



Piney Grove Academy

Educating young Christians to impact the world.

Student Checklist for Enrollment

NAME: _____

GRADE: _____ SCHOOL YEAR: _____

___ COMPLETED STUDENT APPLICATION: www.pineygroveacademy.org/student-application

___ SCHOLARSHIP AWARD TYPE/AMOUNT \$ _____ CIRCLE: (MK/SUFS/PLSA/AAA)

___ IEP (If Applicable)

___ PSYCHOLOGICAL EVALUATION (If Applicable)

___ STUDENT'S LAST REPORT CARD FROM PREVIOUS SCHOOL (Must have from previous school)

___ STUDENT'S WITHDRAWAL FORM FROM PREVIOUS SCHOOL

___ STUDENT'S LAST TEST RESULTS (Must have from previous school)

___ CURRENT IMMUNIZATION FORM (Must be up to date)

___ PHYSICAL FORM (Must be up to date)

___ STUDENT BIRTH CERTIFICATE

___ STUDENT SOCIAL SECURITY CARD

___ MEDICAL INSURANCE (copy required)

___ PARENT (S) IDENTIFICATIONS (I.E. Driver's License, State ID
Military ID, etc.)

___ PARENT(S) SOCIAL SECURITY CARD (S) (McKay scholarship requirement)

___ STUDENT HEALTH FORM*

___ ATTENDENCE/TRUANCY NOTICE FORM*

___ PARENT CONTRACT FORM*

___ DISMISSAL INFORMATION FORM* (If Applicable)

___ FREE REDUCED LUNCH FORM*

**denotes form issued from Piney Grove Academy*



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STUDENT HEALTH FORM

Please fill in the information carefully and accurately. Please use ink and print clearly.

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Student Name

Last	First	Middle
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Medication

Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. Also a "Medication/treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.
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Medication	Dosage	Hour(s) Given

Health Insurance Information

Please check appropriate box: Family Health Insurance Florida Healthy Kids Florida Kid Care
 Medicaid # _____ No Health Insurance Other _____

Vision and Hearing

Does your child wear contacts/glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Health Care Providers

	Name	Phone Number
Physician		
Dentist		
Health Plan/Group Name		

Medical Conditions

Check all that apply:

Asthma If checked, uses inhaler? Yes No On daily medication?
 Seizures If checked, on medication? Yes No
 Diabetes If checked, insulin dependent? Yes No
 Movement Limitations _____
 Recent illness/hospitalization/surgery (describe) _____
 Other _____

Severe allergies? If checked, please specify:

Food/environmental Allergies require:
 Insect stings/bees EpiPen
 Medicines/Drugs Benadryl
 Other _____ Other _____

Allergies

I hereby grant permission for the staff of this facility in a medical emergency to care for my child as well as access to contact the above listed medical personnel to obtain emergency medical care if warranted.

I declare that the information on this student health form is true and correct. I will notify the school office immediately of any changes.

Print Name _____ Date _____ Relationship _____

Signature _____



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Attendance & Truancy Acknowledgement Form

Dear Parent/Guardian:

Expecting that all students will achieve at their highest potential is a strategic goal of our school. In order for your child to be successful in school, he or she needs to attend school every day.

Florida Law says that you are responsible for your child's attendance. Section 232.17 (7)(a), Florida Statutes, provides that a parent or guardian commits a misdemeanor of the second degree, punishable as by law, if the parent or guardian refuses or fails to have a child attend school regularly or refuses to participate in meetings concerning the child's truancy.

Piney Grove Academy is intent on preventing truancy (unexcused absences and tardiness) with the PGA Truancy Intervention Methods. Your child's attendance will be monitored on a daily basis and unexcused absences will be reported to you. Should your child have a series of unexcused absences, the State Attorney's Office will be notified, and they will issue a subpoena for your child's records. These records may be used in court against you. The State Attorney's Office may take appropriate action up to and including criminal prosecution of the parent/guardian of the truant child.

You are required to contact the school each time your child is absent and provide the school with the reason for the absence. When you are notified of an unexcused absence, you are required to immediately contact the school to discuss the situation and to take action to stop the truant behavior. To report absences, you must contact the academy's office at (954)735-1470.

If you need further information about this truancy prevention method, please contact Piney Grove Academy at (954)735-1470. Please sign and return this form indicating you have read and understand the information concerning PGA Truancy Intervention Methods.

I have read and understand the information above regarding the PGA Truancy Intervention Methods.

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____ PHONE: _____

STUDENT NAME(S) _____

GRADE(S): _____, _____, _____, _____, _____

PARENT CONTRACT 2022-2023

This contract is between PINEY GROVE ACADEMY and _____
(Name of Parents/Legal Guardians)

to enroll: _____
(List all students and grade levels, example: John Doe – 3rd, Jane Doe – 5th, etc.)

1. I/We understand that Piney Grove Academy reserves the right to dismiss any student, parent, or family who does not cooperate with the overall educational process set forth by this institution – this includes, but is not limited to repeated violations of school policies, late payments, academic, behavioral, and social guidelines.
Initials _____
2. I/We will participate in, at least, **one** of the School’s Fundraisers during the school year. **Initials** _____
3. In full cooperation with the school, I/We will regularly attend the Parent of Kings (P.O.K.) meetings as required by the institution. **Initials** _____
4. I/We sincerely pledge our loyalty to the aims and ideas of the school and will respectfully bring any and all questions, concerns, and/or criticisms directly to administration for proper consideration. Any threats or personal attacks whether verbal, physical, via text, social media or phone call will result in dismissal of parent and child from school. **Initials** _____
5. I/We understand we are partnering with a Christian Institution for the betterment of our children, therefore; I/We will always conduct our mannerisms respectfully in our appearance, language, conferences, conversations, and other areas that may apply. **Initials** _____
6. I/We agree to conference with teachers and administration when requested, and will request a parent conference with teacher or admin as needed for the betterment of my child(ren). **Initials** _____
7. I/We understand that grade level promotion is contingent upon grade level competency and adequate scholastic progress. **Initials** _____
8. I give permission for my child to take part in all activities including recreational activities on the premises of Piney Grove Academy, any affiliated Broward County Park and Recreation Center and sponsored trips away from the school premises. I hereby release, absolve, indemnify and agree to hold harmless Piney Grove Academy and its employees, agents, chaperones, organizers, sponsors, and persons transporting my child to and from these activities from any liability or medical payments directly or indirectly resulting from my child’s participation. I understand that Piney Grove Academy does not provide medical insurance or other arrangements on my behalf. **NOTE:** This is the only parental permission required annually regarding field trips and on campus/school sponsored activities and it is considered all-inclusive. Not signing this form will result in your child’s exclusion from all school sponsored activities and/or field trips unless an alternative dual-party agreement has been established in writing.

Print Name: _____ **Signature:** _____ **Date:** _____

9. I/We hereby give school authorities permission to discipline my child(ren) via corporal punishment when necessary in accordance with school policies outlined on the Student/Parent Handbook. **Initials** _____
10. I/We understand that the official school uniform listed in the Student/Parent Handbook must be worn every day. Students who arrive to school without proper uniform will be referred to administration, and parent will be contacted to bring proper attire in order for child(ren) to return to class. Repeated violations of this policy will result in fines billed to your account and/or child sent home. **Initials** _____
11. I/We acknowledge that I been informed of the Parent/Student Handbook availability at www.pineygroveacademy.org. I/We acknowledge our responsibility to read it and comply with the policies contained within. **Initials** _____
12. I/We acknowledge that we will stay abreast of school events, meetings, performances, reports, etc. by reviewing the school’s calendar which is available in the front office or online. **Initials** _____
13. In the event of voluntary or involuntary withdrawal, transfer, or expulsion, I/We understand the **financial obligation of 20%** of the unpaid annual tuition (per the Administration’s discretion) will be due. **Initials** _____

14. I/We understand the school reserves the right to withhold report cards, and all student records until tuition and other fees have been satisfied. **Note (To whom this may apply):** Unresolved financial obligations will be reported to the appropriate funding agency. I.E. SUFS etc. **Initials** _____
15. I/We understand the following:
- a. Payments will be divided into **ten (10)** equal installments. Accounts less than \$200.00 **MUST** be paid in full prior to start of school.
 - b. The **FIRST PAYMENT** is due on/by **August 17, 2022**.
 - c. The **LAST PAYMENT** is due on/by **May 1, 2023**.
 - d. A **\$25** late fee will be applied to my account for late payments made after the 10th of every month starting in October 2022.
 - e. Accounts **10 days** past due will result in an interruption of my child's education.
 - f. Returned checks for insufficient funds will result in a \$50 processing fee applied to my account paid by cash only.
 - g. **Scholarship Recipients Only:** A **\$30** late fee will be assessed to my account if payment is not endorsed within three (3) business days of notification. Services that your scholarship may not cover are ESD, Transportation, Field Trips, etc.
 - h. **Before Care & Extended School Day:** Payable monthly or bi-weekly only. Once your child is registered for this service, you are responsible for the weekly fees even if your child is absent.
 - i. Any student left on school campus after 3:15pm that is not in aftercare or after-school activity will be charged \$15 late fee per day. Any student left on the school ground that participates in a school activity after 5:25 pm will have a late pick fee of \$15 per day. Your child will not be able to participate in that activity until the late fee is paid.
 - j. **Payment Policy** – Payments are required by Tuesday of the week before services are rendered. If your payment is not received by Wednesday at 5pm your child will not be allowed to enter school until the bill is paid in full. If payment is not received by Monday of the following week your child will be withdrawn. In order to return, your account must be paid in full and you will need to pay a new application fee.
 - k. **Refund Policy:** Registration, matriculation, re-enrollment, testing fees, and tuition payments are non-refundable. Attendance of any portion of a semester requires full payment for that semester. All field trip deposits and payments are non-refundable.

STUDENT FINANCIAL BREAKDOWN	
Kindergarten:	\$8,000.00
First - Fifth Grade:	\$8000.00
Sixth - Eighth Grade	\$8,500.00
Ninth - Twelfth Grade	\$9,000.00

Parent(s) please sign and return to the front office to confirm that you have read, agree, and understand the rules and policies of Piney Grove Academy.

Parents/Legal Guardians Name

Date

Student(s) Name

_____, _____, _____, _____
Grade(s)

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], [State TANF], OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

- Part 1:** List only household members and the name of each child's school (if known).
- Part 2:** List the case number for any household member (including adults) receiving [State SNAP],[State TANF], or [FDPIR] benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 5:** Answer this question if you choose.

Turn the form in at your school front office.

IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP], [State TANF], OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.
- Part 5:** Answer this question if you choose.

Turn the form in at your school front office.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 5:** Answer this question if you choose.

Turn the form in at your school front office.

If some of the children in the household are foster children:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.
 - Part 2:** Skip this part.
 - Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.
 - Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
 - Part 5:** Answer this question if you choose.
- Turn the form in at your school front office.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call your school or appropriate official.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

FEDERAL ELIGIBILITY INCOME CHART for School Year 2021-2022			
Household size	Yearly	Monthly	Weekly
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	+ 8,399	+ 700	+ 162

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

Part 5: Answer this question if you choose.

Turn the form in at your school front office.

2022-2023

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL****

Names of <u>all</u> household members (First, Middle Initial, Last)	Student ID	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS

If ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	W e e k l y	E v e r y 2 w e e k s	T w i c e m o n t h l y	Welfare, child support, alimony	W e e k l y	E v e r y 2 w e e k s	T w i c e m o n t h l y	Social Security, SSI, VA, retirement benefits	W e e k l y	E v e r y 2 w e e k s	T w i c e m o n t h l y	All other income (such as Unemployment) benefits	W e e k l y	E v e r y 2 w e e k s	T w i c e m o n t h l y
(Example) Jane Smith	\$200	X			\$150		X		\$0				\$0			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			
	\$				\$				\$				\$			

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed name: _____ Date: _____
 Address: _____ Phone Number: _____
 Email: _____ City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: *** - * * - ____ - ____ I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs No Yes Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at floridakidcare.org or call 1-888-540-5437.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

*******DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY*******

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received