



AMERICAN HERITAGE ACADEMY

FAITH • PATRIOTISM • LEADERSHIP

REGISTRATION PACKET

For New Scholars

ADMISSIONS CHECKLIST

Please return the below checklist with admissions packet to ensure all materials are included. Those missing materials or unremitted payment are considered incomplete and will be returned for completion, which may affect the scholar's timely acceptance to AHA.

- Admission Policies and Agreement
- Family Information
- Parent Questionnaire
- Tuition Fee
- Tuition Contract
- Supply and Book Fees
- General Permissions
- Parent Statement of Understanding and Agreement to AHA Handbook and Standards
- Scholar Statement of Understanding and Agreement to AHA Handbook and Standards
- Previous School Records (including report cards/progress reports and standardized test scores)
- Birth Certificate and small photo of your child
- Letter of Recommendation from previous teacher or principal



ADMISSIONS POLICIES AND AGREEMENT

Admission packets must be completed and returned to the AHA office with the \$125 non-refundable application fee per scholar in order to reserve a spot for your scholar(s) for the coming school year. Because we are growing in numbers, space in the classroom is limited. Applicants are encouraged to submit the registration packet as soon as possible. Scholar's spot is held in the classroom on a first come basis. Admission packets and enrollments fees must be paid to hold your scholar's spot in the classroom.

Once the Admissions Packet is received by the AHA office, an entrance interview will be scheduled with the headmaster. A parent or guardian must attend the interview; one or more teacher(s) may also be invited to attend. This interview will provide the headmaster with the opportunity to affirm with the applying or returning family the standards and expectations upheld at American Heritage Academy.

After the acceptance packet has been reviewed and entrance interview conducted, AHA will send an acceptance or refusal letter to the applying family. Following an acceptance letter, an acceptance packet will be sent including pertinent information for the coming school year. Supply and Book fees must be paid once accepted.

By signing this agreement, I understand that I will pay the registration fee at the time the registration packet is returned and will make myself available to attend an entrance interview. I am also agreeing to follow the standards and expectations set by the American Heritage Academy Handbook. All scholar(s) are accepted without regard to race, religion, gender or national origin.

Parent Signature

Date



FAMILY INFORMATION

Child(ren) are living with:

- Both parents**—Both parents are required to sign this Enrollment Application.
- One parent who has sole custody**—A custodial parent is required to sign this Enrollment Application.
- Parents have joint custody**—Both parents are required to sign this Enrollment Application.
- Guardian**—Copy of legal guardianship must be attached. All legal guardians all required to sign this Enrollment Application.

<i>Full Name</i>	<i>Home Phone</i>	<i>Mobile Phone</i>	<i>Work Phone</i>	<i>Email</i>

Address: _____

Address: _____

Parent/Guardian Occupation: _____ Employer: _____

Parent/Guardian Occupation: _____ Employer: _____

SCHOLAR'S INFORMATION

<i>Last Name, First Name</i>	<i>Birthdate</i>	<i>Sex</i>	<i>New/Returning</i>	<i>Grade to Enter</i>	<i>Fee (\$125 per scholar)</i>

Application Fee Total:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PARENT QUESTIONNAIRE

American Heritage Academy (AHA) evaluates the information and resources provided to determine the admission for the potential scholar. The resources provided will assist Administration in selecting scholars who demonstrate learning behavior conducive to AHA's philosophy and principles of education. The administration reviews the following resources: prior school records/progress reports, previous teacher or principal recommendations, entry assessments administered by AHA, possible observation of scholar in the classroom environment, family interview and parent questionnaire.

AHA recognizes that the evaluation process for admittance is limited and the information provided may not apply to all applicants and is not all inclusive. Our greatest purpose is to provide a learning environment that serves the whole child in all aspects his or her intellectual, physical, emotional, spiritual well-being and growth. The application process is to evaluate and help assist you in making the best choice in your child's educational journey, and ultimately, help your child recognize and develop his or her fullest potential.

Please answer the following questions to the best of your knowledge. The information provided will help us get better acquainted with your child. A separate parent questionnaire is required for each applying scholar. Again, thank you for your interest in American Heritage Academy!

Name of Parent(s) or Guardian(s) _____

Name of Child _____

Has your child previously attended school? If yes, please describe his/her previous school experience.

Describe your child's academic strengths, talents and interests, preferred learning style(s), (i.e. kinesthetic, visual, auditory, etc.)

Is your child involved in extracurricular activities? If so, please list below.

What are a few qualities you admire about your child?



Please describe your hopes, expectations and academic goals and any short or long-term plans for your child.

Please share with us why you chose AHA for your child's education.

Has your child received tutoring/academic support or counseling of any kind? If yes, please describe the type of services rendered, purpose of services and how these concerns were addressed.

Has your child ever been referred for testing due to academic, behavioral or developmental concerns? If so, please attach a copy of all test results an/or IEP and the name of referring specialist. AHA also requires a letter from your child's physician or counselor summarizing the nature of any serious medical condition. All information will be held confidentially.

I, _____ (Print Name), acknowledge all answers given within this questionnaire are true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



TUITION

<i>Academic Program</i>	<i>12 month fee schedule</i>	<i>Yearly (Sept-May)</i>
Half-Day Kindergarten	\$200**	\$1,800
3-Day Kindergarten	\$355	\$4,260
4-Day Kindergarten thru High School	\$466.66	\$5,600

Sibling Discounts:

A 5% discount is given for the second child (\$5,320 yearly)

A 10% discount is given to each following child (\$5,040 yearly)

Please note that all tuition is paid on a 12 month schedule beginning June 1st with the last payment due on May 1st.

**The *Half-Day Kindergarten* is the only academic program that is on a 9 month tuition fee schedule from Sept –May.

<i>Scholar's Name</i>	<i>Grade Level</i>	<i>Tuition</i>

Yearly Tuition Commitment:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



TUITION CONTRACT

Name of Scholar(s): _____

This contract and agreement of understanding is a legal and binding document between American Heritage Academy, the scholar and parent(s)/guardian(s) for twelve (12) months starting _____, 20__ and ending on _____, 20__.

I/we understand the terms of this contract and agreement and consent to be responsible, bound and obligated to American Heritage Academy for a 12-Month tuition payment of \$_____. I/we further understand that the first payment for the month or quarter will be due in full no later than/or starting at _____ with monthly payments to be paid on the first of any subsequent month in which they are due. Tuition may be paid with a personal check, cashier's check, money order, electronic funds transfer (EFT), ACH, or cash. ***If you elect to pay with a credit card, there will be a processing fee of 3%.*** You may elect not to use the ACH payment plan; however there will be an added processing fee per month. This processing fee for a 12-month fee schedule will be \$10.00 per month and will be added to your account.

I/we understand that any payments made after the 5th day of the month in which it is due will incur a **\$30.00 late fee**. Any payments made after the 10th day of the month in which it is due will incur a total **\$50.00 late fee**.

I/we understand that if we fail to pay an initial payment by _____, that we will forfeit our right to a guaranteed seat for our scholar(s). I/we further understand that if I/we voluntarily withdraw our scholar(s), our scholar is suspended, terminated and/or expelled from AHA at any time, tuition payments and/or fees that have already been paid will not be pro-rated or refunded at any time.

I/we understand that this contract and agreement is for tuition only and does not include any additional fees such as uniform, books, supplies, or other required materials that may be needed.

Signed this _____ day of _____, 20__ by and between:

Parent/Guardian

Parent/Guardian

American Heritage Academy Representative Signature

Title



SUPPLY AND BOOK FEES

Please check each Grade Fee needed and completely fill out the form below.

Prices Include: Text and Novel Use Fees, Workbooks, Supplies, Notebook, Technology, and IOWA Testing fees.

All Scholars

Half – Day Kindergarten - \$75

Kindergarten through 3rd - \$190

4th through High School - \$330

<i>Scholar's Name</i>	<i>Grade</i>	<i>Book & Technology Fee</i>

Office Use

Total Supply & Book Fee:

<i>Date of Acceptance</i>



GENERAL PERMISSIONS

Family Name: _____

Scholar Internet Use

American Heritage Academy recognizes that Internet resources are integral to the learning environment. As a result, your child/ren will be provided Internet access for educational purposes. Filters are in place to block inappropriate content and scholar activity on the Internet will be monitored through adult supervision.

- Yes, my child/ren may use the Internet.
- No, my child/ren may NOT use the Internet.

Parent/Guardian Signature: _____ Date: _____

Publishing/Photo Release

During the year publishing and photo opportunities for scholars often arise. Please check the appropriate box to indicate whether your scholar may participate in coverage that may identify your child/ren by photograph and/or name. (Last names will NOT be used in the Internet.)

Yes, my child/ren's photograph, name and/or project may be published:

- On Television In the Newspaper On the Internet School File Scholar I.D.

No, my child/ren's photograph, name and/or project may NOT be published:

- On Television In the Newspaper On the Internet School File Scholar I.D.

Parent/Guardian Signature: _____ Date: _____

Field Trip Permission Slip

During the school year, there are times when our instructional programs need to be taken out of the classroom and into the community. Rather than asking your permission to transport your child/ren on each occasion, your signature below indicates approval to take your child/ren on field trip programs during the school year. Prior to each specific field trip, you will receive notification of the details of that trip so that you may have the opportunity to withdraw your permission for that specific trip if you so choose. Your signature also absolves the school, teachers, and parent drivers from liability because of any injury incurred while on a field trip, both in and out of the vehicle.

- Yes, I grant permission for my child/ren to be transported by assigned parents on all field trips.
- No, I do NOT grant permission for my child/ren to be transported by the school or their representative on field trip.

Parent/Guardian Signature: _____ Date: _____

PARENT SCHOOL DIRECTORY

AHA will only use the contact information for the sole purpose to convey school information to parents. I agree to let my name, number, and e-mail address be printed in the school directory. I also agree to use the school directory for the sole purpose to communicate with parents for school events.

Yes No

If no, I agree to let my name, number, and e-mail address to be given to the room assistants and parent organization.

Yes No

E-mail addresses will only be used to convey school information to parents.

MEDICAL INSURANCE AND RELEASE FORM

I agree to be personally responsible for medical costs that our child/ren may incur due to accidents during school time, whether in the classroom, during a school activity or on the school grounds. Initial _____

I currently carry Medical and Health Insurance with _____. Policy # _____. Initial ____

I currently do not carry Medical and Health Insurance for our child/ren, but we realize we are responsible for any medical costs for our child/ren. Initial _____

Yes, I give American Heritage Academy permission to administer a pain reliever when my child/ren experience headache or flu-like symptoms.

No, I do not give American Heritage Academy permission to administer a pain reliever.

<i>Scholar's Name</i>	<i>Jr. Strength (160mg)</i>	<i>Extra Strength (500mg)</i>

Please describe any health issues or medical concerns, including food allergies, illness, etc. if applicable. _____



RELEASE FORM

This release is made as of the _____ day of _____, 2010, by the undersigned in consideration of the following facts:

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

- A. The undersigned are the parents/guardians of the "Student".
- B. The "Student" is a student at the American Heritage Academy (the "AHA"), located at 6126 S. Sandhill Rd., Las Vegas, NV 89120 (the "Premises").

NOW, THEREFORE, the undersigned agrees and acknowledges the following:

1. The scholar's enrollment at AHA is a conditional privilege and is contingent upon the scholar's behavior toward AHA Administration, AHA faculty, staff and other attending AHA scholars, and is not limited to behavior toward attending guests and conduct at events and productions at AHA.
2. If any member of the AHA staff or faculty determines, in their sole discretion, i) that if the scholar's behavior in any way or in any manner presents issues of safety or emotional well-being to AHA staff, faculty or scholars, ii) the scholar's behavior, language and/or conduct adversely impacts or affects the ability of the scholar or other scholars to function in a classroom or to otherwise engage in educational activities on the premises or in any activity or function sponsored and/or sanctioned by the AHA, the scholar's privilege to attend AHA may be immediately terminated.
3. If a scholar's privilege to attend AHA and/or participate in activities or functions sponsored or sanctioned by AHA is terminated, as provided above, neither the scholar nor the undersigned shall have any right to a refund of any fees or costs previously paid to the AHA, all such fees and costs being unconditionally forfeited.
4. AHA has made no representation as to the nature or subject matter of curriculum to be used by AHA faculty and/or staff, and such materials or curricula may be altered, modified or changed at any time at the sole discretion of AHA's administration.

Parent/Guardian Signatures

Print _____ Sign _____

Print _____ Sign _____



PARENT STATEMENT OF UNDERSTANDING & AGREEMENT TO AHA HANDBOOK AND STANDARDS

1. I/we have read the expectations outlined in the American Heritage Academy Parent Handbook and understand I will be given the opportunity to discuss the handbook during an interview with Administration

Parent/Guardian Signature

2. I/we agree to assist my child/ren abide by the rules of the school as outlined in the handbook.

Parent/Guardian Signature

3. I/we understand that if my child/ren who are out of complete school uniform will not be permitted to attend class until they are appropriately outfitted. Repeated infractions may result in dismissal.” I also understand that “Parents are responsible for providing scholars with the appropriate uniform to wear and for supporting and enforcing the uniform policy.”

Parent/Guardian Signature

4. I/we understand that the homework policy states that “Five missing homework assignments will result in a full day, in-house suspension.”

Parent/Guardian Signature

5. I/we understand that as outlined in the Parent Handbook that my family is obligated to give 21 service hours to AHA throughout the year and that I will log my hours at the front desk for school records.

Parent/Guardian Signature

Date Signed: _____

STUDENT STATEMENT OF UNDERSTANDING AND AGREEMENT

1. I have read or have had explained to me the expectations outlined in the American Heritage Academy Handbook.

Student Signature

2. I agree to abide by the rules of the school as outlined in the handbook.

Student Signature

3. I will not wear any clothing to school other than the school uniform, and I will follow all standards of dress and appearance outlined in the school handbook.

Student Signature

4. I will bring materials and homework assignments to class, and am prepared to accept the consequences if I do not.

Student Signature

5. I understand the importance of attending class, and will make every effort to attend regularly. I further understand that multiple unexcused absences may result in suspension.

Student Signature

6. I understand the importance of arriving to class on time, and will make every effort to avoid tardies. I further understand that multiple unexcused tardies may result in suspension.

Student Signature

Date Signed: _____