



Alpha Learning Academy

The "Beginning" of a Life-time of Learning

2013 - 2014 Application for Admission Packet

Thank you for your interest in joining our Alpha Learning Academy family!



We believe that our school is the "Beginning" of a Life-time of Learning, that transforms the Mind, Body and Spirit. Founded in 1996 as "Saint Mark Preparatory School", Alpha Learning Academy is an educational ministry of Saint Mark African Methodist Episcopal Church in Orlando, Florida. We are administered under the

leadership of Terence Renard Gray I, Senior Pastor; and we give glory unto God that our school has flourished and excelled—exceedingly, abundantly and above.

We invite you to prayerfully consider our vision and mission as it relates to Christian education. We believe that our students are uniquely created and purposed with gifts. As Christian educators, we are commissioned by faith to nurture, feed and attend to our students (our seeds of promise); which have been entrusted to our care. Collectively, we demonstrate excellence in Christian Education, with a focus on family engagement, academic achievement and student success.

Families are welcome to apply for admission to the Alpha Learning Academy by submitting the completed application packet and \$25 application fee (non-refundable) by the priority admission deadline. Students entering Kindergarten must be five years old before October 1st. Applying by the priority deadline will ensure early consideration for enrollment and Alpha Learning Academy scholarships.

Admissions Criteria

The Alpha Learning Academy is a representation of God's family; and therefore we require that at least one parent or guardian be a confessed Christian. We believe a true education begins with God and a relationship with our Lord and Savior Jesus Christ.

Application Process

Any student entering Kindergarten must be five years old before October 1st. Students entering First grade must be six years old by October 1st.

The Alpha Learning Academy does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions practices and scholarship consideration.

APPLICATION CHECKLIST

- Obtain and present the original student's Birth Certificate (a copy will be made)
- Obtain current student immunization record on valid Florida DH immunization form
Please contact Orange County Health Department at (407) 836-7185 for more information.
- Annual Physical exam (must be current within year of enrollment)
- Teacher reference form completed and returned by current/former teacher
- Church letter of reference from the Pastor, ministerial staff or ministry head of current church
- Obtain copy of previous year & most recent report card
- Obtain copy of most recent standardized test scores (SAT, FCAT, IOWA, etc.)
- Complete Application and submit the \$25 Application fee (**Non-Refundable**)

- * After the application packet and all checklist items have been submitted and reviewed, the applying student must take an ability test scheduled by the administrative office. Applicants must score at normed levels for readiness and abilities in reading, language arts and math.

- * The family must also schedule an Admissions conference with the School Principal to discuss admission consideration, expectations and address any questions related to the learning environment for students enrolled at Alpha Learning Academy. This Admissions conference will be between the school principal and the parent(s) or guardian(s). *Students are NOT apart of this meeting, so please make the proper arrangements.*

Parental Involvement

All parents of Alpha Learning Academy students will be expected to participate in their child's education and demonstrate support for the school. This expectation is accomplished by becoming an active member of Parent Teacher Fellowship (PTF), volunteering for assignments in support of our learning environment and praying for our administration, faculty, students and families. Parental involvement is used as a measure for re-enrollment eligibility.

2013-2014 APPLICATION FOR ADMISSION *(Please use black or blue ink)*

Today's Date: _____

Student's Social Security #: _____

(Child's Birth Name) Last Name First Name Middle Initial

Permanent Home Address City State Zip code

Male [] Female []

Date of Birth (mm/dd/yyyy) Last Grade Completed

Last School Attended Name of Teacher Attendance Dates

Date of Last Assessment/Standardized Test (SAT, FCAT, Iowa, ect) Reading Level/ Math Level Assessment Test Scores

List any Honors, Recognitions and/or Extra-curricular Activities (Attach additional sheet if necessary).

PARENT/ GUARDIAN INFORMATION:

Parent/ Guardian #1

Last Name First Name Relationship to the Student

Permanent Home Address (if different from student)

Daytime Phone # Cell Phone # E-mail Address

Name of Church Affiliation & Name of Pastor Church Phone #

2013-2014 APPLICATION FOR ADMISSION (continued)

PARENT/ GUARDIAN INFORMATION:

Parent/ Guardian #2

Last Name

First Name

Relationship to the Student

Permanent Home Address (if different from student)

Daytime Phone #

Cell Phone #

E-mail Address

Name of Church Affiliation & Name of Pastor

Church Phone #

ADDITIONAL INFORMATION: (Please attach additional pages if necessary)

Social Adjustment: Please discuss any serious behavioral issues or concerns related to your child's educational experiences:

Has this student ever been suspended, expelled, or asked to withdraw from another school? No Yes

If Yes, give the name of the school and details: _____

2013-2014 APPLICATION FOR ADMISSION (continued)

Has this student ever experienced academic, behavior, emotional or attention difficulties that resulted in discussion or referral for evaluation by a school official, psychologist or other professional? No Yes

If Yes, please give details:

Has this child ever been evaluated for academic, behavioral, emotional or attention difficulties by a school official, psychologist or other professional? No Yes If Yes, please attach all copies of any Individual Educational Plan (IEP) or Individual Performance Plan (IPP) Has this student ever repeated or been held back in any grade? No Yes If Yes, which grade? _____

Please explain:

APPLICATION CONSIDERATIONS: Please discuss why your student should be considered for admission to ALA:

In what way are you willing to support and participate in your child's education, as well as demonstrate your support of Alpha Learning Academy?

Please explain: _____

Check all that apply:

- Serve as a Classroom Coach
- Join PTF (Parent Teacher Fellowship)
- Volunteer for Campus Beautification
- Volunteer to Read w/Students
- Serve as a Lunchroom Attendant
- Help with Car Riders
- Join Tri-Alfa Society Booster Club
- Assist with Coaching a Sports Club
- Assist with Annual Spelling Bee

CERTIFICATION STATEMENTS

Please carefully review the following statements and initial below to acknowledge your understanding.

Initial Below:

_____ I have attached a check or money order for \$25.00 in payment of the application fee. I understand that the application fee is non-refundable, will not be refunded if my student is not offered admission.

_____ I certify that I have health insurance coverage for my son/daughter that will cover him/her while attending Alpha Learning Academy, and that I agree to maintain said coverage in full force and effect for the duration of my child's attendance. I will notify the administrative office immediately of any change in coverage and further understand that should my son/daughter become sick or injured while attending Alpha Learning Academy, medical treatment for said sickness or injury is my financial responsibility.

_____ I agree to indemnify, protect, and hold harmless Alpha Learning Academy, its officers, Board members, and employees, from any claim or liability whatsoever including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of my child participating in activities at Alpha Learning Academy.

_____ I understand that all required documents from the application checklist become the property of Alpha Learning Academy and will not be returned nor photo-copied nor released.

I certify that the information provided on this application is true and accurate to the best of my knowledge. I further understand that any falsification related to this application will void any offer of enrollment to the Alpha Learning Academy.

Signature of Parent or Legal Guardian #1

Date

Printed Full Name

Signature of Parent or Legal Guardian #2

Date

Printed Full Name

COST OF ATTENDANCE

All students offered admission to the *Alpha Learning Academy* are responsible for the following tuition, book and enrollment fees. Total cost of attendance may be subject to increase bi-annually:

NEW TO ALPHA LEARNING ACADEMY:

Yearly Tuition	\$ 4,300.00
Application Fee	\$ 25.00
Enrollment Deposit	\$ 100.00
Book Fee	\$ 300.00
Standardized Testing Fee	\$ 60.00
Total Cost of Attendance	\$ 4,785.00

RETURNING STUDENTS TO ALPHA LEARNING ACADEMY:

Yearly Tuition	\$ 4,300.00
Commitment to Return Fee	\$ 25.00
Enrollment Deposit	\$ 50.00
Book Fee	\$ 300.00
Standardized Testing Fee	\$ 60.00
Total Cost of Attendance	\$ 4,735.00

Yearly Tuition	The amount charged for academic instruction.
Application Fee	Fee charged for all New applications to Alpha Learning Academy. The fee is non-refundable.
Enrollment Deposit	Annual administrative fee for record set-up costs associated with a new academic year. The fee is non-refundable.
Book Fee	Fee charged for books and copyright materials utilized in classroom instruction. The fee is non-refundable upon ordering of materials.
Standardized Testing Fee	Charges associated with materials utilized for benchmark testing. The fee is non-refundable upon ordering of testing supplies.

The *Alpha Learning Academy* is a proud participant in the “**Step up for Children**” Scholarship program and the McKay Scholarship Program, both are annual scholarships which require a new application each year. All returning families who submit the Commitment to Return form and fee by June 7th, 2013 are eligible to receive the **Alpha Opportunity Grant** in the amount of \$50 per student. The scholarship is applied to off-set the cost of the enrollment deposit for returning families who meet the published deadline. **The Tri-Alpha Scholarship** is awarded to assist families with remaining cost of attendance after all other applicable scholarships and grants have been applied. All enrolled students are reviewed and considered for the scholarship based on available funds and a families’ remaining cost of attendance obligations. *Tri-Alpha scholarship awards will vary every year based on available funds.

2012-2013 ACADEMIC SCHOOL CALENDAR

Monday – Friday	August 13, 14, 16, 17	Pre-Planning
Wednesday	August 15	Staff Development Day
Friday	August 17	Meet the Teacher
Monday	August 20	First Day of School
Monday	September 3	Labor Day (No School)
Tuesday	September 24	Fall Pictures
Friday	October 19	Statewide Professional Day Student Holiday /Teacher Non-Workday
Thursday	October 25	End of 1 st Marking Period (47 Days)
Friday	October 26	Student Holiday/Teacher Workday
Thursday	November 15	Thanksgiving Luncheon
Monday - Tuesday	November 19 - 21	Student Holiday/Teacher Non-Workday
Wednesday – Friday	November 22 - 23	Thanksgiving Break
Friday	December 21	Christmas Program
Two Weeks	December 24 – January 4	Christmas Holidays
Thursday	January 17	End of 2 nd Marking Period (44 Days)
Friday	January 18	Student Holiday/ Teacher Workday
Monday	January 21	Martin Luther King, Jr. Day (No School)
Monday	February 18	Presidents' Day (No School)
Thursday	March 21	End of 3 rd Marking Period (42 Days)
Friday	March 22	Student Holiday/ Teacher Workday
Monday – Friday	March 25 - 29	Spring Break
Tuesday – Friday	April 9 – 12	Stanford Achievement Test (S.A.T.)
Monday – Friday	May 7 – 11	Teacher Appreciation Week
Friday	May 23	Kindergarten Promotion & Awards
Monday	May 27	Memorial Day (No School)
Wednesday	June 5	Last Day of School End of 4 th Marking Period (47 days)
Friday	June 7	Graduation
Thursday – Friday	June 6 - 7	Post Planning

***Chapel Services are 1st & 3rd Tuesdays from 9:30 – 10:30a – Any changes to chapel services are communicated in advance.**

EXTENDED DAY PROGRAM

Today's Date: _____

Expected Start Date: _____

Current School: _____

School Start Time: _____ for (Drop-off)

School End Time: _____ for (Pick-up)

(Child's Birth Name) Last Name First Name Middle Initial

Date of Birth (mm/dd/yyyy)

Current Grade

Age

Male []

Female []

Parent/Guardian Last Name

First Name

DL#/State ID

Home Address if different from Student

City

State

Zip code

Daytime Phone#

Cell Phone#

Email Address

Person authorized to pick-up or notify in case of emergency:

Last Name

First Name

Relationship to the Student

Permanent Home Address (if different from student)

Daytime Phone #

Cell Phone #

E-mail Address

Last Name

First Name

Relationship to the Student

Permanent Home Address (if different from student)

Daytime Phone #

Cell Phone #

E-mail Address

MEDICAL PERMISSION FORM

To: *Emergency Personnel*, I hereby grant permission for my son/daughter to participate in any extra-curricular activities. I waive, release, absolve and hold blameless Alpha Learning Academy; it's Principal, Administration, Teachers, Supervisors, Physical Education Directors, Managers and Persons transporting my child to and from school related activities and other authorized participants and volunteers from any claim arising out of injury to or sickness of my child.

If in the option of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I authorize, appoint and empower the Principal, Director and his/her designee to furnish on my behalf such written or oral authorization as may be required. I also hereby authorize the aforementioned parties to administer Tylenol or any other non-prescription medication for my child. I understand that every effort will be made to notify me before any non-prescription medication is administered. Further, I release the administration, his/her designee and Alpha Learning Academy from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical surgical services as soon as reasonably possible after the need arise. I hereby give my consent to arrange for my child to be transported by ambulance if the situation warrants.

Signature of Parent or Legal Guardian

Driver License#

State of Florida – County of Orange County:

On this _____ day of _____, in the year 20__

Identification was presented, verified and executed the same

[THIS FORM MUST BE NOTARIZED]

Notary Public

My Commission Expires

MEDICAL INFORMATION:

Name of Physician

Office Address

Office Phone#

Hospital of Choice

List any allergies and or special medical conditions

Date of last tetanus shot

List any medication the student may be taking and any allergies to medications

Insurance Company

Policy#

Group#

Primary Policy Holder

ALPHA LEARNING ACADEMY—STUDENT REFERENCE FORM

1960 BRUTON BLVD, ORLANDO, FLORIDA 32805

PH: 407-447-2897 FAX: 407-841-0307 admin@alaorlando.org www.alaorlando.org

Instructions for Parents: Please give this form to your child's present/former school. The person completing the form will return it to Alpha Learning Academy. Reference forms are confidential.

Name of Student _____ Current grade _____ # of years attended your school _____

The above student is a candidate for admission to: **Alpha Learning Academy**, a private Christian preparatory school. We would appreciate your observations about the areas listed below. **Your remarks will remain confidential.** Thank you for your assistance.

Please circle the appropriate response:

	Below	Above		
	Average	Average	Average	Outstanding
Academic Potential	1	2	3	4
Academic Achievement	1	2	3	4
Maturity & Stability	1	2	3	4
Initiative/ Motivation	1	2	3	4
Leadership Potential	1	2	3	4
Conduct and Discipline	1	2	3	4
Social Skills	1	2	3	4
Concern for Others	1	2	3	4
Dependability	1	2	3	4
Integrity	1	2	3	4
Attendance	1	2	3	4
Tuitions and fees paid in timely manner	1	2	3	4
Overall Recommendation	1	2	3	4

Does the student have any significant limitations (physical, emotional, social)? ___ Yes ___ No (If "yes" please explain)

Is the student in good standing and eligible to return to your school for the next grade level? ___ Yes ___ No

Has student ever been suspended or expelled from your school? ___ Yes ___ No (If "yes" please explain)

How would you rate the parent's cooperation/involvement in the education process? ___ Very cooperative ___ Usually cooperative ___ Rarely cooperative ___ Disinterested ___ Never had communication with parents

Please attach any additional information that you feel should be in our assessment of this applicant. If you wish to discuss this applicant personally, please contact our Admissions Office at (407) 447-2897.

Your Name _____ Date _____

Position: _____ School _____ Telephone # _____



Alpha Learning Academy

Home of the Spiritual Warriors

1960 Bruton Blvd - Orlando, Florida 32805

PH: 407-447-2897 FAX: 407-841-0307

Visit us on the web: www.alaorlando.org or via email: admin@alaorlando.org