ McKay Affidavit for those who receive the McKay Scholarship
- _____ Notarized Emergency Card
- _____ Scholarship award letter and ID number
- _____ Gardiner Enrollment contract (Gardiner and AAA recipients only)
- _____ Copy of your child’s IEP, or 504 plan, psychological and educational evaluations, current or expired.
- _____ Sign and Return Parent and Student Acknowledgements and Agreements

ALSO NEEDED FOR LIFT UNIVERSITY:

- _____ Transportation Release
- _____ LiFT University Application Packet for NEW registrants only
- _____ Vocational Rehabilitation (VR) testing or evaluations

_____ **(Initial are required on the line to the left) Academy families are required to volunteer 15 hours a school year with a minimum of 5 hours going towards PTO events.**

State Laws:

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, 2020. 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, 2020.

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.

For new students in grades K-12+, this includes students to the age of 22 who receive either a Gardiner or McKay scholarship, a State of Florida Physical examination form 3040 and Immunization HRS Form 680, Mar. 91 will be required before school begins



2020-2021
Registration

LiFT Incorporated
13400 Park Blvd. N.
Seminole, FL 33776
727-258-7659

Student ID:

*All applicants for admission are considered without regard to sex, race, age, or national origin.
Application/Registration Fee \$450.00 per student (non-refundable).
Re-Registration for any returning students from the previous year \$400.*

Student's Full Name

Last	First	Middle	Nickname
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*If your child's last name is different from your name, please state

Race: _____ Boy: _____ Girl: _____ Age: _____ Parent/Guardian Social Security #: _____

Date of Birth: _____ Birthplace: _____

Ethnicity: _____ Language: _____

Applying for Grade: _____ Year Applying: _____

Applicable State-Funded Scholarships: ___ FTC ___ Gardiner ___ McKay ___ HOPE ___ Florida Empowerment

Present Address:

Street	City	State	County	Zip
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Present Address:

Street	City	State	County	Zip
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Lift communicates on a regular basis with our parents via email. Please provide at least one email address for your family below.

Email Father	Email Mother	
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Cell Father	Cell Mother	
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Home Phone	Emergency Phone	
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Last School Attended:

Name	Phone Number
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School Address:

	Last Name	First Name	Occupation	Business Name	Work Number
Father					
Mother					
Guardian					

Marital Status:

Married Divorce Separated Widowed Single

Student Diagnosis: _____ (Documentation Required)

PHOTO RELEASE PERMISSIONS: Includes family members of LiFT Students

- | | | | | | |
|---------------------------|-----|----|-----------------------|-----|----|
| 1) Television/Video/Media | Yes | No | 4) School Publication | Yes | No |
| 2) RenWeb Directory | Yes | No | 5) School Website | Yes | No |
| 3) School Facebook | Yes | No | 6) School Yearbook | Yes | No |



NEW FAMILIES ONLY:

-Check the way in which you became interested in LiFT:

Relative:	Advertisement:	Brochure:	LiFT Parent	Internet:	Other:

-State briefly why you wish your child(ren) to attend LiFT:

-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:		

ALL FAMILIES:

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 emergency?	Yes	No
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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.)

Name and Relationship: _____ Phone: _____

Address: _____

Name and Relationship: _____ Phone: _____

Address: _____

Indicate allergies and give specifics:

Food: _____

Allergies: _____

Any restrictions for Physical Education?	Yes	No
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If yes, please explain: _____



INDEMNITY & WAIVER AGREEMENT

I/We, _____ and _____, parent(s)/guardian(s) of _____ understand and agree to the following:

1. I/We affirm and understand that LiFT 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 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.
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 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 or any of its 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, 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 for any claims of any nature whatsoever.

NOTE – SIGNATURES OF ALL PARENTS, AND GUARDIANS ARE REQUIRED FOR INDEMNITY AND WAIVER AGREEMENT FOR LIFT FAILURE OF DISCLOSURE RELEASES LIFT 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 _____



*****ONLY FILL THIS OUT IF YOUR CHILD NEEDS PRESCRIPTION MEDICATION AT SCHOOL*****

Medication Authorization Form
For Prescription or Non-Prescription Medications

INSTRUCTIONS:

Sections A and Section B must be completed by the parent/guardian for **ALL** medication authorizations.

Section A: To be completed by parent/guardian

Medication Authorization for: _____

Child's Name

Lift Academy school personnel have my permission to administer the following medications:

Medication Name: _____

Dosage Administered: _____

Time Administered: _____

Special Instructions (if any): _____

Parent/Guardian Signature: _____ **Date:** _____

Section B: To be completed by Child's Physician

I, _____

Name of Physician

certify that it is medically necessary for the medication(s) listed below are to be administered to :

Child's Name

Medication Name: _____

Dosage Administered: _____

Time Administered: _____

Special Instructions (if any): _____

Physician's Instructions:

Does medication require refrigeration?	Yes	No
Is the medication a controlled substance?	Yes	No
Is self-medication permitted and recommended for this student?	Yes	No
If yes, do you recommend this medication be kept "on person" by the student?	Yes	No

Potential Side Effects/Contradictions/Adverse Reactions:

 (Attach additional sheet if necessary)

Treatment Order in the event of an adverse reaction:

 (Attach additional sheet if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication(s).

This authorization is effective from: _____ Until: _____

Physician's Signature: _____ Date: _____

Physician's Phone: _____ Physicians Fax: _____



Learning Independence for Tomorrow Scoliosis Screening Release Form

The Florida Department of Education requires a Scoliosis Screening for all 6th graders in accordance with Section 1003.22(4), Florida Statutes, and State Department of Health Rule 64F-6.003, Florida Administrative Code.

Please have your child receive this screening through their General Practitioner or Pediatrician and return the Scoliosis Screening Release Form to our school office. Thank you.

Date:

Name of Child:

Birth Date:

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a completed Scoliosis Screening on the following date:

SCREENING RESULTS:

Signature and Title of Health Care Provider

Date

Month / Day / Year

Printed Name and Title of Health Care Provider

Address (Please Print or Stamp)



Release, assumption of Risk, and Waiver of Liability for Participation in Transportation
LIFT UNIVERSITY STUDENTS ONLY

Whereas, the undersigned parent (s) and/or natural guardian(s) or myself if over 18 of _____ (Student)	
desire that said child participate in a for transportation by a LiFT (Learning Independence for Tomorrow, Inc.) _____ (Employee)	
_____ To and from school and from after school events; and whereas such transportation	
Shall being on (Date) _____	And end on (Date) _____
Whereas said transportation shall be driven by the following drivers (hereinafter jointly and severally referred to as)	
(Drivers Name): _____	(Drivers Name): _____

I/We understand that outside services may be used to transport my child/myself such as, but not limited to Uber, Lyft, a beach trolley, or a bus. I/we hold Learning Independence for Tomorrow, Inc., and their employees harmless, with respect to any litigation in the transportation services used in conjunction with Uber, Lyft, a beach trolley, or a bus. Learning Independence for Tomorrow, Inc., and its employees will not be held liable with respect to any actions, claims or demands (including attorney’s fees) which may arise out of or in connection with my/my child’s participation in this transportation.

Now, therefore, for and in consideration of the benefits that the undersigned and my/our child will receive as participants in this transportation, I/we, individually and on behalf of my/our child assume all risks and waive any liability of any nature whatsoever against Drivers and Learning Independence for Tomorrow, Inc., and agree to indemnify and hold Drivers and Learning Independence for Tomorrow, Inc. harmless, with respect to any and all actions, claims or demands (including attorney’s fees) that may accrue or be made or brought by the undersigned, someone on the behalf of the undersigned, said child, or someone on behalf of said child, against Drivers and Learning Independence for Tomorrow, Inc., which arise out of or is in connection with my child’s participation in this transportation, whether such claim, demand or action is the result of the negligence of Drivers and/or Learning Independence for Tomorrow, Inc., or otherwise.

I/we hereby release, waive, forever discharge Drivers and Learning Independence for Tomorrow, Inc., from any and all claims, demands, damages to or loss or destruction of any property, or claims or damages that result from loss of life, which the undersigned or said child may suffer while participating in said transportation or arising out of or in connection with such participation, whether such claims, demands or damages are the result of negligence of Drivers and Learning Independence for Tomorrow, Inc. or otherwise

By signing this waiver, I/we agree and acknowledge that I/we may be giving up important legal rights and remedies available to me/us individually and/or my/our child. I/we have ready the foregoing release, waiver, and assumption of risk and indemnity agreement and fully understand the terms contained therein and sign this document freely and without inducement. I/we hereby verify the information submitted is true and correct.

Emergency Contact Information:		
Contact 1:	Name: _____	Phone: _____
Contact 2:	Name: _____	Phone: _____

Parent/Guardian Signature		Date	
State Of _____	_____	County Of _____	_____
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> Physical Presence or <input type="checkbox"/> Online Notarization,			
This _____	Day of _____	, 20____	
By _____ <input type="checkbox"/> Personally Known <input type="checkbox"/> Or Produced Identification			
Type of Identification Produced: _____			
Notary Seal, Commission Expiration		Signature and Date	
Online Notary: <input type="checkbox"/> (Check if acknowledgment done by Online Notarization)			



LiFT RenWeb Set-Up Directions

Go to www.RenWeb.com

On the far right of the page there is a tab that says "LOGIN" – click that and when the drop down menu appears choose "PARENTWEB"

Half way down the page click the RED LINK that says: "CREATE NEW PARENTWEB ACCOUNT"

Enter in our district code, which is "LA-FL" (all caps, no spaces). Also enter in your email address.

An email will be sent to the address you provided. It arrives quickly and will only be active for 6 hours so be sure to complete these steps within that time frame.

Follow the link in the email

Create a username and password (District Code: LA-FL)

(You will be asked to enter the district code each time you login so keep it handy.)

Your student will receive their own login information at school.

Their Elementary teachers will help them complete their planners in class each Monday.

Seventh to twelfth grade teachers will take the first few weeks of school to teach the students how to do their planners and by approximately the 3rd week of school they will be expected to login at home on Sunday to write their homework assignments in their planners. They will also begin to do planner checks on Mondays and a grade will be given.

Please direct any questions or trouble shooting to the Front Office at:

Info@liftacademy.org

Or

Line 1: 727-258-7659 / Line 2: 727-623-9788



Extended Care Student Guidelines, Policies, and Procedures

Please check any that apply:

- Registration for Extended care \$30 per student or \$40 per family
- Extended Care Morning Only 7:30 - 8:45 \$40 a week / \$85.00 a month*
- Extended Care Afternoon Only 3:15 – 6:00 \$100 a week / \$180.00 a month*
- Extended Care AM & PM \$225.00*
- Extended Care Incidental Use -\$20.00 per occasion*

*For each additional family member, add \$10.00 to each amount that applies.

Payment is due at the start of the week of Extended Care for those attending on a regular basis. Payment is due at pick-up for those attending on an as needed basis.

There will be no Extended Care on days the school is closed for holidays or professional development.

Afternoon Extended Care will include a snack*, outside play (weather permitting), and homework time. Children are responsible for making sure they have their assignments. Parents are reminded that they should check and review all homework.

Students are expected to follow LiFT Academy Student Code of conduct at all times in Extended Care. Expulsion from Extended Care will occur after 2 warnings or unless behavior warrants immediate expulsion.

Parents are responsible and expected to supply drinks and snacks for their students each day they are in Extended Care.

LATE PICK UP FEE: A late fee of \$25 per 15 minutes per family will be charged for children not picked up on time starting at 6:00 p.m.

LATE PAYMENT FEE: A late payment fee of \$10 will be charged for payments that are not received by the second day of the service period.

Please note that you may lose your child care if you:

1. Fail to provide documents or information required
2. Fail to pay your “parent fee” to the child care provider
3. Inappropriate conduct by you or your child
4. Knowingly provide false information during the application
5. Are unable to pick up your children on time, on a regular basis

BEFORE SCHOOL ARRIVAL PROCEDURES: Each child must be signed in daily within the school building by an authorized person listed on the child’s registration form.

DISMISSAL PROCEDURES: Parent sign-out and pick-up: Each after school student must be signed out by an AUTHORIZED PERSON listed on the child’s registration form. The authorized person may be asked to present an official government photo identification card; i.e. driver’s license, state ID, military ID, alien registration card, or passport. Any other person that is not listed on the child’s registration form must display permission in writing from the parent or legal guardian and be able to present an official government photo identification card that has been verified by an authorized school employee before the child can be released. Authorized Persons: ONLY those persons listed on your child’s registration form are considered authorized. Family members, if not listed, are not considered authorized to pick up your child. Verification by the Authorized LiFT Academy Extended Care Staff will be made before any child is released to a person not listed on the registration form. Documentation must be provided in the event parental custodial rights have been amended.

Changes in Dismissal Procedures: If there are any changes in the dismissal procedures for your child, daily or continuous, please notify the Extended Care Staff in writing immediately. This will help to ensure the safety of your child.

RELEASE OF CHILDREN: Children may be picked up any time prior to 6:00 p.m., but they must be picked up NO LATER than 6:00 p.m. If an emergency arises, you are expected to make arrangements so that your child will be picked up



before 6:00 p.m. and to notify the LiFT Academy Extended Care Staff accordingly. Parents who are unable to pick up their children on time, on a regular basis, may result in their child being withdrawn from the program. A late fee of \$25 per 15 minutes per family will be charged for children not picked up on time starting at 6:00 p.m.

ILLNESS/ACCIDENTS: Should your child become ill or injured during the program, you will be notified immediately and you must make arrangements to pick up your child at that time. Every effort will be made to offer first aid techniques available at the school site. However, serious injuries may require the need to contact first aid responders.

I HAVE READ & UNDERSTAND ALL OF THE ABOVE GUIDELINES, POLICIES, AND PROCEDURES FOR LiFT ACADEMY EXTENDED CARE.

Parent's Name (Printed)		Parent's Signature

Extended Care Student Enrollment Form

(PLEASE PRINT)

Child's Name:			Date of Birth:	
Grade:	(Please circle) K 1 2 3 4 5 6 7 8 9 10 11 12+			
Full Home Address:				
	Street	City	State	Zip Code
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Mother's Full Name:			Employer:	
Home Phone:			Business Phone:	
Cell Phone:			Email Address:	
Father's Full Name:			Employer:	
Home Phone:			Business Phone:	
Cell Phone:			Email Address:	

Below is a list of individuals, other than myself, that are authorized to pick up my child from the program.
 (In case of an emergency or illness when a parent/guardian is not available.)
Emergency contacts must be LOCAL!

Name:			Phone#	
Name:			Phone#	
Child(ren) Physician:			Phone#	
Health Insurance Company:				
	ID#:		Group#:	

My child requires the following special needs and/or has the following allergies:

By my signature, I attest to the following: That the above information is correct. That in the event of a medical emergency, I authorize LiFT Academy Extended School Program to see medical care deemed necessary.

Parent's Signature		Date

Custodial Information: If non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please bring a copy of appropriate court documents to our office at the time of registration.

School Signature		Extended Signature



RECORDS REQUEST AND RELEASE AUTHORIZATION

Identifying Information:

Parent's Complete Legal Name: _____

Student's Name If Over 18 Years _____

of Age Requesting Records: _____

Mailing Address: _____

City State Zip Code

Phone #: _____ Email: _____

Child's Legal Name: _____ Date of Birth: _____

Student's Social Security Number: _____

State the reason for the request: _____

I Am Requesting:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> To View Student Records | <input type="checkbox"/> Official transcript 9-12 | <input type="checkbox"/> Unofficial transcript | <input type="checkbox"/> Exceptional student program records |
| <input type="checkbox"/> Annual Health Physical | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Behavioral Records | <input type="checkbox"/> Intellectual and/or Psychological Evaluations |
| <input type="checkbox"/> LiFT Support Plan | <input type="checkbox"/> Individual education plan (IEP) | <input type="checkbox"/> MAP Testing Scores | <input type="checkbox"/> Report Cards |
| | | | <input type="checkbox"/> Therapy Progress Reports |

***Cost for copies: \$.14/single sided page, \$.20/double sided page, \$1.00 certified copy (transcript) Postage will be charged at USPS rates.**

Payment may be made in person using cash or money order (made payable to LiFT Academy)

***A clear copy of a picture identification card will be kept in the communications section of the cumulative file along with this request form.**

I request student records to be sent to: _____

Via: USPS mail (Include address below) Fax # _____ - _____ - _____ Email _____

Address: _____

Parent/Guardian Signature

Date

If viewing the Student Records By Signing Below Please Attest to Understanding the Following:

- If I am reviewing the student records, I may not add, remove, or revise any documents.
- If I do not agree with documents in the student records, I may submit a Student Records Data Dispute Form.
- Generally, the Administration will respond to a request within 30 calendar days.

Name of Person Requesting Access to View File		Requestors Signature and Date	
For Official Use Only		Request/Viewing Date:	
ID Confirmed By:		Processed By:	
Front Office Signature	Date of Completion		



2020-2021 EMERGENCY CARD

Student Name: _____ Grade: _____ Date of Birth: _____

Allergies: _____

Diagnosis: _____

TO WHOM IT MAY CONCERN:

I hereby give my consent to _____ Hospital to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if the situation so warrants.

LIST IN ORDER OF CALLS MADE WHO SHOULD BE CONTACTED IN AN EMERGENCY OR IF YOUR STUDENT IS ILL:

First Contact: _____

	Name	Phone	Relationship
--	------	-------	--------------

Second Contact: _____

	Name	Phone	Relationship
--	------	-------	--------------

Current Medications: _____

Physician: _____

Phone: _____

Has this child had surgery?	Yes	No
-----------------------------	-----	----

If yes, please describe: _____

Has this child had seizures?	Yes	No
------------------------------	-----	----

If yes, please list the medications the child is taking for seizures: _____

Date of last Tetanus/DPT: _____

Insurance Company covering child: _____

Policy Number/Group Number: _____

Note any other information that might be helpful in case of an emergency: _____

My child is allowed to take _____ over the counter medication, and I understand it is my responsibility to bring it in. Lift academy may not give your child OTC medication unless you have brought it in with your child's name labeled on the bottle and amount allowed to be given and how often.

Parent/Guardian Signature		Date	
State Of		County Of	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> Physical Presence or <input type="checkbox"/> Online Notarization,			
This		Day of	, 20__
By _____ <input type="checkbox"/> Personally Known <input type="checkbox"/> Or Produced Identification			
Type of Identification Produced:			
Notary Seal, Commission Expiration		Signature and Date	
Online Notary: <input type="checkbox"/> (Check if acknowledgment done by Online Notarization)			



Internet Usage and Technology Acceptable Use Policy Permission Form

Dear Parent or Guardian:

With your permission your student will be able to access the Internet at school as part of their class instruction. Below are the rules for use at the school. Please read before you consider granting permission.

Access to the Internet is a wonderful opportunity to interact with the world at large. The opportunity brings with it a number of responsibilities. In order to use the internet services available at LiFT Inc., you must read the following information and sign the computer/internet agreement that follows.

1. The use of any LiFT Inc. computer which provides access to the Internet is a privilege which may be revoked by instructors, staff, or administrators at any time for abusive or inappropriate conduct. Such conduct would include, but is not limited to, the placing of unlawful information on or through the computer, system, accessing another person's files or e-mail, and the use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages.
2. Because of the potentially large number of individuals who might need to use the computers for Internet as well as personal productivity, student access may be limited to a specified time, as provided by the instructor(s) and/or administration.
3. LiFT Inc. reserves the right to inspect any material stored in files to which users have access and will edit or remove any material which the district staff, in its sole discretion, believes may be objectionable. Users of the computers/Internet will not use their account to obtain, view, download, or otherwise gain access to potentially objectionable materials. This includes text materials, video images, or sound files that may be considered objectionable.
4. LiFT Inc. Internet access is provided primarily for educational purposes under the direction of district staff. Non-educational use may be limited at any time by district staff.
5. Information services and features contained on the LiFT Inc. network are intended for the private use of its patrons. Any commercial or other unauthorized use of those materials, in any form, is expressly forbidden.
6. LiFT Inc. does not warrant that the functions of the system will meet any specific requirements you may have, or that it will be error-free or interrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or profits) sustained or incurred in connection with the use, operation, or inability to use the system.
7. Rules and regulations of system usage will be added and posted from time to time by the faculty/administrators of LiFT Inc. and/or the network. Users of computers/Internet are subject to these rules and regulations.
8. LiFT Inc.'s computers/network is intended for the exclusive use of its registered users. As a user, you are responsible for the use of your password and account. Any problems which arise from the use of a user's account are the responsibility of the account holder. Any misuse will result in suspension of the account privileges.
9. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
10. Commercial software is placed on the computer for the use and convenience of students and staff. Any unlawful use such as the copying of copyrighted material without the express written permission of the owner or the proper license is prohibited.
11. Any unauthorized, deliberate action which damages or disrupts a computing system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.
12. Damaged/Lost/Stolen Equipment – Repair or replacement of LiFT equipment or software damaged by unauthorized use or use by unauthorized individuals is the financial responsibility of the Parent or Guardian. If LiFT-owned computing equipment located in the residence or personal automobile of a parent or guardian is stolen,



**Internet Usage and Technology Acceptable Use Policy
Permission Form (continued)**

vandalized or damaged by fire or other natural causes, the parent or guardian will be asked to pursue recovery of damages through their homeowners or renters insurance and to turn over any compensation they received expressly for the equipment to the LiFT Incorporated.

I have read LiFT Inc. Internet Usage Permission Form & Technology Acceptable Use Policy, understand it, and agree to adhere to the principles and procedures listed within. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand that I may lose all computer/Internet privileges. I also understand that inappropriate or illegal use of computer facilities could result in civil or criminal lawsuits. Parents and/or guardians may be held accountable for inappropriate use by their child.

Student Name and Grade:

Student Signature

Date

Parent-Guardian Signature

Date



McKay Scholarship Recipients Only



FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE

IEPC - AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

Page 1 of 1

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who being
duly sworn, attests that he or she is the parent or legal guardian of _____
(Name of Student), and that the signature below is his or her true and correct signature and is the signature that will be used
to endorse warrants issued on behalf of the above-named student under the McKay Scholarship Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me by means of ___ Physical Presence of ___ Online Notarization,
this _____ day of _____, 20____, by

_____ (Name of Parent).

Personally Known [] Or Produced Identification []

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone _____ - _____ - _____ Parent's Work Telephone _____ - _____ - _____

Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which include, but are not limited
to:

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual school days at the
school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the account of the private
school. The parent may not designate any entity or individual associated with the participating private school as the parent's attorney in fact to
endorse a scholarship warrant.

Adam Miller
Executive Director
Office of Independent Education and Parental Choice

325 W. GAINES STREET • SUITE 1044 • TALLAHASSEE, FL 32399-0400 • (850) 245-0502 • Fax (850) 245-0875



LIFT Academy Enrollment Contract for GARDINER Scholarship Recipients

Both parents, guardians, and other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the Admission Office. A student is accepted for enrollment or re-enrollment when the Contract has been delivered to the School, countersigned and dated. A copy of the accepted Contract will be returned prior to the start of the school year. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the School's Board of Directors.

Student's Name _____ Grade to enter _____

Date to enter _____ Total Tuition _____ GARDINER Scholarship Amount _____

In consideration of the acceptance of this Contract by the School, the undersigned agrees to pay the required TOTAL TUITION for the full academic year and any additional fees incurred and agree to be bound by the provisions of this Contract.

Initial one.

_____ We/I choose to have LIFT Academy send in the invoices for tuition with direct payments to be made to the school. We/I agree that acceptance of the invoices will be done within 48 hours of receiving notice to approve them. We/I understand that we/I am totally responsible for the total tuition and all related fees and expenses if invoices are not approved by the parent or guardian. LIFT Academy is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.

_____ We/I choose to pay tuition quarterly or monthly on FACTS, and will be furnished invoices from LIFT Academy to submit to GARDINER for reimbursement. We/I understand that we are 100% responsible for the full tuition. LIFT Academy is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.

Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student.

LIFT Academy reserves the right to withdraw the student, at any time, if there is failure to comply with the terms outlined in this contract.

The student and the student's family agree to comply with and are subject to the School's rules and policies as set forth in the Parent-Student Handbook, which may be amended from time to time.

Transcripts will be held for students until all unpaid tuition and fees are received.

Both parents must sign this contract unless parent or guardian has sole custody to which legal paperwork will be furnished to LIFT Academy stating such.

Accepted:
Signature _____ Date _____
Father/Guardian or Person Responsible for Payment

Signature _____ Date _____
Mother/Guardian or Person Responsible for Payment

FOR LIFT OFFICE STAFF ONLY:

Accepted: _____

Date: _____





CONCUSSION, SUDDEN CARDIAC ARREST and HEAT ILLNESS- Consent and Release from Liability Certificate

This completed form must be kept on file by the school.

CONCUSSION:

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

* FREE Educational Video on Concussions are located at www.nfhslearn.com and or sportssafetyinternational.org

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes an average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Altered vision
- Delayed verbal and motor responses
- Decreased coordination, reaction time
- Memory loss
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- * Lack of awareness of surroundings
- * Headache or persistent headache, nausea, vomiting
- * Sensitivity to light or noise
- * Disorientation, slurred or incoherent speech
- * Confusion and inability to focus attention
- * Sudden change in academic performance or drop in grades
- * In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Students with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk of prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any student suspected of suffering a concussion should be removed from the activity immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the student should continue for several hours. You should also seek medical care and inform the school if you think that your child may have a concussion. Remember, it's better to miss one game or one day of school that to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Developed/Revised: 1/3/2020



Following physician evaluation, the return to activity process requires the student to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy CTE)). There have been case reports suggesting the development of Parkinson’s-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusion can be drawn.

I acknowledge the annual requirement for my child/ward to view “Concussion in Sports-What You Need to Know” at www.flhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

_____	_____ / _____ / _____
Name of Student-Athlete (PRINT)	Signature of Student-Athlete Date
_____	_____ / _____ / _____
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian Date



CONCUSSION, SUDDEN CARDIAC ARREST and HEAT ILLNESS- Consent and Release from Liability Certificate.

This completed form must be kept on file by the school.

SUDDEN CARDIAC ARREST INFORMATION:

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: Sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

- 1.) Call 911**
- 2.) Send for an AED**
- 3.) Begin compressions.**

*FREE Educational Video on Sudden Cardiac Arrest are located at www.nfhslearn.com and or sportssafetyinternational.org

Heat-Related Illnesses Information:

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with neurodiversity's and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn and prescription drug or alcohol use.



LiFT Support Plan Process Acknowledgement

POLICY STATEMENT

LiFT operates as a private school and is not a recipient of federal funding through the US Department of Education; as such LiFT is not required by law to abide by the regulations of the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973. Although LiFT is not duty-bound to abide by these two acts, LiFT seeks to provide the best quality of service and ensure that every student is able to reach their maximum learning potential. LiFT has made it a policy to adopt a similar approach in regards to the Individualized Educational Plan and 504 accommodations typically provided through a free and appropriate public education (FAPE). Not every student who attends LiFT will have an IEP on record but every student upon registering at LiFT will have a LiFT Support Plan developed within their first 30 days of attendance. A LiFT Support Plan is not a legal alternative to an IEP, ISP, or Section 504 Plan, but is used as a resource to ensure LiFT properly evaluates the educational needs of each student along with making every effort to determine any needed accommodations.

FAMILY INVOLVEMENT

LiFT does not underestimate the importance of the Parent/guardians involvement in the LSP process. The parent/guardian can provide a wealth of information useful in the LSP development. Parents/guardians are encouraged during the LSP meeting to be vocal about the abilities, needs, and desires of their student, what has and has not worked in the past, bring relevant evaluations and documentation, and ask questions. Parents/Guardians will act as the coordinator of services and accommodations not offered through LiFT such as therapies and/or the acquisition of devices. They will also act as reinforcement during the implementation of the services and accommodations provided by LiFT (See LiFT's Admissions Policy for a list of appropriate 504 accommodations provided by LiFT). Parents/Guardians will be informed of the LSP process upon registration to either LiFT Academy or LiFT University. They will furthermore receive notice of an LSP Meeting two weeks in advance of the first date list on the notice. The notice will include 3 selected dates the parent may choose from to schedule the LSP meeting. The notice must be signed and returned to the school within 3 days of receipt. Confirmation of receipt will be determined by the date the Behavioral Guidance Counselor sent the notice.

Parent Signature

Date