



APPLICATION FOR ADMISSION



1480 South 500 West
Driggs, Idaho 83422
208.354.7898
office@learningacademyschool.com
www.learningacademyschool.com

APPLICATION FOR ADMISSION

PLEASE COMPLETE ALL FIELDS AND SUBMIT WITH A COPY OF YOUR STUDENT'S BIRTH CERTIFICATE,
IMMUNIZATION RECORD OR EXEMPTIONS.

Child's Legal Name _____ Preferred Name _____

Age _____ Birthdate _____ Birthplace _____

Address _____

City _____ State _____ Zip Code _____

Country of Citizenship _____ *SS# _____ - _____ - _____

*Students are required by the Missing Persons Act to provide a birth certificate and/or social security number to verify identity.

Home Phone _____ Cell _____ Work _____

E-mail _____

EXCELLENCE . EXPLORATION . EDUCATION

School Information

Child's grade level for the upcoming school
year _____

If Preschool, please indicate your 1st, 2nd,
and 3rd choices:

_____ Full Time

_____ Monday/Wednesday/Friday

_____ Tuesday/Thursday

_____ Other _____

We make every attempt to accommodate your preferences but cannot guarantee your first choice. You will place a deposit on your first choice and will be refunded or required to pay the difference should we be unable to offer your preferred schedule.

Do you plan to attend LATV for:

Kindergarten? _____ Yes _____ No _____ Unsure

Grades 1-8? _____ Yes _____ No _____ Unsure

Current School _____

Date of Entrance _____

Phone _____

Address _____

City _____

State _____ Zip _____

_____ Public _____ Private/Independent

_____ Parochial _____ Home School _____ Other

Why are you leaving this school?

Has the student ever been referred to a psychiatrist, psychologist, licensed professional

counselor, psychiatric social worker, or other mental health professional, for emotional, psychological, or social reasons? ___ Yes ___ No

If yes, what was the purpose of the visit? _____

Has the student ever had an educational assessment, performed by a school or outside professional, to determine any learning differences? ___ Yes ___ No

If yes, what was the outcome? _____

Family Information

Please check status of parents:

___ Married ___ Separated ___ Divorced

___ Single ___ Other _____

___ Mother Deceased

___ Father Deceased

With whom does student live during the school year?

___ Mother & Father

___ Alternately with Mother & Father

___ Father Only ___ Mother Only

___ Mother and Stepfather

___ Stepfather and Mother

___ Other _____

If divorced or separated, who has legal custody of this child?

Who should correspondence be sent to?

Please list any siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please supply us any additional family information that may be pertinent:

Parent/Guardian Name _____

Relationship to student _____ Primary Phone _____

Secondary Phone _____ Email _____

Address(if different than applicant) _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Parent/Guardian Name _____

Relationship to student _____ Primary Phone _____

Secondary Phone _____ Email _____

Address(if different than applicant) _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Additional Information

Please tell us about your child's interests in the following areas: academics; art/music; athletics; after school activities, etc.

What strengths and challenges does your student have that could help us in offering the best possible care and education?

How did you hear about The Learning Academy and why are you interested in your child attending?

What expertise, talents or interests do you bring to the Learning Academy, what can your family contribute to our school community?

Statement of Commitment

The following signature verifies that all above information is accurate to the best of my knowledge and that I will notify The Learning Academy in the event that there are changes to this information. I permit the school to use print and electronic photographs of my student taken during school activities to promote The Learning Academy and its programs. Additionally, I have reviewed the informational packet, including the philosophy and mission. I agree to support the school and its goals and understand that I am responsible for participating in my child's education by reading all school-related literature, helping with homework and ensuring that my child eats nutritiously and gets adequate sleep. I understand that the cost to educate my child at The Learning Academy exceeds my tuition payments and I will be responsible for offering help with fundraising and other school-related activities. The following signature denotes that I have read and fully understand the commitment my family is making to The Learning Academy.

Parent/Gaurdian Signature: _____ Date: _____

Parent/Gaurdian Signature: _____ Date: _____

Please return this completed packet with a non-refundable \$35 application fee, a copy of student's immunization record or an immunization exemption, and a copy of student's birth certificate to:

The Learning Academy of Teton Valley
1480 South 500 West
Driggs, Idaho 83422
office@learningacademyschool.com

The Learning Academy does not discriminate on the basis of race, gender, sexual orientation, religious affiliation, or national origin in the administration of its educational policies, admission policies, financial aid programs, or any other school administered programs.

The Learning Academy of Teton Valley is associated with Leading Edge Academic Resource Network (L.E.A.R.N)

Student Name _____

Date of Birth _____

Emergency Information

Parent/Guardian Name(s) _____

Please list the following phone numbers in the order we should call in case of emergency:

Phone 1 _____ Phone 2 _____ Phone 3 _____

Cell Phone Provider (for emergency text notification system) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Physician Name _____

Office Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone _____

Relationship to Student: _____

Emergency Contact (out of town) _____ Phone _____

Relationship to Student: _____

Allergies Yes No If yes, please list: _____

Medical Conditions Yes No If yes, please list: _____

Medications Yes No If yes, please list: _____

If student requires medication during the school day, please request a Medication Administration Authorization form.

Please provide any additional, pertinent health information about your child:

Tuition Payment Options

Parent/Guardian Name _____ Billing Email _____

Billing statements should be sent to: _____ Both Parents _____ Mother Only _____ Father Only _____ Other(indicate)

Name _____ Relationship _____

Billing Email Address _____

Tuition for the 2021-2022 school year will be paid using only cash or credit card, NO checks will be accepted.

Total tuition for the 2021-2022 school year \$ _____ Total Deposit on File \$ _____

Option 1 **Payment in Full \$ _____** Single payment due on or before
September 7, 2021. **Note: If payment is not received on or before the due date, you
will default to a 9 month payment plan and be billed accordingly.**

Option 2 **9 Monthly Payments of \$ _____** First payment is due beginning in
September and will continue monthly, October through May of the 2021-2022 school
year, these payments will be due on the 1st of each month by 5:30 pm.

Payments received after the 1st day of the month will be charged a late fee of \$25/week until collected.

**I would like to have my account automatically debited from the following account on the first day of each
month. _____ (initial)**

_____ **Auto Pay with Checking. There is no fee for processing.**

Bank _____ Account # _____ Routing# _____

_____ **Auto Pay with Credit or Debit Card (Visa or Mastercard only). A 3% processing fee will be added.**

Name on Card _____ Account # _____ Exp. _____ CVC _____

In the event you withdraw your student(s) from The Learning Academy before the completion of the academic year, you will be required to pay an additional full month's tuition and will forfeit the return of your deposit. If receiving financial aid, all aided amounts utilized must be repaid. _____ Initial I agree to make tuition payments for the 2021-2022 school year according to one of the options above. I have read the school policy regarding my deposit and tuition and agree to abide by these requirements. Should my account become delinquent by one (1) month, my child will be unable to return to school until payment is received and my account may be forwarded to collections.

Responsible Party Signature _____ Date _____

Early Withdrawal Agreement

WITHDRAWAL

I understand that by registering my child to attend school at The Learning Academy and by paying a non-refundable deposit, a space will be reserved in the applicable class specifically for my child. I understand that registering my child without enrolling him/her or withdrawing during the school year will cause difficulty, as student spaces cannot or may not be filled. I also understand that as an independent school, The Learning Academy's budget is based largely on tuition revenues and contributions.

PAYMENT

Therefore, I specifically agree that once my child is registered and guaranteed a space, if my child is withdrawn or dismissed for any reason, I am obligated to forfeit the return of my deposit and disperse an additional month's tuition in their absence. If I am the recipient of a scholarship or financial aid, I will be required to repay the difference between the actual tuition and the assisted amount for the entirety of my child's tenure so that this granted amount may be offered to a family who will use the aid in sum.

ENFORCEABILITY

This contract is valid, acknowledged and enforceable for the term of my child's enrollment at The Learning Academy. If any portion of this contract is found to be unenforceable by a court of law, then the remainder of said contract shall remain in full force and effect.

ACKNOWLEDGEMENT

I have read and agree to abide by all financial policies set forth for the term of my child's enrollment at The Learning Academy. In the event that tuition or fees remain in arrears, I understand that LATV & L.E.A.R.N retain an attorney or collection agency to collect monies due and I am responsible for reasonable attorney's fees or collection agency costs.

Parent/Gaurdian Signature _____ Date _____

2021-2022 TUITION PAYMENT SCHEDULE

	PRESCHOOL FULL-TIME	PRESCHOOL 3 DAY	PRESCHOOL 2 DAY	GRADES TK-8	LATE FEE
TUITION PER YEAR	\$8585	\$6060	\$4545	\$10350	
TUITION PER 9 MONTHS	\$955	\$675	\$505	\$1150	\$25
SUPPLY FEE	\$150	\$125	\$100	\$150	
MULTI-CHILD DISCOUNT	N/A	N/A	N/A	10% PER ADDITIONAL CHILD	
APPLICATION FEE	\$40	\$40	\$40	\$40	
NON- REFUNDABLE DEPOSIT	\$500	\$500	\$500	\$500	
AFTER CARE PROGRAM 3:00-5:30	\$16/day	\$16/day	\$16/day	\$16/day	\$20
EARLY DROP 7:30-8:00	\$5/day	\$5/day	\$5/day	\$5/day	
DROP-IN FEE	\$60/day	\$60/day	\$60/day	\$75/day	

DISCOUNTS CANNOT BE COMBINED FOR THOSE RECEIVING FINANCIAL AID OR A GRANDFATHERED TUITION RATE.