



## **2018-2019 REGISTRATION INFORMATION FOR ALL RETURNING LIFT STUDENTS**

February 1 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 and/or Joanne Gallagher 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 teacher to student ratio at LiFT is an average of 7 students to every one teacher. LiFT classes go no higher than 15 students in any class and most are much smaller. Our elementary classes have an assistant and a teacher. LiFT University students get one to one job coaching and 4 students to every one teacher. The cost to educate each K-12 student is currently over \$12,000. The cost to educate each LiFT University student is currently over \$16,000.

The registration fee includes student insurance, LiFT library use, a yearbook, 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), transportation costs when applicable, and any other classroom curriculum.

Our teaching staff salaries range from \$22,000 to \$35,000 and currently no health insurance offered through LiFT.

With this data in mind, the registration and tuition for the 2018-19 are listed on the next page.

## 2018/19 Tuition & Registration Rates:

**K-6<sup>th</sup> Grade:**                **\$9200**

**7-8<sup>th</sup> Grade:**                **\$9500**

**9<sup>th</sup> – 12<sup>th</sup> Grade:**        **\$10,995 or**  
**\$12,745\*** which includes a summer Career Preparation session using the new PAES curriculum. The six week summer session runs from June 10, 2019 – July 19, 2019. Days of operation are Monday through Thursday from 9:00 – 1:00.

**LiFT University Tuition:** **\$15,000 or**  
**\$16,750\*** which includes a summer Career Preparation session using the new PAES curriculum. The six week summer session runs from June 10, 2019 – July 19, 2019. Days of operation are Monday through Thursday from 9:00 – 1:00.

\*This gives families the option to plan and pay for a summer program for their students for the upcoming school year.

**Re-registration**                **\$400.00** from Feb. 1 through April 1, 2018

**Registration**                    **\$450.00** as of April 2<sup>st</sup>, 2018

We are offering a \$400.00 registration fee for returning families that have their registration turned in on or before April 1, 2018, with a second child discount of \$100. On April 2, 2018 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

- **FACTS Annual Fee: \$46.00**
- **Extended Care Registration Fee: \$30.00**

FACTS tuition management handles any payments for tuition and extended care, and this account needs to be set up by July 1<sup>st</sup>.

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 each school year. Students in 6<sup>th</sup> grade must also have a form filled out by the pediatrician for a scoliosis check. The LiFT form is included in the registration packet. These are LiFT policies and are not negotiable.

Gardiner 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 fee for ordering/invoicing/payment for therapies and items needed to support therapy.

Please contact Leanne Bastow or Kim Kuruzovich 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 will be conducting the financial need analysis for LiFT for the upcoming school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid assessment by April 30, 2018.

Applicants can apply online beginning now. Go to our website, [www.liftacademy.org](http://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 2018/19 school year.**

Daily attendance is expected. Excessive absences, more than eight 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 or Step Up (FTC), the amount of the LiFT Scholarship will be determined based on the 2018-19 scholarship amounts, due to the fact that the state of Florida does not announce the new rates until later in July. If the amount of the Gardiner, McKay or Step Up scholarship increases for the 2018-19 school years, the amount of the LiFT Scholarship will decrease, the payment owed will not.

McKay, Gardiner, & Step Up 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 2017 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.**



## 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 student insurance, LiFT library use, 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 6<sup>th</sup> 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 volunteer in any capacity for LiFT Inc.
- McKay Affidavit for those who receive the McKay Scholarship
- Notarized Emergency Card (Notary on campus available for free)
- 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.

### ALSO NEEDED FOR LIFT UNIVERSITY:

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

### 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, 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.

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.

# 18-19 Registration



3400 Park Blvd.  
Seminole, FL 33776  
727-258-7659

*All applicants for admission are considered without regard to sex, race, age, or national origin.  
Application/Registration Fee K-12 \$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

If your child's last name is different from your name, please state \_\_\_\_\_

Race \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Year Applying \_\_\_\_\_

**High School & LiFT University 2019 Summer Session included in tuition: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**PHOTO RELEASE PERMISSION:**

Includes family members of LiFT Students

1) Renweb Directory \_\_\_\_\_ Yes \_\_\_ No

2) School Facebook \_\_\_\_\_ Yes \_\_\_ No

3) School Publication \_\_\_\_\_ Yes \_\_\_ No

4) School Website \_\_\_\_\_ Yes \_\_\_ No

5) School Yearbook \_\_\_\_\_ Yes \_\_\_ No

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

Street City State County Zip

*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 \_\_\_\_\_

Cell Father \_\_\_\_\_ Cell Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_

Name Phone #

School Address City State Zip Code

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

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single

With which parent does the child reside? \_\_\_\_\_

Student Diagnosis \_\_\_\_\_ (Documentation required.)

**For Office Use Only:**

Date \_\_\_\_\_ App. Fee Rec'd \_\_\_\_\_ Tour Date \_\_\_\_\_

Transcript \_\_\_\_\_ Test Scores Rec'd \_\_\_\_\_ Interviewed by \_\_\_\_\_

Reg. Form Rec'd: \_\_\_\_\_ Physical \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Medical Release \_\_\_\_\_ Immunizations \_\_\_\_\_ Gardiner ID \_\_\_\_\_

Gardiner Contract \_\_\_\_\_ McKay Affidavit \_\_\_\_\_ Code of Conduct \_\_\_\_\_

IEP/504/Psychological and educational evaluations \_\_\_\_\_

Scoliosis screening \_\_\_\_\_ Diagnosis Doc. \_\_\_\_\_ Birthday Certificate \_\_\_\_\_

**NEW FAMILIES ONLY:**

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

Relative \_\_\_\_\_ Advertisement \_\_\_\_\_ Brochure \_\_\_\_\_ LiFT Parent \_\_\_\_\_ Internet \_\_\_\_\_

-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 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 \_\_\_\_\_

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, 2017 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, 2017. 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).



**INDEMNITY & WAIVER AGREEMENT**

I/We, \_\_\_\_\_ and \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_, the student 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



**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); and

Whereas said transportation shall be driven by the following drivers (hereinafter jointly and severally referred to a Drivers):  
Name of Driver: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_

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.

1<sup>ST</sup> EMERGENCY CONTACT      PHONE      2<sup>ND</sup> EMERGENCY CONTACT      PHONE

\_\_\_\_\_  
Parent/Guardian Signature      Date  
Or Student if over 18

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

**Acknowledgment of Individual**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date), by \_\_\_\_\_ (name), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
Notary Public      My Commission expires: \_\_\_\_\_





# 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 (Last, First, Middle)	Birth Date
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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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Screening Results: \_\_\_\_\_

Signature & Title of Health Care provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		