

Nkrumah International Academy
7415 S. East End Ave.
Chicago, IL 60649

Registration/Enrollment Checklist:

- Schedule appointment for a tour - tour date: _____
- Complete the tour
- Complete/sign forms within the registration packet
 - Registration/Application Form
 - Tuition Agreement
 - Medical Form (Physical)
 - Eye Exam
 - Dental Exam
 - Immunization Exemption Form
 - Enrollment Engagement Form
 - Corrective Action/Discipline Form

What to bring on your child's first day:

1. 7 plastic folders (paper folders tend to tear easily)
2. Pencils
3. 3 notebooks
4. 1 pack of loose leaf paper

What to expect:

- Children will learn about themselves.
- Children will receive an assessment in mathematics, reading/vocabulary, and science.
- Children will receive a syllabus for every class along with a schedule of classes.
- Children will eat healthy and learn the importance of a vegetarian diet.

Registration Form

Return this completed application and non-refundable \$100.00 application fee for enrollment.

Applicant's Full Name: _____

Parent's Full Name: _____ Relationship _____

Parent's Full Name: _____ Relationship _____

Home Address: _____

Gender: ___ M ___ F

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Languages Spoken at home: _____

Present Age: _____ DOB: _____

Are there any nicknames you would prefer we not use with your child?

Does your child have any health problems or allergies?

Has your child been immunized? If so, please attach most recent immunization forms or letter requesting waive.

Parent's Status: ___ Married ___ Domestic Partners ___ Separated ___ Divorced ___ Single ___ Widowed

Parent Information

1. First Parent's Name: _____

(First, Middle, Last)

What does your child call this parent?

Home Address (if different): _____

Gender: ___ M ___ F

Home Phone: _____ Cell Phone: _____

Name & Address of Employer:

Occupation/Position: _____

Business Phone: _____ Fax: _____

E-Mail: _____

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2. Second Parent's Name: _____

(First, Middle, Last)

What does your child call this parent?

Home Address (if different): _____

_____ Gender: ___ M ___ F

Home Phone: _____ Cell Phone: _____

Name & Address of Employer:

Occupation/Position: _____

Business Phone: _____ Fax: _____

E-Mail: _____

Health Insurance Information:

Is your child under any medical insurance plan? _____

What is the medical carrier name? _____

Type of Plan ___ PPO ___ HMO ___ POS ___ Other

Who is the primary subscriber (Name) of the plan? _____

In the event of a medical emergency, I give Freedom Home Academy and the agents that represent the institution the right to take my child to the nearest hospital or urgent care facility to service medical issues that are deemed urgent.

Parent Print Name: _____ Parent Signature: _____

Parent Print Name: _____ Parent Signature: _____

I authorize Freedom Home Academy and agents of to administer medication to my child/children under the following instructions.

Emergency Contact Information: In the event of an emergency, I authorize the following adults to be contacted if I can't be reached.

Full Name: _____ Contact #: _____

Full Name: _____ Contact #: _____

Full Name: _____ Contact #: _____

Authorized Pick Up/Drop Off: The following adults are authorized to pick or drop off my child at the Academy.

Full Name: _____ Contact #: _____

Full Name: _____ Contact #: _____

Full Name: _____ Contact #: _____

Parent Signature: _____ Date: _____

Please list all schools/day care situations prior to this application.

What is the reason for switching schools? Please attach other sheets if necessary.

Child's Name: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

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TUITION AGREEMENT

I, (name of parents) _____, parents of

(name of child/children) _____, agree to pay NKRUMAH INTERNATIONAL ACADEMY, LLC the following annual fees for the school year beginning August 1st, 2016 through December 31st, 2016. This contract is for 1 full year after signing. If your child, due to an emergency, does not continue at Nkrumah International Academy, LLC, we require a 3-month notice. Without this notice, the 3-month tuition is due.

- ____ Tuition - \$7,200 per student
- ____ Registration Fee - \$100 per family
- ____ Fundraising Obligation - \$150 per family (Due in April of 2017)

Tuition Payment Schedule: I elect the following TUITION payment schedule (please check one).

1. ____ Annually \$7,200 due: Sep 5th, 2017
2. ____ Semi Annually \$3,600 due: Sep 5th, 2017 & February 1st, 2018
3. ____ Quarterly \$1,800 due: Sep 5th, 2017; December 1st, 2017; March 1st, 2018; June 1st, 2018
4. ____ Monthly \$600 due 1st of each month

Pro-rated Information: Fees for start dates after January 1 are pro-rated on a monthly basis.

Based on the start date (list date _____), I am responsible for the following prorated fees.

- ____ Your pro-rated tuition fee due for the 2017/2018 school year is: _____
- ____ Your pro-rated registration fee due for the 2017/2018 school year is: _____

Registration Fee: I elect the following REGISTRATION FEE payment schedule (please check one).

- ____ \$100 to be paid at time of registration
- ____ Two \$50 payments to be paid over a two-month period

Fundraising Fee: I elect the following FUNDRAISING payment schedule (please check one).

- ___ \$150 payment at time of registration
- ___ \$150 payment

(Must be paid in full no later than Apr 30th, 2018)

I have been advised and agree to the following:

___ If I elect for my child not to attend school for any reason during the contractual agreement, I am responsible for payment on the regularly scheduled date.

___ Tuition is expected to be paid in full on the first day of the agreed month. If the first day is a Saturday or Sunday, tuition is due the first Monday.

___ A \$10 per day late fee will be assessed to my account if tuition payment is made after the 5th day of the month. Daily charges will be assessed until full payment is received. If my tuition balance (including any late fees) is not paid in full by August 16th, 2018, my child is not eligible to re-enroll/register for the 2018/2019 school year.

___ The annual fundraising obligation is \$150 per family. Each family will receive five tickets for entry to Freedom Home Academy, LLC Annual Student Academic Expo.

Freedom Home Academy Staff: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

All terms are binding unless otherwise expressed and agreed to in writing.