



Way of Wisdom Academy Inc.

2053 Americana Blvd Orlando FL 32839

Phone: 407-745-5225 Fax: 407-745-5217

Email: wayofwisdomacademyinc@gmail.com

Re-Enrollment Application | School Year: 2026–2027

OFFICE USE ONLY

Date Received: _____ Reg. Fee: _____ Cash ☐ Check ☐ # _____

☐ Returning ☐ Other: _____

Updated Documents:

☐ Phys. Form ☐ Vaccines

☐ Interview ☐ Emergency Contact Form

☐ Medication Authorization

Scholarship: _____ Accepted: _____

Payment Plan ☐ Scholarship ☐ Paid in Full ☐

Grade Entering: _____ ☐ Student-Athlete / Sport: _____

Person Responsible for Tuition: _____ Relationship: _____

Way of Wisdom Academy Inc. will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We will not discriminate based on race, color, gender as determined at birth, national or ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.

Last Name: _____ First Name: _____ Middle: _____

Gender: ☐ Female ☐ Male Date of Birth: _____ Age: _____ Ethnicity: _____

Social Security: _____ - _____ - _____

Address: _____ City: _____, FL Zip: _____ Phone: _____ **This**

Student lives with the following adults: (El estudiante vive con los siguientes adultos)

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Step-Parent ☐ Legal Guardian ☐ Other: Housing Program

PARENTS INFORMATION (Información de los Padres)

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____ Work Phone: _____ Email (please print clearly) _____

Employer: _____ Address: _____

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Email (please print clearly) _____ Occupation: _____

Employer: _____ Address: _____

POLICY RE-ACKNOWLEDGMENT / RECONOCIMIENTO DE POLÍTICAS

- **Handbook Compliance:** I confirm I have reviewed the Parent/Student Handbook and agree to continue abiding by all responsibilities, policies, and school rules. / **Confirmo que he revisado el Manual para Padres/Estudiantes y acepto continuar cumpliendo con todas las responsabilidades, políticas y normas escolares.**
- **Medical & Emergency:** I verify that all health information and emergency contacts on file are current, and I authorize emergency medical treatment as needed. / **Verifico que toda la información de salud y contactos de emergencia en el expediente están actualizados, y autorizo el tratamiento médico de emergencia según sea necesario.**
- **Admission Standards:** I understand that Way of Wisdom Academy Inc. maintains its zero-tolerance policy for violence and poor behavior for all returning students. / **Entiendo que Way of Wisdom Academy Inc. mantiene su política de tolerancia cero para la violencia y el mal comportamiento para todos los estudiantes que regresan.**

FINANCIAL AGREEMENT / ACUERDO FINANCIERO

- Registration Fee / **Cuota de inscripción:** \$_____
- Curriculum Fee / **Cuota de currículo:** \$_____
- Monthly Tuition / **Matrícula mensual:** \$_____
- Agreement: I have read the “Way of Wisdom Academy Inc. Enrollment Financial Agreement” and agree to its terms. / **He leído el “Contrato Financiero de Matrícula” de Way of Wisdom Academy Inc. y estoy de acuerdo con sus términos.**

Print Name / Nombre en letra de Molde

Print Name / Nombre en letra de Molde

Parent/Guardian's Signature / Firma

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Way of Wisdom Academy Inc. reserves the right to admission. / Way of Wisdom Academy Inc. se reserva el derecho de admisión.