



Way of Wisdom Academy Inc.

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Enrollment Application | School Year: 2026–2027

OFFICE USE ONLY

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

☐ New ☐ Returning ☐ Sibling ☐ Other: _____

☐ Phys. Form ☐ Vaccines ☐ Birth Certificate

☐ IEP/504 ☐ Withdrawal Form ☐ Student Transcript/Grades

☐ FSA or Testing Evidence ☐ 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: _____

For students entering Kindergarten, did your child participate in the VPK program last year? ☐ Yes ☐ No If Yes, where?

PREVIOUS SCHOOL INFORMATION (información de la escuela anterior)

Name of Previous School: _____

Address of Previous School: _____

Previous School Phone: _____ Fax: _____

PARENTAL CONSENT / CONCENTIMIENTO

Emergency care and pick-up permission / Autorización y cuidado de emergencia

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me or anyone on the Emergency Contact List, I authorize the school to make whatever arrangements deemed necessary. / En caso de lesión grave solicito que la escuela me contacte, pero si yo no puedo ser contactado o nadie de la Lista de Contactos de Emergencia, yo autorizo a la escuela a hacer cualquier arreglo pertinente que considere necesario para ayudar a mi hijo(a).

Child accessibility in the cases of divorce and estrangement/ Acceso al estudiante en caso de divorcio y restricciones

To prevent unauthorized visit or pickup of my child at Way of Wisdom Academy Inc. by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the Way of Wisdom Academy Inc. office with all official, legal court documents (including, but not limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance. Updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. La documentación legal es requerida para evitar que alguien que tuvo alguna relación parental con su hijo(a) NO tenga acceso a su hijo(a). Sin documentación legal, no podemos evitar que un padre, madre, padrastro, madrastra tenga acceso a su hijo(a) o acceso a su expediente o información. Usted tiene que someter el documento legal a la oficina antes del 1er día de clases.

Change of legal name or last name/ Cambio de nombre o apellido

The school staff will acknowledge the student's legal name and gender as stated on the student's birth certificate. If the name or gender was changed by the parents, legal documentation is required along with an updated birth certificate. All students' records will have the student's legal name and gender as stated on the student's birth certificate. / El personal de la escuela se referirá al estudiante con el nombre legal y sexo escrito en su certificado de nacimiento. Si los padres desean cambiar su nombre, apellido, sexo, estos deben someter documentación legal y un certificado de nacimiento actualizado. Todo expediente del estudiante tendrá el nombre y sexo estipulados en el certificado de nacimiento.

Permission to travel/Permiso para transporte

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities. / Doy mi permiso a que se transporte a mi hijo a cualquier actividad escolar mediante transportación aprobada por la escuela.

Statement of non-discrimination policy/Política de no discriminación

I have been informed that Way of Wisdom Academy Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. / He sido informado de que Way of Wisdom Academy Inc. admite estudiantes a todos los programas sin discriminación por raza, color, nacionalidad u origen.

Child's Learning & Health Information / Información de Aprendizaje y Salud del Estudiante

- **Learning Services:** Has the child ever received ELL/ESOL services? ☐ Yes ☐ No

Servicios de aprendizaje: ¿Ha recibido el niño servicios de ELL/ESOL? ☐ Sí ☐ No

- **Special Education Services:** ☐ Yes ☐ No

(Issues: ☐ Language ☐ Physical Therapy ☐ Specific Learning Disability ☐ Occupational Therapy ☐ Hearing ☐ Vision ☐ Speech ☐ Gifted ☐ Behavior)

Servicios de Educación Especial: ☐ Sí ☐ No

(Problemas: ☐ Lenguaje ☐ Terapia Física ☐ Discapacidad de Aprendizaje Específica ☐ Terapia Ocupacional ☐ Audición ☐ Visión ☐ Habla ☐ Dotado ☐ Comportamiento)

- **Health: Allergies:** _____ | EPI Pen: _____

- **Salud: Alergias:** _____ | ¿EPI Pen recetado?: _____

- **Medical Policy:** All medication requires a doctor's note with specific dosage instructions and must be delivered to the school nurse by a parent. Students are NOT allowed to have medication on them at any time on school property. / **Política de medicamentos:** Todo medicamento requiere una nota médica con instrucciones de dosis específicas y debe ser entregado a la enfermera escolar por un padre o tutor. Los estudiantes NO tienen permitido portar medicamentos en ningún momento dentro de la propiedad escolar.

Admission Policy & Behavioral Requirements / Política de Admisión y Requisitos de Comportamiento

- Way of Wisdom Academy does not accept students with records of violence, poor behavior, or any history that could jeopardize school safety. / Way of Wisdom Academy no acepta estudiantes con antecedentes de violencia, mal comportamiento o cualquier historial que pueda poner en peligro la seguridad de la escuela.
- Students transferring from other schools with negative disciplinary records will not be accepted. / No se aceptarán estudiantes que provengan de otras escuelas con expedientes disciplinarios negativos.
- Admission is reserved, and final decisions are determined by the school administration. / La admisión está sujeta a reserva y las decisiones finales son determinadas por la administración escolar.
- All new students are accepted on a nine-week trial basis. / Todos los estudiantes nuevos son aceptados bajo un período de prueba de nueve semanas.
- Failure to follow any of our school rules will result in disciplinary action. / El incumplimiento de cualquiera de nuestras normas escolares resultará en una acción disciplinaria.

Academic Requirements / Requisitos Académicos

- All new applicants must provide recent scores from a national achievement test to ensure appropriate grade placement and maintain high academic standards. / Todos los nuevos solicitantes deben presentar los resultados recientes de un examen nacional de rendimiento para asegurar la colocación adecuada en el grado y mantener altos estándares académicos.

Financials & Compliance / Responsabilidades Financieras y Cumplimiento

- **Registration Fee:** \$ _____ | **Curriculum Fee:** \$ _____ | **Monthly Tuition:** \$ _____
- I confirm I have reviewed the Parent/Student Handbook and agree to all responsibilities, policies, and school rules. / Confirmando que he revisado el Manual para Padres/Estudiantes y estoy de acuerdo con las responsabilidades, políticas y normas escolares.
- I authorize emergency medical treatment and accept full financial responsibility for my child's total treatment and transport costs. / Autorizo el tratamiento médico de emergencia y acepto la plena responsabilidad financiera por el costo total del tratamiento y transporte de mi hijo(a).

Way of Wisdom Academy tuition financial agreement/ Contrato financiero de matricula

“I have read the “Way of Wisdom Academy Inc. Enrollment Financial Agreement; and I do understand and agree with the policies set forth.” / He leído el “Contrato Fianciero de Matrícula” de Way of Wisdom Academy Inc., estoy de acuerdo y me comprometo a cumplir con sus cláusulas.

Statement of faith/Declaración de fe

I have read the “Statement of Faith,” and I will abide by them. I want my child to be taught in accordance with Way of Wisdom Academy Inc.'s “Statement of Faith” as described by the school policy; I will accept and respect their beliefs. / He leído la “Declaración de Fe” de Way of Wisdom Academy Inc. y me comprometo a respetarla. Quiero que mi hijo(a) sea instruido(a) de acuerdo con la “Declaración de Fe” de Way of Wisdom Academy Inc., y aceptaré y respetaré sus creencias.

Student-athlete only-required information/ Estudiante atleta- informacion requerida

I understand that if my child is selected to participate at the Way of Wisdom Academy Inc. Sport Program, I will be responsible for paying my child's Athletic Fee entirely. I understand that the Scholarship does not cover this fee. I will refer to the Way of Wisdom Academy Inc. Sports Handbook to abide and comply with additional rules as established by Way of Wisdom Academy Inc. / Entiendo que, si mi hijo es seleccionado para participar en el programa atlético de Way of Wisdom Academy Inc., yo seré responsable por los costos atléticos en su totalidad. Entiendo que la beca no cubre este costo. Me comprometo a leer el Manual de Way of Wisdom Academy Inc., a seguir y cumplir las reglas adicionales establecidas por Way of Wisdom Academy Inc.

Name of Previous School: _____ Name of Previous Team: _____
Name of Previous Coach: _____ Positions Played: _____

Print Name / Nombre en letra de Molde

Print Name / Nombre en letra de Molde

Parent/Guardian's Signature / Firma

Parent/Guardian's Signature / Firma

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