



New Student Packet

Please complete and return the Family Information Form first. We will add you to our email list for updates concerning 2017-2018 academic year.

Also included in this packet is:

1. **Student Application Form (should also be completed online)**. This form should be completed to begin the process for class registration. Follow the link or input into browser address line.
<http://fullcircleacademync.com/#/admissions>
2. **Confidential Recommendation Form** (must be returned asap to FCA directly from a 3rd party (not a family member) who is familiar with your student and their behavior. When it is received by FCA, you will be notified. This form must be received in order to be accepted into a class or club. Encourage your friend to return it soon. Consider supplying an addressed and stamped envelope to speed the process.
3. **Campus Policy Agreement Form** This form must be read and signed by both the student and the parent prior to entry the first day of classes. If parents are not planning to leave campus, this form is not needed. If you have questions, you may email your questions to dj@fullcircleacademync.com
4. **Medical Release Form** This form must be on file by the first day of class, in case of an emergency. If parents are not planning to leave campus, this form is not required.
5. **FCA Class Schedule Planning Worksheet** This worksheet is used for your planning. Class schedules and descriptions can be found online to save printing costs. You will use this form to complete the online registration form. If you prefer to do all of your registration on paper (instead of online), you may return this form in lieu of the online registration form. Please make a copy to keep for your records. We can create a statement from this. Reserving your student's space in the class is still on a first-come-first-serve basis and is determined by when the online registration (or planning worksheet) is received by our staff. All of our classes do have maximum student limits. Register as soon as you have class selections.
6. **Tuition and Fees Agreement** This form should be completed as soon as the classes have been selected and a plan for paying tuition is determined. If tuition and fees are paid in-full prior to July 1, this form is not necessary AND you may take a 5% discount off your class tuition amount. It is necessary that we receive this form by July 31, or your student's reservation in the classes will be forfeited. We understand that there is sensitive information on this form. It may be mailed or returned in person (see summer office hours online). As soon as your account is paid in full, this form will be destroyed.
7. **Academic Year Calendar** This is for your reference. Please notice class days, holidays and quarter breaks. First week of class is August 7th, 2017. It is earlier than traditional school but it allows us to complete one semester before Christmas and classes end May 10, 2017, leaving a longer summer break. Yay!

PLEASE RETURN COMPLETED FORM (BOTH FRONT AND BACK) as soon as possible

TO: FULL CIRCLE ACADEMY, 175 Sims Pkwy Harrisburg, NC 28075

Or scan this signed form and email to dj@fullcircleacademync.com

FULL CIRCLE ACADEMY

CONFIDENTIAL RECOMMENDATION FORM

This form may be copied if additional copies are needed

PARENT SECTION: Parent, please complete only the top 2 spaces and deliver to the person of your choosing who can make a recommendation for your child to our organization.

I hereby authorize the release of the information requested on this form. _____

Signature of Parent/Legal Guardian

Name of Student/Candidate: _____

To: Teacher/Counselor/Principal/Pastor/Family Friend

The above named student is an applicant for Full Circle Academy. In an effort to determine whether our facility can provide a successful learning experience for the candidate, we would appreciate you supplying the information requested on this two page form. We thank you in advance for assisting us in this endeavor. Your prompt return of the completed form would be a great help to us. This should be mailed or delivered directly to FCA, not to the parent.

We would appreciate your observations about the candidate on the form below by checking the appropriate areas.

Academic Ability

- ☐ Exceptionally promising
- ☐ Fine student
- ☐ Capable of passing work
- ☐ Marginal ability
- ☐ Poor Student

Integrity

- ☐ Exceptionally upstanding
- ☐ Noticeably upstanding
- ☐ Upstand
- ☐ Weak or questionable
- ☐ Record of dishonesty

Relationships

- ☐ Well liked
- ☐ Liked
- ☐ Tolerated
- ☐ Avoided by others

Initiative and Drive

- ☐ Outstanding
- ☐ Well above average
- ☐ Generally strong enough
- ☐ Occasionally weak or lacking
- ☐ Very Weak

Conduct and Neatness

- ☐ Outstanding
- ☐ Excellent
- ☐ Acceptable
- ☐ Unappealing

Recommendation as a student

- ☐ Outstanding
- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Goals and Responsibility

- ☐ Takes responsibility
- ☐ Usually dependable
- ☐ Just "gets by"
- ☐ Unreliable

Emotional Stability

- ☐ Well balanced
- ☐ Hyper-Emotional
- ☐ Apathetic

Recommendation overall

- ☐ Outstanding
- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Name of Student Candidate: _____

Confidential Recommendation Form, page 2

We would appreciate your response to the following questions as they relate to the applicant.

1. What is your relationship to the student?
2. How long have you known the applicant?
3. How do you view the student's ability to lead and influence others constructively?
4. To your knowledge, has the candidate been involved with tobacco, alcohol, or drugs? ____ Yes ____ No
5. Does the applicant have any physical, social, or emotional limitations? ____ Yes ____ No
6. Are the parents/guardian's cooperative? ____ Yes ____ No
7. What suggestions can you give Full Circle Academy to help this student be successful?
8. Do you have any other comments about this applicant?

Signature

Date

Name (Print)

School or Organization Name (if applicable)

Title (if applicable)

Phone Number

Thank you for your help and cooperation in this matter. **Please return the completed form as soon as possible to: Full Circle Academy, 175 Sims Pkwy, Harrisburg, NC 28075 or scan/email to dj@fullcircleacademync.com**

2017-2018 Full Circle Academy Campus Policy Agreement

Parent Section

I understand, as a parent of a student at Full Circle Academy, that my student is being held responsible to conduct themselves in a mature manner and act with respect toward students and adults he/she encounters at Full Circle Academy. I understand that if my student does not adhere to the terms of this agreement, I will be asked to accompany my student whenever he/she is on campus or refrain from bringing my student to Full Circle Academy. I further understand that the accompaniment or dismissal of my student does not change the amount of tuition that is due for classes.

I know that my student may come and go throughout the campus (including the parking lot) freely, without direct supervision. I know that some students do leave campus to go to various businesses or the park. My student _____

☐ Is

☐ Is Not

allowed to leave the campus during the day, between the time that I drop him/her at Full Circle Academy and the time that I pick him/her up.

These are my specific instructions to my student (named above) concerning my expectations regarding their allowance to leave the campus. (please be specific)

☐ I used the back of this page to continue my expectations for my student.

I understand the staff of Full Circle Academy is not responsible to enforce this agreement but only to be aware there is an agreement between me and my student. If asked, the staff of Full Circle Academy will show/read this information to my student. I will hold harmless any employee or staff member of Full Circle Academy if my student does not adhere to this policy as written.

Parent Signature _____ Date _____

Student Section

I, _____ (student) do understand the expectations listed here and I agree to obey this policy as written by my parent or guardian. I understand that if any portion of this agreement is broken, it may result in my dismissal from Full Circle Academy or my parent or guardian may be required to accompany me any time I am at Full Circle Academy. I am aware that the employees and/or staff of Full Circle Academy may not and will not grant special permission that is different than is listed here. In addition, employees and staff of Full Circle Academy will not contact my parent or guardian to request exceptions to this agreement. If the agreement with my parent changes, my parent will complete a new agreement and submit it to a Full Circle Academy staff member in person.

Student Signature _____ Date _____

FULL CIRCLE ACADEMY

2017-2018 Medical Release Form

Student's Name _____ D.O.B. _____ Social
Security Number _____ Gender _____ Grade _____
Home Address _____
Father's Name _____
Father's Home Phone _____ Cell Phone _____ Work Phone _____
Mother's Name _____
Mother's Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

If for any reason, I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Phone: Home _____ Cell _____
Name: _____ Phone: Home _____ Cell _____

Child's Physician _____ Physician's Phone _____
Food allergies/sensitivities _____
Medication allergies/sensitivities _____
Existing medical problems _____
Medications child is taking _____
Additional comments _____

Insurance Coverage: Company _____ Policy Number _____
[] Check here if you do not carry health insurance for this child.
Ins. Claim Phone # _____ - _____ - _____ Subscriber No. _____
Insured's Employer _____
Insured's relationship to child _____

In the event that Full Circle Academy is unable to reach any of the individuals named above promptly by phone, I/we authorize a Full Circle Academy's representative to seek and secure any emergency medical or surgical care for my/our child. I/We agree to be personally responsible for the payment of such medical expenses incurred. I/We authorize any charges to be submitted to my/our insurance company. I/We further authorize the facility at which surgical or medical care is rendered to release all necessary information to my/our insurance company for purposes of reimbursement.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

FCA Class Schedule Planning Worksheet

Student Name _____

| Time | Monday | Tuesday | Wednesday | Thursday |
|-----------------|--------|---------|-----------|----------|
| 8:30-9:20 | | | | |
| 9:30- 10:20 | | | | |
| 10:30- 11:20 | | | | |
| 11:30- 12:20 | | | | |
| 12:30- 1:00 | lunch | lunch | lunch | lunch |
| 1:00- 1:50 | | | | |
| 2:00- 2:50 | | | | |
| 3:00- 3:50 | | | | |
| 4:00-4:50 | | | | |
| other | | | | |

Please note due dates of fees for Application, Materials, Registration and Tuition, and Pre-payment discounts.

Tuition balances as of August 1 will be divided into payments to be paid in full by December 2017.

Comments:

Full Circle Academy

Tuition and Fees Agreement 2017-2018

The purpose of this document is to establish automatic draft permission for tuition fees.

This form will be destroyed or returned as soon as the tuition is paid in full.

Parent Information (or person responsible for tuition and fees):

Name(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Amounts Due at Registration:

New Student Application Fee of \$50.00 (for new students only)

Re-enrollment Fee of \$10.00 (for returning students only)

Class Registration Fee of \$50.00 per class. (*Max \$150.00 per student. Max \$450.00 per family*)

Materials Fee of varying amounts, as listed on the class description.

**Amount of tuition is payable in full at the time of registration.
Full Circle Academy allows partial payments as described below.**

- 1. Families may pay student's tuition in payments of any amount desired to reduce their balance up to July 31. On August 1 the tuition balance owed will be divided by 5 payments, which will be set up to be paid over the following five months (Aug, Sep, Oct, Nov, Dec).**
- 2. Families may choose to have the balance payment drafted from a checking account or charged to a debit/credit card detailed on the back of this form.**
- 3. Families may select the day of the month (1st or 15th) their payment will be drafted, as detailed on the back of this form.**

Insufficient Funds: Any check or draft drawn on an insufficient account will be charged a fee \$25.00, which is payable with the balance owed. It will be drafted on the next payment date.

Late Fees: If a payment cannot be drafted, you will have 5 business days to bring in payment. If payment is delinquent more than 30 days, your child will not be permitted to attend classes until all delinquent tuition and late fees have been paid in full.

Student Withdrawal and Refund Policy: Since hiring of staff and instructors are based on enrollment, parents will be expected to honor their full year commitment of tuition. If a student is withdrawn, the parent may pay the balance in full or allow Full Circle Academy to continue to draft / charge the regular payment until the balance is zero.

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Course Cancellation: Full Circle Academy reserves the right to cancel any course if minimum class sizes are not met. If a course is canceled, all tuition, registration, and materials fees paid related to the canceled course will be returned.

Authorization of Transaction: I authorize Full Circle Academy to collect payment automatically as detailed below. If I choose a checking transaction, I have included a voided check. If I prefer a debit/credit card transaction, I have supplied my card information here. This card will only be used to collect payments listed below.

Name on the card _____

Card Number _____ - _____ - _____ - _____

Card Expiration Date ____/____ 3-digit security number _____

Payment to be collected:

The total amount drafted will be \$ _____ less any amounts paid by July 31.

I agree that any changes to my student's registration will be added /deducted to/from this amount and alterations will be made to the monthly amount collected.

If no changes and no payments are made prior to July 31, I understand the following amount will be charged to my account on the date specified.

\$ _____ Aug 1, Sep 1, Oct 1, Nov 1, Dec 1 of the current year.

\$ _____ Aug 15, Sep 15, Oct 15, Nov 15, Dec 15 of the current year.

Parent Acknowledgement and Signature: I have reviewed the Full Circle Academy 2017-2018 Tuition and Fees Agreement and agree to pay the total tuition for supplemental and enrichment courses according to the schedule set out above. I agree not to block the transaction to be made to Full Circle Academy.

I UNDERSTAND AND HAVE READ THE ABOVE TUITION AND FEES AGREEMENT. I UNDERSTAND THAT MY CHILD IS ENROLLED WHEN BOTH THE PARENT AND FULL CIRCLE ACADEMY HAVE SIGNED THIS AGREEMENT AND THE APPLICATION FEE, REGISTRATION FEE and MATERIALS FEE IS PAID.

Parent or Responsible Party Signature: _____

Must be the same as the name on the checking account or name on debit/credit card used.

Print Name: _____ **Date:** _____

Full Circle Academy Representative Signature: _____

Print Name: _____ **Date:** _____