

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)
 - Dental
 - Eye Exam
 - Immunization Exemption Form
 - Enrollment Engagement Form
 - Corrective Action/Discipline Form

What to bring on your child's first day:

8 plastic folders (paper folders tend to tear easily)

Pencils

3 notebooks

1 pack of loose leaf paper

What to expect:

Children will learn about themselves

Children will receive an assessment in Mathematics and Reading/Vocabulary 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.

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

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: _____

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

Name & Address of Employer:

Occupation/Position: _____

Business Phone: _____ Fax: _____

E-Mail: _____

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? _____

Emergency Contact Information:

In the event of a medical emergency, I give Nkrumah International 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

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

Full Name

Contact Phone

Full Name

Contact Phone

Full Name

Contact Phone

The following adults are authorized to pick or drop off my child at the Academy:

Full Name

Contact Phone

Full Name

Contact Phone

Full Name

Contact Phone

X _____

Parent Signature

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

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

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

Child's Name

X _____

Parent Signature

Date

X _____

Parent Signature

Date

Nkrumah International Academy

7415 S. East End Ave.

Chicago, IL 60649

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 1 through December 31, 2016. This contract is for 1 full year after signing. If your child, due to an emergency, does not continue at Freedom Home Academy, LLC, we require a 3 month notice. Without this notice, the 3 month's tuition is due.

_____ Tuition - \$7,200 per student

_____ Registration Fee - \$100 per family

_____ Fundraising Obligation - \$150 per family (Due in April 2017)

Fees for start dates on September 6th are pro-rated on a monthly basis.

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

_____ Your pro-rated tuition fee due for the 2016-2017 school year is:

_____ Your pro-rated registration fee due for the 2017 school year is: _____

I elect the following TUITION payment schedule (please check one):

_____ I. Annually \$7,200 due September 6th

_____ II. Semi Annually \$3,600 due September 6th and March 3rd 2017

_____ III. Quarterly \$1,800 due September 6th, December 3rd, March 3rd, July 6th, 2017

_____ IV. Monthly \$600 due 1st of each month

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

(must be paid in full no later than Feb 28)

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 30)

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 still 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 December 31, 2016, my child is not eligible to re-enroll/register for the 2017 school year.

_____ The annual fundraising obligation is \$150 per family. Each family will receive ten (10) tickets valued at \$15 each for entry to Nkrumah International Academy, LLC Annual Student Academic Expo.

Date: _____

Nkrumah International Academy Staff: _____

(Signature)

Parent: _____

(Signature)

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