



**FOLSOM
EDUCATIONAL
ACADEMY**
PreSchool, K - 8th

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NEW ENROLLMENT: K-8th Registration Checklist 2026 - 2027 Academic Year

Registration applications with missing or incomplete requirements will be denied.

New Student Registration Requirements

- Application for Admission
- Student Emergency Information Form
- Parent/Student Handbook Form
- Photo Consent
- Language Identification Form
- Financial Agreement
- Tuition Payment Authorization Form*
- Copy of the child's Birth Certificate
- Copy of the child's previous school year's academic records
- Copy of the child's CURRENT Immunization Card*
 - DTaP (5 doses, 4 OK if one given on or after 4th birthday)
 - Polio (4 doses, 3 OK if one given on or after 4th birthday)
 - Hepatitis B (3 doses)
 - MMR (2 doses, both given on or after 1st birthday)
 - Varicella (2 doses)
 - Tdap (1 dose, **only 7th grade and above**)

For KG or first-time US student Enrollments Only

- Report of Health Examination Form

REQUIRED PAYMENTS WITH APPLICATION

- Non-refundable annual Registration and Materials fee (Paid via CHECK)***

* Tuition payments will be deducted using Gradelink ACH Autopay on the 1st of every month. Personal check still required for Registration/Materials Fee.

**Subject to change by California Department of Public Health

*** Refundable only in the event of lack of space



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Application for Admission 2026 - 2027 Academic Year

***** Submit ONE Check ***
for Registration and Materials Fee
with Application**

New Student Information (Please print clearly)

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

Student's last name: _____ First name: _____ Middle initial: _____ Birth date: _____

Home address: _____ City: _____ State: _____ Zip: _____

Special Services: No Yes If Yes, which program? Circle **ALL** 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

Last school attended:

Name: _____

Phone: _____

Address: _____

State: _____ Zip: _____

NOTE: If student is not residing with both parents, proof of custody must be submitted at the time of registration.

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:** ► _____



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Student Emergency Information

2026 - 2027 Academic Year

Student's last name: _____ First name: _____

Home phone: _____ Male Female Birth date: _____ Grade: _____

Serious Health Condition or Allergies (please note) _____

In case of emergency, I authorize that my child be taken to the nearest medical center for treatment, if I am unavailable. I authorize FEA to obtain all emergency medical care prescribed by a physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above. Parents will be responsible for any emergency service charges.

▶ _____
Signature of Parent/Guardian

▶ _____
Date

EMERGENCY NUMBERS IN CASE OF NEED: In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated.

1. Contact Neighbor or Friend: Name: _____ Phone: _____
Address: _____

Cell phone or alternate number: _____

2. Contact Family Physician: Name: _____ Phone: _____
Address: _____

Cell phone or alternate number: _____

3. Other desired procedures/
Medical information _____

For siblings of current students ONLY:

Please apply Emergency Authorization information below from the following existing K-8th grade student's application (must be from same family):

FIRST NAME, LAST NAME, GRADE in 2025-2026: _____

Emergency Authorization

IN THE EVENT OF AN EMERGENCY OR DISASTER I AUTHORIZE SCHOOL PERSONNEL TO RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS:

Name	Address	Relationship	Phone Number

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▶ _____
Signature of Parent/Guardian

▶ _____
Date



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Parent/Student Handbook Signature Form 2026 - 2027 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.

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

Student Name:

Parents:

Print Name

Signature

Date

Print Name

Signature

Date



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Photo Consent 2026 - 2027 Academic Year

Student's last name: _____ First name: _____ Birthdate: _____

FEA may utilize images/videos in public media coverage, posting of student images and names through FEA's digital communication tools and in the school yearbook.

Please read each section of the form carefully.

Public Media Withhold Form

FEA may allow news media on school campuses to interview, photograph, and videotape students for print and broadcast stories.

I ALLOW media representatives to publish/broadcast interviews with photos/video identifying my child.

I DO NOT want media representatives to publish/broadcast interviews with photos/video identifying my child.

Posting Student Name and Images on FEA Digital Communication Tools

FEA may publicize positive school events and accomplishments through digital communication tools including Facebook, Whatsapp, Instagram, the school website, and other platforms. Parents have the choice to withhold their student's full name and images/videos from being posted.

Public events like Fall Fair are not included in the opt-out.

I ALLOW my child's name/photos/videos posted on FEA digital communication tools.

I DO NOT want my child's name/photos/videos posted on FEA digital communication tools.

Yearbook

All students will be included in the yearbook, which will print full name, grade and photos of students.

Parent/Guardian Signature: ▶ _____ Date: ▶ _____

Print Parent/Guardian Name: ▶ _____

Folsom Educational Academy Language Identification Form

Office use only: Enrollment Date _____ SSID # _____ Stu # _____

Student Name _____ Date of Birth _____

Last Name (Family name) First (given)

Home Address _____ Apt: _____ City: _____ Zip Code: _____

City of Birth _____ State/Province of Birth _____ Country of Birth _____

Phone (home & emergency) _____ Date of US entry _____

Parent's name _____ School _____ Grade _____

Date of first enrollment in a US K-12 school _____ In a California K-12 school _____

Home Language Survey

Education code §62002; (California Code of Regulations 5CCR 4304)

A Home Language Survey is required of each newly enrolling student in a California public or nonpublic school. **Answers of languages other than English on questions 1, 2, or 3 trigger a state test of English language development.** The purpose is to know the languages and educational needs of students, in order to provide access to the educational programs, and develop rapid fluency in English.

Parent – Please answer these questions:

1. Which language did your child learn when s/he **first learned to talk**? _____
2. Which language does your **child most frequently speak at home**? _____
3. Which language do you (the parents or guardians) **most frequently use when speaking with your child**? _____
4. Which language is **most often spoken by adults in the home**? _____

Literacy in other languages - If you listed a language other than English on lines 1, 2, or 3, does your child read and write that language as well as others of his/her age in your home country?

Yes, can read/write _____ No, cannot read/write _____

Correspondence language – All correspondence is sent in English.

ETHNIC CODES/EDUCATION LEVELS – The California Department of Education requires a District staff member or third party observer to identify race/ethnicity if the parent/guardian completing this form has not done so.

PLEASE ANSWER BOTH QUESTION 1 AND QUESTION 2 BELOW:

QUESTION 1: Are you Hispanic or Latino? (500) (Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish cultures or origins) Yes No

QUESTION 2: What is your race? (choose one or more)

- American Indian or Alaskan Native (100) (Those from North, South or Central America who maintain cultural identification through tribal affiliation, or Native Alaskan Indians)
- Asian Indian (205) (Far East, Southeast Asia or the Indian subcontinent e.g., India, Malaysia, Pakistan, Thailand, Afghanistan, Nepal, Bhutan)
- Black/African American (600)
- Cambodian (207)
- Chinese (201)
- Filipino/Filipino American (400)
- Guamanian (302)

- Hawaiian (301)
- Hmong (208)
- Japanese (202)
- Korean (203)
- Laotian (206)
- Other Asian (299)
- Pacific Islander (399)
- Samoan (303)
- Tahitian (304)
- Vietnamese (204)
- White (not of Hispanic origin) (700) (Those having origins in Europe, North Africa, Middle East, Portugal, Egypt and Iran)

Please indicate the number for the highest level of education obtained by each parent: **Mother** _____ **Father** _____
10 = Grad/Post grad school, **11** = College graduate, **12** = Some college (inc. AA), **13** = High school graduate, **14** = Not a high school graduate, **15** = Decline to state

Parent signature _____ Date _____



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Financial Agreement 2026 - 2027 Academic Year

Student's last name: _____ First name: _____

K-8th Grade Timing and Rates (SELECT ONE):

- OPTION 1: 8:30 a.m. – 3: 30 p.m.** \$875 1st/Oldest Student ____ ; \$700 2nd Student____ ; \$600 3rd Student____ ; \$500 4th Student____
- OPTION 2: 8:30 a.m. – 5: 30 p.m.** \$1025 1st/Oldest Student ____ ; \$850 2nd Student____ ; \$750 3rd Student____ ; \$650 4th Student____

Please complete the Tuition Payment Authorization Form and select either ONE YEARLY payment or TEN MONTHLY payment to be deducted on the 1st of the month. Payments will be deducted using ACH Autopay setup by admin.

*NOTE: Sibling discounts only apply to K-8 students. PK students shall **not** count as the '1st Student'.*

Student Registration Fee (select one) _____ \$500 **before or on 3/2/26** _____ \$600 **after 3/2/26**

Materials and Book Fees (all students) _____ \$200

\$100 is refundable at the end of the year after 10 hours of volunteer service. Volunteer Hours form must be submitted to and verified by PTO.

READ EACH ITEM BELOW CAREFULLY AND INITIAL ON THE LINE TO ACKNOWLEDGE

Basic Services Offered – 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.

_____ **Registration and Tuition** – 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 above. Tuition fee in FULL is due on the 1st of each month. Monthly tuition is not pro-rated for partial-month attendance.

_____ **Pick-Up / Late Pick-Up Policies** – 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.

_____ **After School Fee** – 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 Payment Fees** – a payment is returned to FEA by the bank for any reason, your account will be charged a \$50 returned payment fee to cover costs incurred to FEA.

_____ **Absences/School Closures** – 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.

_____ **Withdrawal** – 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.*

_____ **Modification Conditions** – 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: _____



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Tuition Payment Authorization Form 2026 - 2027 Academic Year

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Account Information

Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Payment Authorization Type (Select ONE)

Tuition - Ten (10) Monthly Payments

Tuition deductions will be made on the **1st of each month** during the applicable school year.

Tuition - One (1) Annual Payment

Tuition will be deducted in **one full payment on August 15th** of the applicable school year.

I (we) hereby authorize Folsom Educational Academy to initiate electronic funds transfers (ACH debits) from the account listed above for tuition payments as selected. This authorization shall remain in effect unless written notice is provided.

I (we) understand that **ten (10) days written notice** is required to make any changes to this authorization, including changes to banking information or payment schedules.

Overdrawn payments or returned payments will incur a **bounced payment fee** as outlined in the Financial Agreement and may impact student attendance. A check in the new amount will be required to avoid disruption in attendance.

▶ _____ ▶ _____ ▶ _____
Parent/Guardian Signature Print Name Date

PLEASE ATTACH ONE CHECK FOR REGISTRATION/MATERIALS FEE CHECK HERE. NOTE: NO CHECKS FOR TUITION.

Bank Name	No. 1057
	Date <i>Today's Date</i>
PAY TO THE ORDER OF <u>Folsom Educational Academy</u>	\$ <u>\$700.00</u>
<u>Seven hundred and NO/100</u> ----- Dollars	
Memo <u>Student Name</u>	<i>Check Requires Signature</i>
<u>Registration/Materials</u>	
⑈ 12345678 1234567890 1057 << (Do not write on top of acct #)	

FOR OFFICAL USE ONLY

Date Gradelink ACH Plan Added

Employee Signature