



Our Mission = Your Child

Sky Academy Enrollment Form

1. Parent/Guardian Information:

Parent/Guardian _____ Email _____ Phone _____

Parent/Guardian _____ Email _____ Phone _____

Parent/Guardian _____ Email _____ Phone _____

Step Parent/Guardian _____ Email _____ Phone _____

Home Address _____

Other Address _____

Emergency Contact Information

Contact #1 **Relationship Type:** Parent Grandparent Other Self

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Email _____

Contact #2 **Relationship Type:** Parent Grandparent Other Self

First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Email _____



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2. Student Information:

(1) Student Name _____ Age: _____ Birthdate _____

Desired Schedule: Full-time _____

Virtual _____

Hybrid Days/Times _____

***For Sky Academy to obtain your student’s school records, please provide the name of the most recent school your child attended**

Please list any allergies - food, medication, environmental, etc:

Please list any medications that require necessary administration details:

Would you like to share family physician information in case of an emergency:

(2) Student Name _____ Age: _____ Birthdate _____

Desired Schedule: Full-time _____

Virtual _____

Hybrid Days/Times _____



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***For Sky Academy to obtain your student’s school records, please provide the name of the most recent school your child attended**

Please list any allergies - food, medication, environmental, etc:

Please list any medications that require necessary administration details:

Would you like to share family physician information in case of an emergency:

(3) Student Name _____ Age: _____ Birthdate _____

Desired Schedule: Full-time _____

Virtual _____

Hybrid Days/Times _____

***For Sky Academy to obtain your student’s school records, please provide the name of the most recent school your child attended**

Please list any allergies - food, medication, environmental, etc:



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Please list any medications that would require necessary administration details:

Would you like to share family physician information in case of an emergency:

3. School Health Policies

Immunization Records:

- Private schools must retain official certificates of immunization for every student as part of the individual's permanent school record. The Department of Health provides official certificate forms. *Utah Code Ann. §53A-11-304.*
- Students may not attend private Pre-K–12 schools without certification of immunization unless exempted for personal, medical, or religious reasons. Required immunizations are listed under Utah Admin. Code R396-100. *Utah Code Ann. §§53A-11-301; 53A-11-302; and Utah Admin. Code R396-100-1.*

I understand that copies of Immunization records need to be provided to Sky Academy. Intial_____

Administering medication:

- Private K-12 schools may administer medication to students if policies and procedures are adopted in consultation with the Department of Health. The policies must provide for the designation and training of employees who administer medication, proper identification and safekeeping of medication, and the maintenance of records of administration. Medication may be administered only if the parent or guardian has provided a written request and the student's health professional has signed a statement describing the method, amount, and time schedule for the administration necessary during school hours. School employees in substantial compliance with the physician's orders are not civilly or criminally liable for a student's adverse reaction to the medicine or discontinuing the medicine following actual notice to the parent or guardian. *Utah Code Ann. §53A-11-601.*

I understand that if Sky Academy employees are to administer medication to my student(s) I must provide a written request with my student's health care professional statement as described above.

Intial_____

Sick (contagious) students: If you or your student is sick/contagious, please contact the school as early as



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possible.

4. Sky Academy Private School Media Consent

It is our policy that the names of students and/or identifying information will never be shared. We have implemented measures to protect student data as much as possible.

- 1. Internal school purposes: I agree that Sky Academy can take photos/videos of my student for internal purposes such as education-related projects in the school. Yes _____ No _____
- 2. I agree that my student’s photo and/work can be shared on Facebook, Instagram and Sky Academy website for education-related purposes (e.g. Sky Academy Facebook page).
Yes _____ No _____
- 3. I agree that the photos/videos and intellectual property rights of the media belong to Sky Academy.
Initial _____
- 4. I agree that I will not receive any monetary compensation for usage of my student’s photos/videos on social media or Sky Academy website. Initial _____
- 5. I agree that I give my child permission to appear in videos, audio recordings, films, photographs, written articles, websites, and social media sites that news outlets may publish for information or promotions (e.g KSL news...etc) Intial _____

4. Sky Academy Transport Consent

Permission for student(s) to participate in activities at or planned by Sky Academy and to be transported by Sky Academy and its employees/volunteers in Sky Academy-owned vehicles or otherwise. I agree to indemnify and hold harmless Sky Academy and its personnel from any and all claims, demands, losses, damage, etc., including attorneys’ fees and costs arising out of my student’s use of or presence upon the facilities of Sky Academy.

Initials: _____



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5. Vacations/Family events:

Vacations: Please give the school notice if your student will miss two weeks or more due to vacations or other family events. NOTE: If the vacation is longer than two consecutive weeks, you may “hold” your student’s school placement by notifying Sky Academy in writing at learn@skyacademy.life

Initials:_____

6. Tuition:

As a courtesy to our families Sky Academy does not require full payment of tuition prior to starting classes. Tuition for the school year is divided into equal installment payments paid to Sky Academy on a monthly basis. Tuition installments are due by the 2nd day of each month unless you arrange a different date with Sky Academy. Please note there is a \$30 late fee for payments received 14 days after the due date.

***Tuition installments are scheduled via an automatic payment method/subscription (unless otherwise arranged with Sky Academy)**

***For students using Utah Fits All Scholarship students ONLY. You will receive an invoice with all UFA-required documentation via email on the 1st of the month from Sky Academy. After receiving the invoice you will need to log into Class Wallet where the Scholarship funds for your students are held, then select Sky Academy in the list of providers and pay the invoice using available funds in Class Wallet. Paying the invoice needs to be completed by the second day of each month. Any remaining balance for the month that is not paid from Class Wallet will be arranged via an automatic payment method/subscription on a monthly basis (unless otherwise arranged with Sky Academy).**

To set up automatic payments please create an account on the Sky Academy website and enter credit/debit card information on our secure portal.

I understand the terms stated above. Signature_____



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7. Withdrawal: We understand that circumstances change. If you elect to withdraw your student from Sky Academy for any reason we are happy to provide student records to the organization of your choice. We ask that you give Sky Academy 14 days notice prior to the end of the month in writing to learn@skyacademy.life and kim@skyacademy.life so we can stop payment. If you don't provide us with at least 14 days' notice prior to the end of the month we cannot guarantee termination of your payment subscriptions for the following month.

I understand the withdrawal process explained above. Initial: _____

Signature _____ Date _____

How did you hear about us? _____

Referral Name _____