

381 S Lexington Dr. Suite 100 Folsom, CA 95630

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(916) 790-8599

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#### NEW ENROLLMENT: K-8th Registration Checklist 2024 - 2025 Academic Year

Registration applications with missing or incomplete requirements will be denied.

**NEW Student Degistration Deguirements** 

<sup>\*</sup>Subject to change by California Department of Public Health

<sup>\*\*</sup> Refundable only in the event of lack of space



#### **Application for Admission** 2024 - 2025 Academic Year

Submit Post-Dated Tuition, Registration, and Materials Fee with Application

Grade (CIRCLE ONE): KG 1 2 3 4 5 6 7 8

Student Information (Please print clearly)				
Student's last name:	First name:	Middle initial:		
Birth date: Age:	☐ Male ☐ Female E	thnicity:		
Place of birth:	State/Country of birth	ı:		
Home address:	City:	State:Zip:		
Special Services: ☐ No ☐ Yes If Yes, which progra	m? Circle <u>ALL</u> that apply:	RSP Speech SDC ELL		
Has student ever been tested for special services?	□No □Yes	504 Plan Other:		
Has student applied/attended FEA before?  ☐ Yes ☐ No  Do siblings attend FEA?  ☐ Yes ☐ No	Phone: Address:			
		Zip:		
NOTE: If student is not residing with both parents, proof of custody must	st be submitted at the time of reg	gistration.		
Father (or guardian) Information:				
Last name:	First name:	Middle Initial:		
Address (if different from student's):	City:	State: Zip:		
Employer's name:	Occupation:			
Employer's address:	Work	phone:		
Email:	Mobile phone:			
Signature:	Date:			
Mother (or guardian) Information:				
Last name:	First name:	Middle Initial:		
Address (if different from student's):	City:	State:Zip:		
Employers name:	Occupation:			
Employers address:	Work	phone:		
Email:	Mobile phone:			
Signature: ▶	Date: ▶			



### **Student Emergency Information** 2024 - 2025 Academic Year

			Serious Hea	Ith Condition (please i	note)	
Student's last name:			First name:			
Home address:						
			City:		_ State:Z	.ip:
Home phone:			Female Bi	rth date:	Grade:	
EMERGENCY NUMBERS IN CASE indicated.	OF NEED: In case of eme	ergency, illness	, or accident to th	ne child named above,	the school is authoriz	ed to proceed as
Contact Neighbor or Friend:						
	Cell phone or alteri	nate number: _				
2. Contact Family	Name:				Phone:	
Physician:	Address:					
	Cell phone or altern	nate number: _				
Other desired procedures/ Medical information						
able. I authorize FEA to ob whatever conditions are no responsible for any emerg	ecessary to preserv	e the life, li				
•					•	
Signature of Parent/Guardian					Date	
Emergency Authoriz	ation					
☐ Please apply Emergapplication (must be			ion from the	following <u>exist</u>	ing K-8th grade	student's
FIRST NAME, LAS	ST NAME, GRADE	in 2024-20	025:			
IN THE EVENT OF AN EMERGENO	CY OR DISASTER I AUTH	ORIZE SCHOO	L PERSONNEL TO	RELEASE MY CHILD	TO THE FOLLOWING	INDIVIDUALS:
Name	Address			Relationship	Phone N	lumber
Name	Address			Relationship	Phone N	
Name	Address			Relationship	Phone N	
Name	Address			Relationship	Phone N	
Name	Address			Relationship	Phone N	
<u> </u>					<u> </u>	
Signature of Parent/Guardian					Date	



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# Parent/Student Handbook Signature Form 2024 - 2025 Academic Year

I have read the **FEA Parent / Student Handbook** and understand all the rules and policies. I have explained these rules and policies to my children. I will follow all the rules and policies set forth in the Parent/Student Handbook and will impress upon my children to abide by them as well. I will also support our child's educational journey by attending school functions and parent conferences when requested.

Educational Academy the Folsom holds right to add, remove or any policies contained within the **FEA Parent** Student edit **book**. Policy changes will be communicated to parents and students.

Student Name:			
Parents:			
Print Name	Signature	Date	
Print Name	Signature	Date	



## Financial Agreement 2024 - 2025 Academic Year

Student's first name:	Last nan	ne:		
<b>Basic Services Offered</b> — Folsom Educational Academy offers a full-time elementary and middle school program for children of K - 8th grades. Children will receive quality education that nurtures the individuality and spirituality of every student in a safe and respectful environment.				
<b>Registration and Tuition</b> — Folsom Educational Academy is a non-profit organization and the budget is projected solely on the basis of the tuition, fees, and donations of the community. The parents agree to pay the Registration Fee, Materials and Book Fees, and Tuition as indicated below. Tuition fee in FULL is due on the 1st of each month. Monthly tuition is not pro-rated for partial-month attendance.				
New Student Registration Fee (select one)	\$500 <b>before</b> o	or on 3/31/24	\$600 <b>after</b> 3/31/24	
Materials and Book Fees (all students)	\$200			
\$100 is refundable at the end of the year after 10	) hours of volunteer service.			
K-8th Grade Timing and Rates (SELECT ONE	≣):			
□ OPTION 1: 8:30 a.m. − 3: 30 p.m	\$775 1st/Oldest Student	\$675 2nd Student	\$575 Additional Student	
□ OPTION 2: 8:30 a.m. – 5: 30 p.m	\$925 1st/Oldest Student	\$825 2nd Student	\$725 Additional Student	
Payments may be combined for multiple students to reduce number of checks. Post-dated checks MUST be dated the 1st of each month of school. NOTE: Sibling discounts only apply to K-8 students. PK students shall not count as the '1st Student'.				
<b>Pick-Up / Late Pick-Up Policies</b> — Students will be released only to individuals designated on emergency form. In case of early pick-up or appointments, office must be notified in advance. After one instance of late pick up, parents agree to pay a late fee of \$30 per late pick up if after 3:45 PM for Option 1 and after 5:30 PM for Option 2. Parents agree that late pick-up fee will be added to their account and it will be due on the 1st of the following month.				
<b>After School Fee</b> — After School Program (K-8) may be offered if there are more than 10 students enrolled at the start of the school year. If the After School Program is active, intermittent after-school care is offered. Students may enroll into After School within the school year. Students may not disenroll from After School (Option 2) once initially enrolled. No partial month after-school payments are accepted.				
Returned Checks Fees — a check is returned to FEA by the bank for any reason, your account will be charged a \$50 returned check fee to cover costs incurred to FEA.				
<b>Absences/School Closures</b> — Monthly tuition is due in full for each month, regardless of absences, mid-month enrollment, or school closures (please refer to School Calendar).				
Other Fees — There may be optional activities (school events, celebrations, field trips, etc.) throughout the school year that may require additional fees.				
<b>Withdrawal</b> — The enrollment to Folsom Educational Academy is an annual commitment (August - May). In the case where withdrawal before the end of the school year is necessary, a 30-day written notice is required. Any past due amount on your account must be paid in full before the 30-day notification period can begin. No refunds on partial months will be given. Withdrawal after December (month 5) will result in forfeit of the tuition for the rest of the school year.				
<b>Modification Conditions</b> — Folsom Educational Academy reserves the right to modify any of the conditions of this agreement. A 30 days prior notice will be given to the parent or guardian.				
In accordance with State Law, parents/ guardians must have all the required forms completed before attending Folsom Educational Academy. Please notify immediately if changes are made. FEA reserves the right to refuse service to anyone.				
Please sign and return indicating that you have read, understood, and agree to all terms and conditions and financial obligations set forth by the Financial Agreement of Folsom Educational Academy.				
Parent/Guardian Signature:			Date:	
Print Name:				



## Photo Consent Form 2023-2024 Academic Year

FEA may utilize student images in public media coverage, posting of student images and names through FEA's digital communication tools, release of directory information, and yearbooks. Please read each section of the form carefully.

If you approve use of photos of your child, you may return this form with just a signature. If you would like to opt your child out of any of the following sections, please fill out your child's information (one form per child), check the associated box, and sign the form.

Student Name:	. Grade:
Public Media Withhold Form	
FEA may allow news media on school campuses to interview, phot stories.	ograph and videotape students for print and broadcast
☐ I DO NOT want media representatives to publish/broadca my child.	st interviews with photographs/video identifying
Posting Student Images on FEA Digital Comm	unication Tools
FEA may publicize positive school events and accomplishments the and WhatsApp. Parents have the choice to withhold their stude checking the area below. Public events like Fall Fair are not include the choice to withhold their stude checking the area below.	ent's images/videos and name from being posted by
If you <b>DO NOT</b> want your child's photo/name used, choose the photo on:	following communication tools you do not want their
☐ I DO NOT want my child's photo and name on the school's	
[ ] Website [ ] Facebook [ ] Whatsapp	
Directory and Yearbook Information	
FEA may release directory information such as student's name, pho can opt-out of having their child's information released in the year	
If you <b>DO NOT</b> want your child's directory information released, cl	noose one of the following two options:
☐ Option A: NO student directory info released at all, includir	ng NO yearbook and award listings.
Option B: NO student directory info released generally; YES	S include in yearbook and awards.
Parent/Guardian Signature:	
Parent/Guardian Name:	Date: