



2019-2020 Student Enrollment Package

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OAK ISLAND ACADEMY

"Empowering Generations, One Student At A Time"

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| Registration Card | <input type="checkbox"/> |
| Immunization Record/ Letter | <input type="checkbox"/> |
| Birth Certificate | <input type="checkbox"/> |



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2019-2020 Enrollment Application

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Student's Social Security #: _____

Place of Birth: _____ Date of Birth: ____ / ____ / ____

Age: _____ Grade: _____

Name of Previous School Attended: _____

Parents Information

Mother's Name: _____ Work #: _____

Mother's Place of Employment: _____

Mother's Email: _____

Father's Name: _____ Work #: _____

Father's Place of Employment: _____

Father's Email: _____

Name of Church if Attending: _____



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Emergency Data

Student Name: _____

Parents Marital Status:

Married: _____ Separated: _____ Divorced: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Persons authorized to pick up child after school:

1.) Name: _____

Relationship: _____

2.) Name: _____

Relationship: _____

3.) Name: _____

Relationship: _____



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Medical Release Form

Student Name: _____

Date of Birth: ____ / ____ / ____

Mother's Blood Type: _____ Father's Blood Type: _____

Medical condition diagnosed: _____

Conditions: _____

Symptoms requiring immediate medical attention: _____

Instructions: _____

Prescribed medication: _____

Quantity to be dispensed: _____ Time to be dispensed: _____

Doctor's Name (Print): _____

Doctor's Signature: _____

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

Phone #: _____ Emergency #: _____

I, _____ release teachers or staff members of Oak Island Academy to dispense the medication prescribed above to my child as directed on the form. I take full responsibility for any affects the medication may have. I release the academy, of any and all liability in regards to my child's medical condition, but understand the best care possible will be given. I will also notify the academy immediately if any changes are made by my child's physician in regards to dispensation of medicine.

Parent/Guardian Signature: _____ Date: _____



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Medical Information

Student Name: _____

Child's Doctor: _____

Address: _____ Phone #: _____

Child's Dentists: _____

Address: _____ Phone #: _____

Consent for Medical Treatment

I understand that in the event of an emergency, the academy will attempt to contact me; if I am not available, the alternate adult listed in the enrollment application will be called. I hereby grant permission for emergency first aid to be given by the attending physician and/or personnel of Oak Island Academy to take my child for emergency medical care (at my expense) in the event I cannot be reached.

Parent/Guardian Signature: _____ Date: _____



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Student Health Information Form (Pt. 1)

Student Name: _____

Check any illness or condition your child has experienced. Give dates when illness occurred or condition was detected. All spaces must be filled out.

| No | Yes | When | |
|----|-----|------|--------------------------------|
| | | | Allergies |
| | | | Asthma |
| | | | Chicken Pox |
| | | | Diabetes |
| | | | Epilepsy/Seizures |
| | | | Heart Condition |
| | | | Rheumatic Heart Disease |
| | | | Mumps |
| | | | Surgery/Type |
| | | | Hospitalization/Last 12 months |
| | | | Other Existing Illness |
| | | | Wearing Glasses |
| | | | Contact Lenses |
| | | | Other Vision Problems |
| | | | Hearing Loss |



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Student Health Information Form (Pt. 2)

Student Name: _____

No Yes

_____ Does student have allergic reaction to any drug, for or insect bites?

Name of drug: _____

Name of food: _____

Name of insect: _____

What is the typical reaction or treatment to this allergy? _____

Are there any treatments, medications, or considerations necessary for the above conditions? If YES, explain: _____



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Student Release Form

Student Name: _____ Grade: _____

I, _____, hereby release Oak Island Academy to allow only the following individuals to pick-up my child after school if for any reason I am unable to come for my child. Otherwise, if my child needs to be picked-up at any other time before school is dismissed, I will notify my child's teacher or administration to release my child to any of the adult(s) listed here.

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____



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Fundraiser Participation/ Non-Participation Form

Student Name: _____

There are 20 mandatory service hours per child that must be completed before the end of the school year. If you have more than one child, there will be an additional 5 hours per child added. In January you will receive a report on your hour's status, any hours that are not completed by May 1st will be added to your child's account. Please understand that this account must be paid in full or we will not be able to release your child's records at the end of the school year. You will be given a form that will be completed by the administrator and will contain all hours that are completed. If you choose not to participate in any fundraising requirements you will be responsible to pay a fee of \$200 and must be paid as soon as possible. Thank you for your understanding and cooperation in this matter.

_____ I will participate in the Fundraising Requirements

_____ I will not participate in the Fundraising Requirements

Parent/Guardian Signature: _____ Date: _____



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Contract for Payment

Student Name: _____

I, _____, hereby agree to pay my financial obligations to Oak Island Academy on the dates due as they appear at the current rate. I understand that an interest-free monthly tuition payment plan is available and payable as per this family contract in ten (10) equal payments, beginning August 1, and ending May of the current year. **All tuition payments are to be received by the 15th of the month. I understand that if tuition payment is more than one day late, Oak Island Academy will automatically assess a \$35 late fee on my account.** I agree to consult the Financial Administrator if financial problems arise. All records and report cards cannot be released until all accounts are paid in full. A \$35 fee is charged for returned checks.

Please check box if there will be split payments made from multiple people towards the account. Each person will be responsible to fill out form and turn in to Administrators office.

I read and agree to the conditions stated above.

Parent/Guardian Signature: _____ Date: _____



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Uniform Policy

Student Name: _____

I have read the uniform policy and its requirements. I know what is expected of both my child and I. I give the administration full judgment concerning the attire accessories of my child.

Parent/Guardian Signature: _____ Date: _____

I have read the uniform policy and agree to adhere to all its requirements and expectations. I also understand the consequences that will result from any violations.

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

- The parent's signature is required on both sections for students who cannot sign for themselves.



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Homework Policy

Student Name: _____

Any student who fails to turn in a homework assignment will be required to make up the assigned work issued for that day and must be turned in the next day. If student fails to turn in an assignment and he/she has reached their third offense, the student will be held to complete homework during recess.

It is the responsibility of the parent and student to inquire about assignments, quizzes, or test that he/she may have missed due to absences. 10 points will be deducted from any test or quiz taken in the next day.

I have read the above policy concerning its expectations and requirements. I agree to follow its guidelines and its circumstances.

Parent/Guardian Signature: _____ Date: _____

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

- **The parent's signature is required for students who cannot sign for themselves**



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Parent-Teacher Communication Policy

Student Name: _____ Grade: _____

Parent-Teacher communication is very important. Every grade level is required to have a communication log/folder. The communication log/folder must be read, signed, and returned daily. This will notify you of your child's progress and present class status. Please understand that it is very important for you to review and sign log to ensure proper communication throughout the school year.

I agree to support the academy, staff, and administration. I will encourage my child to follow this policy as well.

Parent/Guardian Signature: _____ Date: _____

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

Signature of Student: _____

- **The parent's signature is required for students who cannot sign for themselves.**



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Photo/Video Release Form

Student Name: _____

Please choose:

I hereby **grant / do not grant** Oak Island Academy permission to use my child's likeness in a photo or video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Oak Island Academy and will not be returned.

I hereby irrevocably authorize Oak Island Academy to edit, alter, copy, exhibit, publish or distribute photos or videos for purposes of publicizing the academy's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears now or in the future, whether that use is known to me or unknown. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photos or videos.

I hereby hold harmless and release and forever discharge Oak Island Academy from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Parent/Guardian Signature: _____ Date: _____