

Arrows Academy

20-21 Flexible Course High School Registration

Student Information	Full Name: _____ <small>First Middle Last Preferred Name Gender (M or F)</small>				
	Birthdate: _____		Grade Entering: _____		Email: _____
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child been homeschooled? If yes, list grades: _____				
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child attended school? If yes, list school & grades: _____				
	<p style="color: red;">If you select "YES" to any questions below, please complete the additional Reg Form B found on the website under Start Here – Forms and attach it to this page and attach it to this page</p>				
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child ever been suspended or expelled from school? (*If yes, please explain on Reg Form B)				
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your student had to repeat any grades? (*If yes, please explain on Reg Form B)				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child had <i>behavior difficulties</i> or been involved in illegal activity? (*If yes, please explain on Reg Form B)					
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Are there any <i>unusual / current factors</i> in your child's life that may impact their performance / behavior at school (i.e. absence of a parent, death or divorce, disability of a parent, adoption, etc)? (*If yes, please explain on Reg Form B)					
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Does your child have a learning disability or are there any other educational/ behavioral / emotional concerns? (*If yes, please explain on Reg Form B)					
<small>*Additional forms can be found on our website. Arrows 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, and other school-administered programs.</small>					
Parent Information	Father's Name: _____		Mother's Name: _____		
	Cell Phone: _____	Alt. Phone: _____	Cell Phone: _____	Alt. Phone: _____	
	Email: _____		Email: _____		
	Employer: _____	Title: _____	Employer: _____	Title: _____	
	Home Address: _____		City: _____	Zip: _____	
Home Church: _____					
<small>*Please attach any additional addresses or custody information if applicable.</small>					
Consent & Medical Information / Release	Photography Consent				
	I hereby grant Arrows Academy permission to use my child's image in any media pertaining to the school such as newsletter, website, yearbook, and news articles. Yes No Initials: _____				
	Medical Information				
	<p style="color: red;">If you select "YES" to any questions below, please complete the additional medical form found on the website and attach it to this page. One form per student.</p>				
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Does student(s) have a physical health condition or food allergy of which the school should be aware?				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Does your child have an allergy that requires an EpiPen? If yes, an EpiPen must be stored at Arrows.					
Medical Release					
For the 2020-2021 school year, I _____, parent/guardian of Arrows Academy student _____, do hereby authorize and request that any staff of Arrows Academy seek immediate medical attention of a physician or hospital or EMS in emergencies requiring such medical attention; and this authorizes said staff to designate any physician or hospital or EMS to treat in cases of emergencies such as injury by accident or sickness while in their care. I understand that the cost of such treatment is my responsibility. I further verify that health insurance is provided by:					
Insurance Company Name: _____		Name of Insured: _____			
Policy Number: _____		Insurance Company Phone: _____			

Course Selection

Please wait for Enrollment Confirmation Form and the Curriculum Buying Guide to purchase curriculum.
If a class has too few students to make, your registration fee will be returned.

2 Hour Courses (\$400 each)- times vary

- Algebra 2 (T/W am) BJU
- Pre-Calculus (T/W am) Math U See
- World Literature (T am)- 6 novels
- English 4 (T am)- 6 novels
- World History (T pm) BJU
- US History (T pm) BJU
- World Geography (T pm) BJU
- Anatomy (W am) Apologia

1 Hour Courses (\$250 each) -Wed afternoons

- Spanish 1, 2, or 3 (*circle one*) Avancemos
- Latin 1 - Wheelock
- Java 1 No curriculum to purchase
- Graphic Design- TBA
- Psychology- TBA
- Art 1 – Artistic Pursuits
- PE – No curriculum to purchase
- Philosophy - *Basic Teachings of the Great Philosophers*
- Photography – *Digital Photography Complete Course*
- Personal Finance – Personal Finance workbook
- Life of Christ- Bible; No curriculum to purchase.
- Drama- No curriculum to purchase.
- Worship- No curriculum to purchase

If you have additional comments/questions, please provide additional information in this box.

Financial Agreement

By signing below, you agree you have read and understand the following:

1. Any student with outstanding fees/tuition will not be allowed to attend classes until account is current.
2. No transfer of tuition or fees to other families is allowed.
3. The remainder of the year's tuition will be due if a child withdraws for any reason.
4. A fee of \$25.00 will be assessed for all returned checks.
5. I understand that this form and registration fee of \$100 (**\$90 this year 🎉 as we celebrate our 10 year anniversary with \$10 off registration**) per student will only reserve my child's spot at Arrows Academy. The enrollment process will not be complete until I have completed the hold harmless form and paid the first month or full year's tuition plus enrollment fees. Enrollment fees are non-refundable and non-transferable. **Registration fees will only be refundable if we drop a class in which your student is registered.**
6. Tuition is pro-rated and only refunded if/when another student fills the vacated spot.
7. By signing below, I am stating that I understand that after the first payment is made, I will be responsible for the year's tuition regardless of whether my child completes the year or not.

Parent signature

Date

Check which payment option you are choosing:

_____ One payment due by July (5% discount) _____ 10 monthly payments starting July

*All payments are made using the FACTS tuition management system. You must register by July 1st in order for your payment plan to begin payments in July. Detail instructions and due dates will be provided in your enrollment packet.

Attachments:

- _____ I have attached the **\$90** registration fee (check or money order)/student made payable to Arrows Academy. (If class is full, your check will not be deposited). **(Current Arrows families will be billed via FACTS incidentals in lieu of sending in a check.)**
- _____ I am interested in being an assistant in exchange for a tuition credit. I have included my application with this registration form (found on our website).