



STUDENT APPLICATION FORM

| STUDENT INFORMATION | |
|---|--------------------|
| First Name: | Last name: |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Social Security #: |
| Date of Birth: | Place of Birth: |
| Street Address: | |
| City: | State: |
| | Zip Code: |
| PARENT/GUARDIAN INFORMATION | |
| Father's Name: | Email: |
| Cell Phone#: | Home Phone#: |
| Street Address (if different than student's): | |
| Employer: | Work Phone #: |
| Mother's Name: | Email: |
| Cell Phone#: | Home Phone#: |
| Street Address (if different than student's): | |
| Employer: | Work Phone #: |
| Guardian's Name (if not father or mother): | |
| Relationship: | Email: |
| Cell Phone#: | Home Phone#: |
| Street Address (if different than student's): | |
| Emergency Contacts (other than parents): | |
| Primary Contact: | Phone # |
| Secondary Contact: | Phone # |
| STUDENT BACKGROUND INFORMATION | |
| First language student learned to speak: | |
| Language student speaks most often: | |
| Language student speaks most often at home: | |
| Did the child attend another school? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please write name and address of school. | |
| Name and Address: | |
| **If yes, cumulative record must be forwarded to ICM Academy** | |
| Has this student ever been under suspension/expulsion from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| Has this student previously ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| If yes list programs: | |

FOR OFFICE USE ONLY: Student Application Health history Signed Regulations
 Emergency info Liability waiver Birth Certificate Immunization
 Transcripts (if applicable) Tuition/Handbook Registration fee (cash or check #____)



STUDENT'S PHYSICAL/BEHAVIORAL HEALTH INFORMATION

Did the student require medical care or hospitalization at birth or during the first months after birth? Yes No.
If yes please explain:

Has the student ever been hospitalized, seriously ill at home, or had a serious accident? Yes No.
If yes, please explain:

Is the student taking any medications regularly? Yes No
If yes, please list medications:

2 YEARS/PRESCHOOL ONLY: Is your child potty trained? Yes No

2 YEARS/PRESCHOOL ONLY: Does your child need assistance using the bathroom? Yes No.
If so, explain:

Explain briefly any concerns you may have for this student:

ENROLLMENT CHOICES/FEEES

Which program will your child be attending?

2 year old program: (must be two before August 15)

- Full time (\$500 per month)
- Part time: 3 days a week (\$300 per month)

Preschool program (must be three or four before August 15 AND FULLY POTTY TRAINED)

- Full time (\$500 per month)
- Part time: 3 days a week (\$300 per month)

Kindergarten Class

- Full time (\$500 per month)

First Grade

- Full time (\$500 per month)

PHOTOGRAPHY CONSENT

ICM Academy occasionally may take photos or videos of students during class, play, field trip, or other activity for classroom or promotional use. The names of children will NOT be used.

Do you give permission for us to do so? Yes No.

AGREEMENT AND SIGNATURE

I hereby declare that the above information is true and accurate to the best of my knowledge. I understand the rules and policies of ICM Academy, have reviewed a copy of the policies in the parent handbook (available online at www.icmacademy.org), and have visited ICM Academy prior to enrolling the student. I hereby give my consent to enroll this student. I assume full responsibility for payment of all fees and full tuition (including any late fees) and regular attendance of my child at the school. I understand that the registration fee is nonrefundable.

Person completing application:

Relationship to student:

Signature: _____

Date: _____



STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests. Please let us know your child's health by filling this form.

| STUDENT INFORMATION | |
|---|-----------------------|
| Student Name: | Date: |
| <input type="checkbox"/> My child has no health problems that would affect his/her school day. | |
| <input type="checkbox"/> My child's health needs include the conditions checked: | |
| <input type="checkbox"/> Allergies, please list: What happens: Is EpiPen Prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If yes parent must provide EpiPen). | |
| <input type="checkbox"/> Asthma, Is inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, how often? What other medications are taken for asthma? | |
| <input type="checkbox"/> Diabetes, What medications are taken? Any special procedures during the school day? | |
| <input type="checkbox"/> Hearing Problem, Please describe: | |
| <input type="checkbox"/> Vision Problem, Wears glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| <input type="checkbox"/> ADD or ADHD Diagnosed, What medications are taken? Will medication be needed in school? <input type="checkbox"/> Yes <input type="checkbox"/> No. When: | |
| <input type="checkbox"/> Bone/Joint problem or fractures? Which bone or joint? Is a brace Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| <input type="checkbox"/> Seizures, What type? Medication taken: | Date of Last Seizure: |
| <input type="checkbox"/> Episode of loss of consciousness, When? Any special treatment? | |
| <input type="checkbox"/> Emotional concerns. List: | |
| <input type="checkbox"/> List any other recurrent medical problem or illness you would like the school to be aware of. | |
| PHYSICIAN CONTACT | |
| Physician Name: | Phone: |
| Specialist name (if any): | Phone: |

Please contact school personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions. Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing school personnel.

Your signature gives permission for school staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans.

Parent/Guardian Signature: _____ **Date:** _____



DEPARTMENT OF EDUCATION RULES

Dear Parents,

ICM Academy follows the regulations of the Tennessee Department of Education. We are committed to providing excellent education and care to your child.

We implement rules and regulations mandated by the Tennessee Department of Education. A copy of the rules and regulations are available in our school office, and also can be found online at http://publications.tnsosfiles.com/rules_all/2018/0520-12-01.20180201.pdf.

Please review the rules and sign this acknowledgment form.

Thank you.

Student's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



EMERGENCY INFORMATION / DISMISSAL AUTHORIZATION

The following individuals are authorized to pick up the above named child and/or to work with the school personnel in the event of an emergency or illness. I hereby give permission to the named individuals to pick up my child. I understand that if persons other than the parent or guardian (s) will be picking up my child I must give verbal or written authorization to the school.

| | |
|---|--------------|
| Father/Guardian: | |
| Cell Phone#: | Home Phone#: |
| Mother/Guardian: | Email: |
| Cell Phone#: | Home Phone#: |
| Authorized Relative/Friend: | Cell Phone#: |
| Authorized Relative/Friend: | Cell Phone#: |
| Authorized Relative/Friend: | Cell Phone#: |
| Contact Family Physician if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| Take Child to Hospital in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| It is important for teachers and the Principal to have special medical information concerning your child so that any emergency may be taken care of as adequately as possible. Please summarize any special medical conditions: | |
| | |

Student's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



LIABILITY WAIVER

Childs Name: _____ Date of Birth: _____

I, _____, am the parent/legal guardian of the named student above at ICM Academy, and I agree that:

1. The above named student has my permission to participate in ICM Academy field trips, programs, and special activities during the school year. I understand that I will be notified in writing in advance of the dates and locations of these activities, and a permission form will be sent home prior to each individual field trip.
2. I agree to release ICM Academy and its Board, School Director, Teachers, volunteers, and all other representatives from any claim for personal injury or damages resulting from my child's participation in field trips and any programs or activities.
3. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
 - a. Physical problems or limitations _____
 - b. Current Medication _____
 - c. Drugs or other allergies _____
 - d. Name and phone of physician _____
 - e. My name & phone _____
4. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS WAIVER FORM AND UNDERSTAND THAT ICM ACADEMY AND ITS REPRESENTATIVES ARE RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN SCHOOL ACTIVITIES AND PROGRAMS.

I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

Parent or Guardian Signature

Date



TUITION AGREEMENT

Student: _____ **Grade Entering:** _____ **Total tuition:** _____

Parents/guardians who register their child/ren at ICM Academy must comply with the financial terms outlined herein. It is understood that the obligation to pay tuition and fees for the full academic year is unconditional and refunds will only be made in strict accordance with the policy stated herein.

Payment Policy

1. A non-refundable registration fee is required at the time of registration. Students will not be registered until ICM Academy receives a completed registration form and registration fee.
2. Payment may be made by cash, check, or money order (EXACT AMOUNT ONLY). ICM Academy reserves the right to require payment in cash or by bank check when the Academy has received a check payment that has not cleared the bank. In this case ICM Academy reserves the right to require all future payments in cash or by bank check. Credit cards are also accepted but are assessed a 3% transaction fee.
3. Students whose tuition accounts are delinquent by twenty days are at risk of being excluded from class until the account is brought current. (See Parent Handbook for more information.)
4. Parents/guardians who are experiencing financial difficulty should contact the Principal as soon as possible to make arrangements or come up with an alternative plan.
5. Tuition for students admitted during the year will not be prorated. The only exception is for students enrolling at the semester or after approval by the board of education due to extenuating circumstances.

_____ (Parent Initials)

Payment Options

Tuition fees may be paid by cash, check, money order, or credit card (with 3% fee) in accordance with one of the following options.

| | |
|--|---|
| <input type="checkbox"/> Full Payment Option | Payment in full on or before August 5. Payment is made directly to ICM Academy. A 3% discount is applied to a full payment. |
| <input type="checkbox"/> Semester Payment Option | Payment for the first semester due on or before August 5. Payment for the second semester due on or before January 8. Payment is made directly to ICM Academy. If payment is not made by the due date, enrollment in the Monthly Payment Option below is required. |
| <input type="checkbox"/> Monthly Payment Option | The full tuition may be divided into ten equal monthly payments due by the 5th of each month. Payment must be made directly to ICM Academy with cash, check, or money order in the EXACT AMOUNT. Any payments made after the 5th of each month will be subject to a \$30 late fee. |

Withdrawal Policy

ICM Academy considers the cost of education as a full school year expense. Enrollment numbers dictate the number of teachers and academic materials that are needed for each student's full-year participation. Please be aware that if you withdraw your previously registered student after August 1 and before the start of the academic year, you will be responsible for one quarter of the tuition and will not receive a refund for your registration fee. _____ (Parent initials)

In case of early withdrawal after the start of the academic year, a written notice of 30 days is required before the end date to allow for the school to fill the open spot. Unless an exemption is given by the board of education for extenuating circumstances, full tuition for the year must still be paid. The payment of tuition is a serious commitment and it is important to stay current in making tuition payments. _____ (Parent initials)

Furthermore, I understand that tuition is due regardless of my child's attendance. Non-attendance is not equivalent to withdrawal and tuition will be due regardless of attendance. _____ (Parent initials)

In registering my child, I agree to meet the financial commitment of one school year's tuition to ICM Academy. I have read and agree to comply with the terms in this agreement. _____ (Parent initials)

Parent/Legal Guardian Signature: _____ **Date:** _____