



SOUTHWEST ACADEMY LEARNING CENTER

THE ACADEMY | MULTISENSORY TRAINING CENTER | EVALUATION CENTER

APPLICATION/REGISTRATION FOR ADMISSION

FALL 2008-2009

Fall 2008 Grade Level: _____

Name of Applicant: _____

Age as of 9/1/2008: Yr: _____ Mo: _____ DOB: _____

Home Address _____ City: _____ Zip: _____

Home Phone: _____

E Mail Address: _____

My child attended _____ before coming to Southwest Academy

Located in (city) _____, (state) _____, (zip) _____

Father's name: _____ Mother's Name _____

Home address: _____ Home address: _____

Social Security # _____ - _____ - _____ Social Security # _____ - _____ - _____

Drivers License # _____ Drivers License# _____

Occupation : _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell/Pager: _____ Cell/Pager: _____

Name of Financially Responsible Party: _____

Relationship to Child: _____

If Parents are: Divorced _____ Separated _____ Deceased _____

Please give name(s) and relationship of person(s) that live with child: _____

Person(s), other than parent or guardian, to contact in the event of an emergency:

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

Child's Pediatrician: _____ Phone: _____

Name and Age of Sibling(s): _____

How did you hear about Southwest Academy: _____

Please give information concerning any special needs of your child: _____

Southwest Academy 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Upon the student's acceptance to Southwest Academy, a registration fee of \$1,200.00 is due in full and is non refundable regardless of the circumstances (this applies to returning students). The amount of the deposit will be in addition to the total tuition cost for the school year. Please return this application and deposit on or before your child's first day as a student on this campus.



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2008-2009 Tuition and Fee Schedule

Grade	Tuition	Registration Fee
Pre School 2 Days	\$4,000	\$1,200
Pre School 3 Days	\$5,500	\$1,200
Pre School 4 Days	\$6,250	\$1,200
Pre School 5 Days	\$7,000	\$1,200
Kindergarten 5 Days	\$8,000	\$1,200
First Grade	\$9,000	\$1,200
Second Grade	\$9,000	\$1,200
Third Grade	\$9,000	\$1,200
Fourth Grade	\$10,400	\$1,200
Fifth Grade	\$10,400	\$1,200
Sixth Grade	\$11,440	\$1,200
Seventh Grade	\$11,440	\$1,200
Eighth Grade	\$11,440	\$1,200
Ninth Grade	\$11,640	\$1,200

Information and Additional Fees

Tuition payment in full discount: Check or Cash	5%
Tuition payment in full discount: Credit Card	2%

Incidental Fees

These fees are due May 1, 2008 and are required per student unless otherwise noted.

Parent Club	15.00 per <u>Family</u>
School Supplies	\$50.00 per Child
P.E. Uniforms	see enclosed order form
Yearbook (optional)	30.00
Parenting Books (optional) available in SWA office	see enclosed order form
Technology Fees – In order to keep our computer classes, software, computers, upgrades/warranties, and yearly license renewals current, an annual technology fee will be required for each student.	
PreK-Kindergarten	125.00
1 st – 2 nd Grade	150.00
3 rd – 4 th Grade	200.00
5 th – 6 th Grade	250.00
7 th – 9 th Grade	250.00 laptop previously purchased thru SWA
7 th – 9 th Grade (incoming)	250.00 deposit due May 1, 2008 *

*the remaining estimated amount of \$450 will be due at registration in August. Due to the fluctuation of pricing in the market, we will not be purchasing the laptops until closer to the start of school. At that time we will be able to quote the actual price of the equipment.



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FINANCIAL PAPERWORK

The following is a summary of the steps necessary for completing the financial paperwork. If you have a question, or your paperwork is incorrect, please notify the Admissions Office, immediately.

Payment in Full:

Payment in Full is due by March 3, 2008 in order to receive the following discount:

Tuition payment in full by cash or check will receive a 5% discount off the tuition cost.

Tuition payment in full by credit card will receive a 2% discount off the tuition cost.

Checking or Savings Draft:

We will be using the FACTS system again this year. There will be a \$75.00 processing fee payable at enrollment in January when paperwork is due, if you are enrolling in the FACTS payment system.

The first monthly payment will be **due June 2008 and your tuition will be divided into 10 monthly payments.**

- Please look over the enclosed FACTS Re-enrollment letter. The amount designated as “total Tuition Owed” on your contract of enrollment will be the tuition amount that will be submitted to FACTS.

If any of your banking information has changed:

- Please provide your Account Number and routing information with a voided check attached to the re-enrollment letter.
- Sign the signature line – the *Responsible Party* must sign (*whomever the letter is addressed to, is listed in the FACTS system as the Responsible Party*).
- **FACTS Peace of Mind (POM) Benefit** – optional

If your information is up to date:

- Sign the signature line – the *Responsible Party* must sign (*whomever the letter is addressed to, is listed in the FACTS system as the Responsible Party*).
- **FACTS Peace of Mind (POM) Benefit** – optional

After your enrollment is complete you will receive a confirmation letter from FACTS. A draft for the enrollment fee of \$41.00 will be applied 10 days after receiving your letter.



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FACTS Checking/Savings Account Draft:

- Checking: Please provide your Account Number and Routing information with a Voided check attached to the form.
- Savings: Please provide the Account Number and Routing information to the form.
- Select your payment date; either the 5th or 20th of each month.
- Sign the signature line – the Responsible Party signature must match the name on the checking or savings account information.

Credit Card Draft:

- The credit card payment option will be through the FACTS system. The first monthly payment will be due June 2008.
- Please stop by the office for the necessary paperwork to set up the Credit Card payment option.

The Admissions Office must be notified of your intentions to use the credit card payment option.

There is a \$41.00 enrollment fee plus a monthly convenience fee (mandated by the credit card industry).

*The person calling in with the credit card must match the name imprinted on the credit card. The following credit cards are accepted: MasterCard, Visa, American Express and Discover.



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MEDIA RELEASE

We the parents and/or legal guardians of _____ (*name of minor*) irrevocably grant to Southwest Academy Learning Center, hereafter referred to as *SWA*, the right to distribute, transmit, publish, copy, or otherwise exploit, either in whole or in part, either digitally or in any other medium now known or later discovered, the following items created by, taken of, or referenced to named minor:

- Area
- Artwork
- Photo
- Video
- Written Work

We understand and agree that the above items may be used and exploited with or without identifying minor as their student. We release and discharge *SWA* and its agents, representatives, and assignees from any claim or cause of action, now known or later discovered, for, among other things, invasion of privacy, right of publicity, and defamation arising out of the use and exploitation of the above selected items.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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MEDICAL INFORMATION

In order for the staff of Southwest Academy to best meet the needs of your child, we require a periodic update with regard to your child's medication and/or other medically related conditions. Please inform us of the following:

Child's Name: _____

Type of Medication(s): _____

Time of Administration: _____

Is this a change from previous dosages/times/types? Yes No

If you desire your child to receive medication for headaches, stomachaches, etc. please send the medication to the Academy along with complete instructions as to its administration. Are there any physical activities that your child should refrain from due to their physical condition? If so please explain.

I am faithfully administering medication in the mornings before school, as directed by the physician. I do declare that as of (date) _____ all the above information is accurate and complete.

Parent's Name

Parent's Signature



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MEDICAL EMERGENCY RELEASE

In order to meet all legal requirements, I hereby authorize Southwest Academy or its designated representative to give consent for any or all necessary medical care for my

Child: _____

While said child is in their custody.

Parent or Legal Guardian's signature

The State of Texas;

County of Collin;

Before me, the undersigned authority, on this day personally appeared:

Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose there in expressed. Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public in and for Collin County

My Commission Expires

EMERGENCY INFORMATION

Physician: _____ Phone #: _____

Address: _____

Father's Work #: _____ Mother's Work #: _____

Others to be Notified: _____ Relationship: _____

Address: _____ Phone #: _____

Allergies to medication(s) or special health needs: _____

IMMUNIZATIONS

Please attach a copy of your child's immunization record to this form. In the event that you do not have a current copy, please have your physician fax the information to the school. **We must have this information on file as required by Texas state law.**



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CONSENT FOR INFORMATION

Student Name:	
Student SSN:	
Parent/Guardian:	
City, State Zip Code:	
Telephone Number:	

School Name:	
Street Address:	
City, State Zip Code:	
Telephone Number:	
Fax Number:	

I hereby authorize any educational institution, school, testing facility, physician or clinic to release copies of permanent records and any other information regarding the above named student to:

Southwest Academy
600 South Jupiter Road
Allen, TX 75002
Phone: 972-359-6646
Fax: 972-359-8291

Parent/Guardian Signature

Date



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RELEASE OF CLAIMS

I _____
(Parent or Guardian... Please Print)

of the city of _____, state of Texas, hereby affirm that my

child _____
(Child's Name... Please Print)

shall be participating in all Southwest Academy related functions and field trips hereinafter referred to as "the Activity" throughout the 2008-2009 school year.

I certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, school premises.

I understand and agree that neither Southwest Academy, not its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release Southwest Academy, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled on or participating in the Activity. I further agree to save and hold harmless Southwest Academy, its trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity. I also authorize Southwest Academy to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the ____ day of _____ 20 ____.

Signature _____