

Arrows Academy

21-22 New Student Registration (1 form/student)

Student Information	Full Name: _____ <small style="display: inline-block; width: 20%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle</small> <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 20%; text-align: center;">Preferred Name</small> <small style="display: inline-block; width: 20%; text-align: center;">Gender (M or F)</small>			
Birthdate: _____		Grade Entering: _____		
Email: _____ <small style="display: block; text-align: right;">Middle & high use these for Family Portal access</small>				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child been homeschooled? If yes, list grades: _____				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child attended school? If yes, list school & grades: _____				
If answering "YES" to any question below, complete the Registration Supplemental Form found on the website under Start Here – Forms.				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child ever been suspended or expelled from school? (*If yes, please explain on Reg Supplemental Form)				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your student repeated any grades? (*If yes, please explain on Reg Supplemental Form)				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Has your child had behavior difficulties or been involved in illegal activity? (*If yes, please explain on Reg Supp Form)				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Are there any unusual / current factors in your child's life that may impact their performance / behavior at school (i.e. absence of a parent, death or divorce, disability of a parent, adoption, etc)? (*If yes, please explain on Reg Supp Form)				
<input type="checkbox"/> Yes/ <input type="checkbox"/> No Does your child have a learning disability or are there any other educational/ behavioral / emotional concerns? (*If yes, please explain on Reg Form B)				
Arrows admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.				
Parent Information	Father's Name: _____		Mother's Name: _____	
	Cell Phone: _____	Alt. Phone: _____	Cell Phone: _____	Alt. Phone: _____
	Email: _____		Email: _____	
	Employer: _____	Title: _____	Employer: _____	Title: _____
	Home Address: _____		City: _____	Zip: _____
Home Church: _____				
*Please attach any additional addresses or custody information if applicable.				
Consent & Medical Information/ Release	Photography Consent			
	I hereby grant Arrows Academy permission to use my child's image in media pertaining to the school such as newsletter and yearbook. Yes No Initials: _____			
	Medical Information			
	If you select "YES" to any questions below, please complete the Registration Supplemental form found on the website and attach it to this page.			
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Does student(s) have a physical health condition or food allergy of which the school should be aware? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Does your child have an allergy that requires an EpiPen? If yes, an EpiPen must be stored at Arrows.			
Medical Release				
For the 2020-2021 school year, I _____, parent/guardian of Arrows Academy student _____, do hereby authorize and request that any staff of Arrows Academy seek immediate medical attention of a physician or hospital or EMS in emergencies requiring such medical attention; and this authorizes said staff to designate any physician or hospital or EMS to treat in cases of emergencies such as injury by accident or sickness while in their care. I understand that the cost of such treatment is my responsibility. I further verify that health insurance is provided by:				
Insurance Company Name: _____		Name of Insured: _____		
Policy Number: _____		Insurance Company Phone: _____		

Course Selections

Please wait for Enrollment Confirmation Form and the Curriculum Buying Guide to purchase curriculum.

3rd-5th Math

3rd & 4th grade will be provided with BJU math long range plans to follow at home if desired. This will help families prepare for math at Arrows.

5th graders will take BJU 5 unless alternate class is indicated below:

- Math Study Hall
- BJU 6

Middle School Math

6th graders will be placed in BJU 6.
7th graders will be placed in BJU Fundamentals
8th graders will be placed in Pre-Algebra

If alternate class is preferred, check below:

- Math Study Hall
- BJU 7
- Fundamentals
- Pre-Algebra
- Algebra 1

High School Course Selections

Individualized Course recommendations & selection forms are provided for each High school student.

Junior & Seniors interested in enrolling in Flex credit courses must complete a flex credit registration form in lieu of this form. Flex credit registration will open in March.

Middle School Electives

Students may take 2 elective courses. Courses selection forms will be sent with Enrollment confirmation forms.

If you have additional comments/questions, please provide additional information in this box.

Financial Agreement

By signing below, you agree you have read and understand the following:

1. Any student with outstanding fees/tuition will not be allowed to attend classes until account is current.
2. No transfer of tuition or fees to other families is allowed.
3. Tuition does not include books and curriculum.
3. The remainder of the year's tuition will be due if a child withdraws for any reason.
4. I understand that this form and registration fee of \$100 per student (\$75 per returning student) will only reserve my child's spot at Arrows Academy. The enrollment process will not be complete until I have registered for a FACTS payment plan.
5. Fees are non-refundable and non-transferable.
6. By signing below, I am stating that I understand that after a FACTS agreement is finalized, I will be responsible for the year's tuition regardless of whether my child completes the year or not. Tuition is pro-rated and only refunded if/when another student fills the vacated spot.

Check which payment option you are choosing:

_____ One payment due by July (5% discount) _____ 10 monthly payments starting July

*All payments are made using the FACTS tuition management system. You must register by July 1st in order for your payment plan to begin payments in July. Detailed instructions and due dates will be provided in your enrollment packet.

Parent signature

Date

Attachments:

- _____ I have attached the registration fee (check or money order)/student made payable to Arrows Academy. (If class is full, your check will not be deposited). **(Current Arrows families will be billed via FACTS incidentals in lieu of sending in a check.)**
- _____ I am interested in being an assistant in exchange for a tuition credit. I have included my application with this registration form (found on our website).