



# Alpha Learning Academy

The "Beginning" of a Life-time of Learning

[www.alaorlando.org](http://www.alaorlando.org)

## **FOR RETURNING STUDENTS ONLY**

### ***Commitment to Return Form—2015-2016***



#### ***Thank you for your partnership in education!***

We believe that our school is the "Beginning" of a Life-time of Learning, that transforms the Mind, Body and Spirit.

As a part of the re-enrollment process, please take a moment and provide some feed back on your child's academic experience with our school in order to assist us with opportunities to become all that we can be for your student in Christ. Please rate the following on a scale from 1-5, with 5 being the highest:

My student's academic experience met or exceeded my expectations:	1	2	3	4	5
I have seen growth in my student's overall social development:	1	2	3	4	5
My student established a positive connection to his/her teacher & the school:	1	2	3	4	5
The school has shown support for the individual needs of my student:	1	2	3	4	5
The processes & procedures of the school are easy to navigate and follow:	1	2	3	4	5
I am likely or extremely likely to recommend the school to family or friends:	1	2	3	4	5

#### ***Re-Enrollment Admission Criteria***

The Alpha Learning Academy does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions or re-enrollment practices. The following steps to re-enroll are required in order to secure your child's seat for the upcoming 2015-2016 school year. Priority placement is given to our renewal parents who complete the re-enrollment steps by the published priority deadlines.

#### ***Re-Enrollment Steps - See below:***

- ⇒ Complete the Alpha Learning Academy Commitment to Return and submit to the school office.
- ⇒ Download and print your student up for student scholarship award letter (if applicable)
- ⇒ Submit all required documents to the School Office.

# 2013-2014 COMMITMENT TO RETURN FORM *(Please use black or blue ink)*

*\*Submit Completed Application to Office—For Returning Students ONLY*

Today's Date: \_\_\_\_\_

(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)					

## **PARENT/ GUARDIAN INFORMATION: *Parent/ Guardian #1***

Last Name	First Name	Relationship to the Student		
Permanent Home Address (if different from student)		City	State	Zipcode
Daytime Phone #	Cell Phone #	E-mail Address		
Name of Church	Affiliation & Pastor's Name	Church Phone #		

If parents are divorced or separated, with whom does the student live? \_\_\_\_\_

Emergency Contact (other than parent or guardian) \_\_\_\_\_  
Full Name                      Relationship to Student                      Phone #

## ***Parent/ Guardian #2***

Last Name	First Name	Relationship to the Student		
Permanent Home Address (if different from student)		City	State	Zipcode
Daytime Phone #	Cell Phone #	E-mail Address		

# CERTIFICATION STATEMENTS

*\*Submit Completed Application to Office—For Returning Students ONLY*

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

## Initial Below:

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 re-enrollment process 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 form is true and accurate to the best of my knowledge. I further understand that any falsification related to this Commitment to Return form will void any offer of re-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



## **Alpha Learning Academy**

*An educational ministry of Saint Mark Orlando*

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