



**Academic School 4 Arts Student Enrollment Agreement**  
School year: 2025-2026

<b>Student information</b>		
Last name:	First name:	Middle name Initial:
Date of Birth:	Place of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Ethnicity (Optional):	Last School attended:	Allergy(ies): _____
Grade for which you are applying (Check One)	<input type="checkbox"/> K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	

Parents, please respond to the following question:

Is your child currently receiving special education services such as IEP or a 504 Plan? (If yes, attach copy of current IEP or 504)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Parents' information:**

Mother's name

First

Last

Home Address



City and State

Zip code

Work Number

Cell Number

Email address

Father's name

First

Last

Home Address

City and State

Zip code

Work Number

Cell Number

Email Address:



I understand the Student Code of Conduct, contents of the Student Handbook and other school expectations relative to technology fees, curriculum/instruction, school uniforms/dress code. I agree to abide with those expectations, rules and procedures established by Academic School 4 Arts.

## **Academic School 4 Arts Student Enrollment Agreement – Terms and Conditions**

This Enrollment Agreement ("Agreement") is entered into by and between **Academic School 4 Arts** and the undersigned parent(s) or legal guardian(s) ("Family") of the enrolled student ("Student").

### **1. Program Commitment**

The student agrees to a **mandatory sixty (60) day commitment** to remain enrolled in the same program offering at Academic School 4 Arts. Early withdrawal from the program within this period is not permitted and may result in financial penalties.

### **2. Invoicing and Payment**

- The School will issue **weekly invoices** following the delivery of classes.
- The Family is required to **review and approve each invoice sending from Step Up** at the end of the week in which classes are received.
- If the School does not receive reimbursement from the **Step Up for Students** program for any reason, the Family agrees to **pay the full amount due** as stated on the invoice.

### **3. Late Payments**

- Payments are due upon receipt of the invoice. Any payment not made within **fifteen (15) days** of the due date will incur a **late fee of \$75**.
- If payment is delayed for more than **twenty-five (25) days**, the Student will be considered **inactive**, and all academic records will be **withheld** until a satisfactory payment arrangement is made between the School and the Family.

### **4. Collections**

- If no resolution is reached within a reasonable time frame, the account will be **referred to a collections agency** for recovery of the outstanding balance.

### **5. Acknowledgment**

By signing below, the Family acknowledges that they have read, understood, and agreed to the terms and conditions outlined in this Agreement.



**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Academic School 4 Arts Representative:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

\*Academic School 4 Arts does not discriminate in employment or educational programs, services, or activities based on race, religion, age, gender, national origin, or disability in accordance with state and federal laws.

- 
- Which program will your child be registered for: \_\_\_\_\_

Accepted by:

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

*\*\*Please note that the information you provided us will be used ONLY for the purpose of contacting you and will be shared with our collection company in case your account becomes delinquent after 90 days.*