



BECOME A
SOULPIRATE
STUDENT APPLICATION



FATHER'S H.A.R.B.O.R. ACADEMY

home of the soulpirates

FATHER'S H.A.R.B.O.R. ACADEMY

admissions packet

Dear Parents & potential Soulpirates,

We are so excited that you are interested in our school, and we can't wait to meet you! Enclosed is the following important information: Please fill out the following, and then return application with required attachments or transcripts.

// The Admission Form
please attach copies of your child's

1. Previous school transcripts
2. Latest report card
3. Shot records
4. IEP's
5. Birth Certificate
6. Copy of Social Security Card

// The Emergency Contact Form
// The Father's H.a.r.b.o.r. Academy's policies

Potential middle School and high school students will be required to attend a preliminary interview. Please call the school to schedule an appointment 904-306-9579.



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OUR MISSION STATEMENT

FHA is committed to Helping Adolescents Restore Balance Order & Respect.

OUR VISION

FHA is impacting the community, reaching, teaching, and transforming one child at a time.

OUR STATEMENT OF FAITH

THE BIBLE

We believe that the Bible is God's Word. It is accurate, authoritative and applicable to our everyday lives.

2 Timothy 3:15-16

GOD

We believe in one eternal God who is the Creator of all things. He exists in three Persons: God the Father, God the Son and God the Holy Spirit. He is totally loving and completely holy. Matthew 3:16-17 ; 28:19; 1 John 5:7-8; Isaiah 9:6

SALVATION

We believe that sin has separated each of us from God and His purpose for our lives. We believe that in order to receive forgiveness and the 'new birth' we must repent of our sins, believe in the Lord Jesus Christ, and submit to His will for our lives.

John 14:6; Colossians 1:13-18; Romans 5:1; Ephesians 2:8-9; 2 Peter 3:9; 1 Timothy 2:3-4

JESUS CHRIST

We believe that the Lord Jesus Christ as both God and man is the only One who can reconcile us to God. He lived a sinless and exemplary life, died on the cross in our place, and rose again to prove His victory and empower us for life.

We believe that the Lord Jesus Christ is coming back again as He promised.

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John 1:1-4; 1 Timothy 3:16; Matthew 1:18; 2 Corinthians 5:21; Mark 16:5-6; Acts 1:9-11; John 14:3.

THE HOLY SPIRIT

We believe that the Holy Spirit empowers us to live the holy and fruitful lives that God intends for us to live, and that through the Holy Spirit we have access to spiritual gifts for the purpose of building and edifying the local church.

2 Peter 1:2-3; 2 Corinthians 3:18; Acts 8:14-17; Acts 10:44-48; Romans 11:29.

THE LOCAL CHURCH

We believe in the power and significance of the Church and the necessity of believers to meet regularly together for fellowship, prayer and the 'breaking of bread'.

We believe that God has individually equipped us so that we can successfully achieve His purpose for our lives, which is to worship God, fulfill our role in the Church and serve the community in which we live.

We believe that God wants to heal and transform us so that we can live healthy and blessed lives in order to help others more effectively.

Ephesians 1:22, 2:19-22

HEAVEN & HELL

We believe that Heaven and Hell are real eternal places and that our eternal destination is determined by our response to the Lord Jesus Christ.

Revelation 20:11-15; John 14:1-4; Romans 6:23; John 3:15-16

OUR PHILOSOPHY OF EDUCATION

The God-given responsibility for the education of children rests with their parents (Deuteronomy 6:6-9).

Father's H.a.r.b.o.r. Academy recognizes that God's wisdom is the principal thing (Proverbs 4:7); that God's Love never fails (1 Corinthians 13:8); and that through His guidance, God will direct our paths to achieve His purpose (Proverbs 3:5-6).

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As parents entrust the education of their children to Father's H.a.r.b.o.r. Academy, we will do our best to care for their children and teach them in the way they should go, by assisting them to develop traits that are aligned to God's purpose (Proverbs 22:6).

1. Their children will learn that Jesus is the way, the truth, and the life. No one can reach God without first knowing Jesus (John 14:6).
2. Their children will learn respect for God's ways, God's word, God's authority, and for those that He has put in authority over them (Romans 13:1; Hebrews 13:17).
3. Their children will learn that God's ways include respect for the rights of others, doing what you would like others to do to you. (Luke 6:31)
4. Their children will learn that God's ways include being honest and truthful (Psalm 1:1, 2; Ephesians 4:29).
5. Their children will learn that God's ways include being productive and doing their best in every aspect of their life (Ecclesiastes 9:10; 2 Timothy 2:15).
6. Their children will learn that God's ways include standing up for what is right and being a good example (James 4:17; Matthew 5:16; 28:19, 20).
7. Their children will learn that God's perfect will for the family structure includes the marriage of one man and one woman for an eternity (Genesis 2: 24).
8. Their children will learn that their body is the Temple of the Holy Spirit where God dwells (1 Corinthians 3:16,17; 6:19, 20).
9. Their children will learn that being an American means that we are all created equal, that we are a Christian nation under God, and that we respect the flag and those who fight for our freedom (Romans 13:5-8).
10. Their children will learn that Salvation, the personal acceptance of Jesus Christ as Lord and Savior (John 3:3), is essential for their success in achieving an abundant life and ultimately God's purpose (Proverbs 22:6).

Application for New Student Admission

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Date _____ Social Security# _____

Name _____ Last First Middle

Address _____ Street City/State Zip

DOB ___/___/___

Age ___

Gender ___M ___F

Ethnicity ___B ___W ___H ___A ___Am.Ind. ___

Grade entering _____

Previous School _____

School Address _____

Father's Name _____ Mother's Name _____

Email address _____ Email address _____

SSN _____ SSN _____

Phone _____ Phone _____

Father's Cell#/Work#/Home Mother's Cell/Work#/Home

Please describe your child detailing strengths and weaknesses:

Is Your Child: (Check all that apply:)

Shy ___ Athletic ___ Artistic ___ Musical ___ Academic ___

Special exceptionalities such as gifted, behavioral, or learning disabilities:

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YEARLY TUITION

Grades K-5 \$8000 6-8 \$8000 9-12 \$8000

Per Month	\$800 10 months	\$800 10 months	\$800 10 months
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* Tuition for all students includes all application, books, and enrollment fees.

UNIFORM INFORMATION:

FHA no longer has a mandatory uniform dress code. An **optional** uniform dress code may be observed. Please contact French Toast Uniforms www.frenchtoast.com and use the school's source code: QS5DCJZ. You may also call French Toast 1-800-636-3104, for complete suggestions.

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EMERGENCY CONTACT INFORMATION

The first attempt will be made to contact the student's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

EMERGENCY CONTACT 1

Name: _____ Relationship to Participant: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Is the above person authorized to pick-up my child at the end of each day or in the event of an emergency?

Yes _____

No _____

EMERGENCY CONTACT 2

Name: _____ Relationship to Participant: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Is the above person authorized to pick-up my child at the end of each day or in the event of an emergency?

Yes _____

No _____

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ADDITIONAL AUTHORIZED PICK-UP

1 _____
(name / contact # / relationship)

2 _____
(name / contact # / relationship)

Preferred Hospital:

Physician's Name & Number

All students must be picked up by the person (s) authorized by the registering parent/guardian.

METHOD OF TRANSPORTATION

Person(s) authorized to pick up students must have valid driver's licenses. A list will be composed in the front office with the authorized persons. If the person picking up student is not on the list, the parent must contact the school.

Method of pick up: (please select all that apply)

_____ Pick up by parent/family member/carpool _____ Walk/ride bike

_____ Student driver

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HEALTH INFORMATION

Child's health care provider _____ if uninsured please
initial _____

Doctor's name _____

Phone number _____

List any specific medical conditions or behavioral problems?

Does your child have any other allergies (food, hay fever, etc)? Yes No

If so, please list: _____

Are there any activities in which your child may not participate? Yes No

If so, please list: _____

Are there conditions or specific needs that require special attention? Yes No

If so, please list: _____

Will your child be taking medication during school hours? If yes, please list

below _____

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage, time, and deliver to administration.

Medication: _____ Time: _____ Medication:

_____ Time: _____

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MEDICATION POLICY

All medication must be brought to the office by the parents (not in the student's lunch box) with written instructions for the administration of the medication. The original container must be clearly labeled with the student's name. Prescription medication must have the pharmacy label intact. No over-the-counter medication will be given to students without written/verbal over the phone permission from the parents.

*A note will be attached in the student's file when medicine has been administered.

_____ Student's Name

_____ Date

_____ Parent's Name Print

_____ Parent's Signature

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POLICIES

Please initial and sign that you have read and agree with these policies.

Discipline

I understand that it is a privilege and not a right for my child to attend Father's H.a.r.b.o.r. Academy. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extra- curricular, or whose attitudes and actions are not in harmony with the aims and ideals of the school. I give Father's H.a.r.b.o.r. Academy's administration full discretion in the discipline of my child, including the issuing of DI's, detention, suspension (in-school or out), and expulsion from the school for conduct deemed by the school to be improper, regardless of where the incident (giving rise to such discipline) occurs. _____

I understand and agree to the need for reasonably determined investigations of student activities, which may involve and include searching my child's or children's belongings (i.e., book or carrying bag, lunch box, purse, gym bag, etc.) and locker. I also give permission for any motor vehicle in my student's possession to be searched for stolen or improper items.

Picture and Video Consent and Release Agreement

I understand that by enrolling my student(s) in Father's H.a.r.b.o.r. Academy that I consent and agree that my student's name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used for school publications, on the school internet website, in school- related video productions, or for news and other publications. _____

If the student and parent/guardian wish to rescind this agreement they may do so at any time with written notice to the Father's H.a.r.b.o.r. Academy administration.

It is my understanding that the policy for the school is to make no refunds on any fees paid. Whether the fees are for a month or for a year. _____

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Late Fees

I understand that my child or children's continued enrollment at Father's H.a.r.b.o.r. Academy is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from Father's H.a.r.b.o.r. Academy for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for any tuition and fees not yet having been paid. _____

Field Trips

I give Father's H.a.r.b.o.r. Academy permission for my children to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises. _____

Emergency

In case you are unable to reach me during an emergency, Father's H.a.r.b.o.r. Academy is authorized to contact, and if necessary, release my children to our family physician or emergency contacts listed in our registration information. In a serious emergency, when I cannot be reached, I hereby authorize Father's H.a.r.b.o.r. Academy to take my children to a physician or the nearest emergency room for treatment. I understand that Father's

H.a.r.b.o.r. Academy does not assume responsibility for payment of a physician in any case.

Liability

I further agree to hold the school, and its agents, harmless for any liability to my children or any guardian or parent thereof because of any claims on behalf of my children against the school, or any agent thereof, because of an injury or alleged injury to my child(ren). Should legal action, for any reason, be taken against Father's H.a.r.b.o.r. Academy, any employee or agent thereof, on my children's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Father's H.a.r.b.o.r. Academy or its agent should incur to defend itself against such action. I agree to handle all legal matters through arbitration. _____

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I agree to be held by the policies and rules set forth in this Enrollment Packet. This Statement of Cooperation will be in effect for as long as my children attend Father's H.a.r.b.o.r. Academy.

_____ Parent's Name (Print) _____ Parent Signature

_____ School representative _____ Date

Sworn and subscribed to me on this _____ day of _____, 20().

_____ Name of Notary (Print) _____ Notary Public (Signature)

State of Florida at Large. My commission expires on the above date.

I.D. _____ Personally Known _____

Notary Seal:

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Father's H.a.r.b.o.r. Academy admits students of any race, color, and national or ethnic origin.

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.”



for more information visit
fathersharboracademy.com



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