

2020-21 Grades 7-9 (RE) ENROLLMENT FORM *(Please print using CAPITAL LETTERS and a blue or black pen)*

Student has successfully completed _____ in the 2019-20 academic year, and applying for _____ in this new Academic Year.
(grade) (grade)

Student has **unsuccessfully** completed _____ in the 2019-20 academic year, and re-applying for this class in the new Academic Year.
(grade)

Student's Details (As mentioned in the passport or birth certificate)

Surname _____ First names _____
Date of Birth (month/day/year) _____ Nationalit(y) (ies) _____
First Language _____ Other Languages _____
Number of siblings _____ Passport Number _____

Parents' Details

Father's name (Surname/First names) _____ Mother's (Surname/First names) _____
Employer's Name _____ Employer's Name _____
Position _____ Position _____
Work Tel # _____ Work Tel # _____
Home Tel # _____ Home Tel # _____
Passport Number _____ Passport Number _____
 Married Divorced Separated Single
Name of parent/guardian with custody of child (Attach court order) _____
Email addresses for all school correspondence (At least one) _____
WhatsApp Telephone numbers to add to FLA Family Group _____
Home address with reference _____

Alternative/Emergency Contact(s)

In the event that the school is unable to contact you in an emergency, please provide alternative contacts.

Contact name _____ Contact name _____
Tel Number _____ Tel Number _____
Relationship to child _____ Relationship to child _____

-----**(This section is for new enrollments only)**-----

Scholastic Details

Last school attended _____
Grade Completed _____
Email address _____ Tel Number _____
Reason for leaving _____
How many schools previously attended _____
 Attach last report card Attach Grade Criteria Form (Preschoolers) Attach School Recommendation letter (Grades 4-9)

-----**(This Section is for FLA Use Only)**-----

Placement Test Results: English _____ Mathematics _____
Specific Comments/Observations on Child's Academic weaknesses/strengths:

2020-21 FLA STUDENT MEDICAL RELEASE FORM *(This form will be submitted to the SOS Infirmary)*

Surname _____ First names _____
 Date of Birth (month/day/year) _____ Grade _____
 Height _____ Weight _____

Please check the below boxes to authorize each medication clearly and sign below for consent of medications which can be administered to your child for minor injuries or complaints when necessary:

- DOLIPRANE for fever or pain;
- HYDRO CORTIZONE for allergies;
- VENTOLIN INHALERS/ SYRUP for acute respiratory difficulty
- ANTI-INFLAMMATORY e.g. Ibuprofen tablets for minor injuries and pain
- Anti-spasmodics. Eg SPASFDN/DROTAVERINE for stomach cramps, digestive disturbance and period pain.

Please answer the following questions (If you answer "YES" please give all necessary details):

1. Does the student have a medical diagnosis of a chronic health problem such as diabetes, tuberculosis, epilepsy, cystic fibrosis, asthma, muscular dystrophy, respiratory disorder, haemophilia etc.? YES/NO

 2. Does the student have a condition which affects learning e.g. ADHD, dyslexia, dyscalculia etc? YES/NO

 3. Does the student receive ongoing medication for physical or emotional problems? YES/NO

 4. Does the student require educational support to date? YES/NO

- If you answered yes to #3 or #4 please give the details of any medication and dose plus the medical/educational psychologist report for the condition. _____
5. Known allergies (particularly drug allergies): _____
 6. Medications NOT to be administered to my child: _____
 7. Has the student had any surgical operations: YES/NO _____
 8. Has the student got any problems with vision? YES/NO _____
 9. Has the student had a sight test within the past 12 months YES / NO (1-2 yearly review recommended)
 10. Does the student hear well? YES/ NO _____
 11. Has the student completed his/her immunization program, as appropriate for his/her age? YES/NO – If no please note what is missing:

 12. Date of last tetanus vaccination: _____

PARENTAL CONSENT

I give consent for my child to be taken to an emergency in case necessary. I understand that in the event of an extreme emergency, it may be necessary to transport the child to the nearest hospital where their condition can be stabilized.

Name of Parent/Guardian _____ Date _____ Signature of Parent/ Guardian _____

PARENT MEDIA CONSENT FORM & AGREEMENT:

Student Surname: _____ First name: _____ Grade: _____

Photos, video footage and work samples of students are used regularly by schools for a number of purposes. These situations are generally for the purpose of acknowledging the efforts of the student or the school, or for promotion of the school or education. Consent, from a parent or guardian of the student, for use of the photos, video footage and work samples for marketing and/or promotional purposes is needed. We ask parents or guardians to complete and sign the Media Consent Form. The Media Consent Form will be placed in the student's file or record at F.L.A and will be retained by F.L.A. If requested, a copy of the form will be made available. This consent, once given, will be amended or revoked only upon receipt of written notification from the parent/ guardian who gave it originally or individual (if over 18 years of age). Parents and/or guardians should notify the F.L.A Office immediately if any circumstance arises that would prevent F.L.A from using their child's photo, video images or work samples. No remuneration is offered to students or parents for whom consent is given to take part in marketing or promotional activities whether at the school or other location.

Consent Given

I give permission for photos, video/audio and samples of work created or contributed to use, recording or disclosure of the individual's name, recording or image, individual work and personal information, including but not limited to: ■ any activities engaged in during the ordinary course of the provision of education and training by the school or other agencies ■ assessment of students and other purposes associated with the provision of education; ■ public relations, promotion, advertising, media and commercial activities; ■ use by the media in relation to activities that show the Individual in a positive light, e.g., drama and musical performances, sports and prize giving; ■ any other activities as sanctioned by F.L.A. I acknowledge that the material may continue to be used for a number of years, even once the person below has left his or her current school, and that some of the products in which the material is used may have extended longevity. 'Use' includes: - to create, make copies of or reproduce or retain in any form, including by camera, video, webcam, closed circuit television, mobile phone or any other form of digital recorder or device, including still or motion; and - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the internet, in whole or in part, and to permit other persons to do so.

Name of Parent/Guardian _____ Date _____ Signature of Parent/ Guardian _____

How did you hear about F.L.A? Friends/Family Website Advertisement Other _____

Agreement

I _____, understand that in order to complete my child's registration with F.L.A,
(Parent's surname, first name)

photocopies of the below documents must be submitted and attached to the 2020-21 FLA Student Application Form, along with the 2020-21 FLA Student Medical Release Form, and My 2020-21 FLA Payment Contract. I have also read and understood the 2020-21 FLA Parent Information Booklet in its entirety, and agree to abide by F.L.A's Rules & Regulations. I hereby declare that all of the information given is true and accurate to the best of my knowledge.

✓ CHECKLIST (Returning students, need not submit *)

- | | | | |
|----------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> * Birth Certificate | <input type="checkbox"/> Updated Health/Vaccination Card | <input type="checkbox"/> *Preschool Criteria Document | <input type="checkbox"/> * G1-9 Entrance Test |
| <input type="checkbox"/> Passport ID page | <input type="checkbox"/> 4 Updated Passport Pictures | <input type="checkbox"/> *Previous School's Report Card | <input type="checkbox"/> * G4 + Rec. Letter |

Name of Parent/Guardian _____ Date _____ Signature of Parent/ Guardian _____

MY 2020-21 FLA SELECTIONS (For Logistics)

Student Surname: _____ First name: _____ Grade: _____

✓ **Make your selection by ticking the box and/or indicating quantities needed.**

Grades 7-9 School Supplies List	Price	Quantity	Total Price	Quantity	Price
1. Liquid white glue	\$3	3	\$9		
2. Art book	\$4	3	\$12		
3. Packets of min. 20 sheet colored bristol paper	\$5.00	3	\$15		
4. Pelikan school paint	\$12	2	\$24		
5. Set of paint brushes	\$15	1	\$15		
6. Set of markers	\$10	2	\$20		
7. Hard plastic folder with 12 pocket	\$15	1	\$15		
8. Sets of pencils crayons	\$3.50	2	\$7		
9. Pair of scissors	\$5	1	\$5		
10. Name tag stickers	\$2	1	\$2		
11. High lighters	\$3.50	1	\$3.50		
12. Student Journal	\$15	1	\$15		
13. Boxes of pencils (12)	\$3.50	6	\$21		
14. Boxes of erasers (20)	\$12	3	\$36		
15. Sharpeners	\$0.80	12	\$9.60		
16. Ruler	\$1.50	1	\$1.50		
17. Plastic folder with button	\$0.80	1	\$0.80		
18. Gloss paper	\$3	3	\$9		
19. Bristol Paper	\$1.00	5	\$5.00		
20. Big Bristol poster size papers	\$1	10	\$10		
21. A4 Paper cover lined book	\$6.00	6	\$36		
22. A4 Hard cover lined book	\$10	6	\$60		
23. Notebook covers	\$0.80	12	\$10		
24. Block of white paper (Paper One brand)	\$6.30	3	\$19		
OPTION 1: TOTAL COST (without the below items)			\$360		
25. Protractor set	\$10	1	\$10		
26. Scientific calculator	\$25	1	\$25		
27. Spanish-English dictionary	\$10	1	\$10		
28. English-French dictionary	\$10	1	\$10		
29. English Thesaurus	\$10	1	\$10		
OPTION 2: TOTAL COST (with all of the above items)			\$425	My Total	

- Note:**
- All items are provided by FLA
 - If items #25, 26, and 27 are not brought to class within the first week of school, parents will automatically be invoiced, and students will be given the missing items.

MY 2020-21 FLA SELECTIONS Student Surname: _____ First name: _____ Grade: _____

(For Logistics)

✓ **Make your selection by ticking the box or writing the new total price.**

Grades 7-9 Workbooks for New Students

Success in Mathematics with Revision papers	English Reading, Writing & Language Arts	Physics, Chemistry & Biology course books and workbooks	Spanish for Mastery I Expanded workbook	Business Studies with CD	French workbook + Lecture	IT & Apps for tablets	Total	Total
\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$150 ✓	\$645	

Grades 7-9 Workbooks for Returning Students

Success in Mathematics with Revision papers	English Reading, Writing & Language Arts	Physics, Chemistry & Biology course books and workbooks	Spanish for Mastery I Expanded workbook	Business Studies with CD	French workbook	IT & Apps for tablets	Total	Total
\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>	Purchased last year	Purchased last year	Purchased last year	\$45 <input type="checkbox"/>	\$150 ✓	\$305	

Note: All workbooks/worksheets are provided by FLA. If a student loses any of the above, parents will automatically be invoiced, and students will be given the lost item(s).

*Note that it is mandatory for students to wear the respective extra-curricular activities uniforms in order to participate in the activities.

Grades 7-9 Uniforms

School Uniforms (2 sets + 1 polo)	PE Karate Kimono (1 top, 1 pants, & 1 belt)	PE *Swim Suit (1 suit + 1 goggles)	*P.E (Dance+Soccer) (2 t-shirts + 2 bottoms)	Art/Cooking Apron (1 piece)	Total	Total
\$175 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$20 <input type="checkbox"/>	\$390	

MY 2020-21 FLA PAYMENT SUMMARY Student Surname: _____ First name: _____ Grade: _____

(For Finance)

* 1st Payment due includes all **school supplies, workbooks/worksheets & IT, school and activities uniforms** according to your child's timetable & selection and are due in **April 2020**. (See 2020-21 Parent Information Booklet for all details)

Class	1 st Payments (Mandatory)	My Selections	(Optional) One time Payments
	<input type="checkbox"/> \$300 One time registration fee (for new students only)		
Grade 7- 9 New Student	<input type="checkbox"/> \$425 Supplies <input type="checkbox"/> \$645 Workbooks & IT <input type="checkbox"/> \$175 School Uniforms <input type="checkbox"/> \$ 215 Activities Uniforms	<input type="checkbox"/> \$ _____ Supplies <input type="checkbox"/> \$ _____ Workbooks & IT <input type="checkbox"/> \$ _____ School Uniforms <input type="checkbox"/> \$ _____ Activities Uniforms	Student's Family Pictures <input type="checkbox"/> *Family picture package \$25 Individual and Class picture package <input type="checkbox"/> *Student photo \$30 Compilation of all events/pictures <input type="checkbox"/> *Yearbook \$40
Grades 7-9 Returning Student	<input type="checkbox"/> \$425 Supplies <input type="checkbox"/> \$360 <input type="checkbox"/> \$305 Workbooks & IT <input type="checkbox"/> \$175 School Uniforms <input type="checkbox"/> \$215 Activities Uniforms	<input type="checkbox"/> \$ _____ Supplies <input type="checkbox"/> \$ _____ Workbooks & IT <input type="checkbox"/> \$ _____ School Uniforms <input type="checkbox"/> \$ _____ Activities Uniforms	SEN (Special Education Needs) students with a specific program (therapy, psychology etc...) may have additional monthly fees, based on needs

Second payments due includes **Tuition Fees, Optional Pictures, SEN (Special Education Needs Students) lunch, snack, and bus services** and are due within the first five days of each month/ trimester/year.

CLASS	OPTION A TIME	OPTION A TUITION FEE	OPTION A + TIME Options	OPTION A + HOURLY FEE (add to Option A)	OPTION B TIME	OPTION B TUITION FEE
Grade 7- 9 New Student	7 am - 1 pm	Trimester \$1335 x 3 <input type="checkbox"/> Monthly \$455 x 10 <input type="checkbox"/>	1 - 2 pm <input type="checkbox"/> 1 - 2:30 pm <input type="checkbox"/>	Trimester \$240 x 3 <input type="checkbox"/> Monthly \$80 x 10 <input type="checkbox"/>	7 am - 3:30 pm	Trimester \$1805 x 3 <input type="checkbox"/> Monthly \$645 x 10 <input type="checkbox"/>
Grades 7-9 Returning Student	7 am - 1 pm	Trimester \$1335 x 3 <input type="checkbox"/> Monthly \$455 x 10 <input type="checkbox"/>	1 - 2 pm <input type="checkbox"/> 1 - 2:30 pm <input type="checkbox"/>	Trimester \$240 x 3 <input type="checkbox"/> Monthly \$80 x 10 <input type="checkbox"/>	7 am - 3:30 pm	Trimester \$1805 x 3 <input type="checkbox"/> Monthly \$645 x 10 <input type="checkbox"/>

**** Tuition Fees include school infirmary, events and field trip costs.**

Trimester Payment Schedule;

1st Trimester Due Date: August 17th 2020
 2nd Trimester Due Date: November 16th 2020
 3rd Trimester Due Date: February 15th 2021

Monthly Payment Schedule;

Due Dates; 1st 5 days of each month starting September ending June for a total of 10 months.

*** All of the above fees must be paid in full, prior to the first day of class.**

MY 2020-21 FLA PAYMENT CONTRACT (For Finance)

Student Surname: _____ First name: _____ Grade: _____

Instructions: Transfer all of your fee selections from pages 4, 5 & 6 to summarize your totals here.

My First Payments

Registration \$ _____
 Supplies \$ \$ _____
 Workbooks & IT \$ \$ _____
 School Uniforms \$ \$ _____
 Activities Uniforms \$ \$ _____
TOTAL DUE \$ _____

My **first payment** will be made in its totality in April 2020 May 2020
 in the amount of \$ _____, (in words) _____.

My **first payments** will be made in 2 installments:
 Of \$ _____ on the _____ day in the month of April 2020
 Of \$ _____ on the _____ day in the month of May 2020

Note: Deadline for 1st Payments is May 2020. First Payments guarantees your child's place.

My future optional One-Time Payment

Family Photo \$ _____
 Student Photo \$ _____
 Yearbook \$ _____
TOTAL DUE \$ _____

My **future optional one-time payment** will be made in total by Monday, August 17th 2020,
 in the amount of \$ _____, (in words) _____.

Note: Deadline for this one-time payment is Friday, August 21st, 2020.

My Future Regular Payments

Tuition Option _____ \$ _____
 Lunch \$ \$ _____
 Snack \$ \$ _____
 SEN \$ \$ _____
TOTAL DUE \$ _____
 By Trimester Monthly

My **future regular payments** will be made by **Trimester** in the amount of \$ _____,
 (in words) _____ in 3 payments due
 1) Monday, August 17th 2020, 2) Monday, November 16th, 2020, 3) Monday, February 15th, 2021
 I understand that I have a grace period of 5 days from the due date, to clear my payments.

My **future regular payments** will be made **monthly** in the amount of \$ _____,
 (in words) _____ in 10 payments,
 due on the 1st of each month. (September 2020 to June 2021)
 I understand that I have a grace period of 5 days from the due date, to clear my payments.

MY PAYMENT AGREEMENT WITH FLA

I understand that all fees paid are Non-Refundable. All my payments must be made directly to the office in cash or deposited directly into FLA's bank account. Post-dated cheques will not be accepted. It is my responsibility to always obtain a receipt upon payment(s), whether it is from the office or the bank. The responsibility will be that of the parents, in case a proof of payment should ever be requested from FLA.

PROCREDIT BANK: Future Leaders Academy

ACCOUNT #: 000 180000 50144 55212 0046

SWIFT CODE: PRCBCDKI

I understand that if I decide to change my payment option to another payment frequency, after signing this Payment Contract, penalty fees will be applicable. I also understand that if payments are not received within the first 5 academic days, penalty fees of 10% will apply the first week, and increase over the course of the month. The above "1st Payment" fees must be paid in full to Future Leaders Academy to ensure my child's placement. If payments are not received within the first 5 academic days, F.L.A holds the right to withhold my child's placement, observation reports and report cards. If payments are not received within 30 days, F.L.A has the right to automatically withdraw my child from his/her class.

I have read and understood the FLA Parent Information Booklet 2020-21 in its entirety, and agree to abide by F.L.A's Rules & Regulations.

I hereby declare that all of the information given is true and accurate to the best of my knowledge. **I have understood that in order to enroll and secure my child's registration with F.L.A, my payments will need to be submitted, as described, within the allotted times.**

Parent Signature: _____ Signed in Kinshasa, DRC on the date of _____