

## 2023-24 Enrollment Application Checklist

### Basic Parent Requirements \_\_\_\_\_

- Enrollment Application
- Transcripts (official or unofficial ) or Full Course History
- last report card or progress report
- Student Withdrawal Card
- Student's physical (**DH3040**) and immunization (**DH 680**) form (21 yrs old and under)
- Birth certificate or **Legal document showing Date, Place, year of birth, race & ethnicity**
- Guardian's Photo ID (Can use student ID if student is an adult)
- Non-refundable Registration Fee (**Ask for promotional special**)
- Students who wish to get credit for employment / Sport must fill out an OJT / RLC form
- 3rd Party Authorization Form / Mutual Exchange of Information Form

### Requirements for parents that qualify for an income based scholarship \_\_\_\_\_

- Current utility bill in parents name (**only if the parent ID is not updated**)
- Paycheck stubs (**SUFS**) or Previous Years Tax Return
- SSI, food stamps or housing assistance eligibility letter (**If applicable**)
- Documentation of the following special programs listed below

### Automatically Approved Income Based Scholarship Programs (if funds are available)

- Students in out of home or foster care
- Students whose parent(s) are first responders (**ex: firefighter, police officer, paramedic**)
- Students whose parent(s) are active / non-active military personnel

### Requirements for students that qualify for a special needs scholarship \_\_\_\_\_

- Signed Doctor Diagnosis Letter with an approved medical concern
- IEP Documentation
- IQ Score (70% or under) or Psychological Evaluation

### Orientation Requirement \_\_\_\_\_

The student has attended a school orientation or watched a virtual orientation

\*ALL DOCUMENTS WILL BE HELD IN RESERVE BY THE SCHOOL AS PART OF THE STUDENT'S PERMANENT FILE.

## Enrollment Application

Today's Date: \_\_\_\_\_

(CURRENT GRADE)   **6**   **7**   **8**   **9**   **10**   **11**   **12**

**PREFERRED SHIFT**

8:00 AM - 1:00 PM

1:00 PM - 5:00 PM

**PREFERRED SETTING**

ON-SITE ATTENDANCE

ONLINE ATTENDANCE\*\*

**Student Information**

STUDENT'S NAME:		Social Security Number:
Date of Birth:	Age:	Gender:
Place of Birth:	Cell Phone:	Student Email:
Referred by:		Ethnicity:
Name and Location of Previous School Attended:		

**Parent/Legal Guardian Information**

Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
<b>PARENT'S NAME:</b>		Relationship:
Address:		Cell #:
City:	State:	Zip Code:
Employer/ Occupation:		Work #:
Parent Email:		Social Security Number:
<b>PARENT'S NAME:</b>		Relationship:
Address:		Cell #:
City:	State:	Zip Code:
Employer/ Occupation:		Work #:
Parent Email:		Social Security Number:

**Health & Medical Information** \*\* Copy of Insurance Card and/or Medicaid Must be attached

Allergies:	
Has the student had any previous psychological testing? ____ Yes ____ No	
Health Insurance Carrier:	
Type of Insurance:	Policy Number:

**In case of an emergency**

Circle "YES" next to the person's name if they are permitted to pick up. Circle "NO" if that person is NOT permitted to pick up.

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

\_\_\_\_\_  
Name YES/NO

**If a parent cannot be reached, please identify someone outside of your household we can contact to reach you.**

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
First & Last Name

\_\_\_\_\_  
Phone Number

**Online Consideration**

(Establishment of good cause)

Any student participating in a scholarship program must attend school at the school’s physical location, unless excused by the school for illness or other good cause (listed below). **Considerations will be reviewed on a quarterly basis. Additionally please have this request notarized by one of our student advisors.**

- Economic Hardship
- Medical Reasons
- No Transportation
- Elopement Issues (Runs Away)
- Severe Disability
- Severe Behavioral Issues
- Other:

\*As the students parent and/or legal guardian, I request that they be allowed to work online because they meet the following requirements listed above. *I understand that this privilege can be revoked if the student does not perform well academically.\**

Approved by the Dean: \_\_\_\_\_

**Notice of Notarization**

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me by means of  physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of Person Making Statement), who signed with a mark in the presence of these witnesses: \_\_\_\_\_ (Names of Witnesses).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Place Stamp Here

## **Acknowledgements**

\*All initials are required for registration, please read carefully\*

### **Admissions Acknowledgements**

I hereby consent to have MLMPI School System seek emergency medical treatment for my child when a medical issue arises.

Parent/ Guardian Initials: \_\_\_\_\_

### **Field Trips Acknowledgements**

I understand that field trips taken during regular school hours are included in this agreement. Longer field trips ordinarily require a special permission slip. This authorization is meant for ordinary field trips with verbal parental permission. The student has authorization to participate in ordinary school field trips and to be transported by school staff and board members.

Parent/ Guardian Initials: \_\_\_\_\_

### **Regular Attendance Acknowledgements**

I understand that all full-time students **MUST** attend school a minimum of **25** hours per week.

Parent/ Guardian Initials: \_\_\_\_\_

### **Online Attendance Acknowledgements**

I understand that all Online students **MUST** complete a minimum of **15** hours of schoolwork per week.

Parent/ Guardian Initials: \_\_\_\_\_

### **Credit Recovery Student Participation Acknowledgements**

I understand that all students that participate in the MLMPI credit recovery program **MUST** complete a minimum of **15** hours of schoolwork per week at their designated or chosen home school.

Parent/ Guardian Initials: \_\_\_\_\_

### **Student Handbook Acknowledgment**

I confirm that I have received and fully accept all terms and conditions found in the Student & Parent Handbook.

Parent/ Guardian Initials: \_\_\_\_\_

### **Policies and Procedures Acknowledgements**

The parent/guardian fully understands that all school policies and procedures must always be enforced. Failure to follow any portion of the policies and procedures will result in my immediate withdrawal from the program.

Parent/ Guardian Initials: \_\_\_\_\_

**Afterschool Activities Acknowledgements**

The parent/guardian fully understands that all liabilities are released from MLMPI School System once students enter after school activities.

Parent/ Guardian Initials: \_\_\_\_\_

**Tuition Agreement Acknowledgements**

The parent/guardian fully understands that it is their responsibility to pay the full balance of the specified tuition unless otherwise indicated by the administration. All parents that withdraw prematurely are responsible for paying their remaining balance before the end of the academic school year. Failure to pay any portion of the specified balance will result in the retention of records and in the school taking possible further legal action. All scholarship funds received will be utilized for the sole purpose of paying school tuition.

Parent/ Guardian Initials: \_\_\_\_\_

**State Scholarships Acknowledgements**

The parent/guardian fully understands that all scholarship funds received will be utilized for the sole purpose of paying the school's annual tuition.

Parent/ Guardian Initials: \_\_\_\_\_

**Search Consent Acknowledgements**

For the protection of the students, teachers, and employees of MLMPI School System, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives. Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/ Guardian Initials: \_\_\_\_\_

**Photo Release Acknowledgements**

The parent and/or guardian hereby grants MLMPI School System permission to use photographs, and videos taken of my child at the school facility and/or during educational field trips in publications, news releases, online platforms, and in other communications related to My Life My Power Institute.

Parent/ Guardian Initials: \_\_\_\_\_

**Vocational Development Authorization Acknowledgements**

The parent and/or guardian hereby grants MLMPI School System permission to teach my child vocational development skills related to career development, social media marketing, moral development, entrepreneurship, emotional intelligence training, and leadership skills.

Parent/ Guardian Initials: \_\_\_\_\_

**Scholarship Assistance Acknowledgement**

The parent and/or guardian hereby grants MLMPI School System permission to share my contact and personal information with Scholaraid in efforts to assist the parent in applying for scholarships and seeking additional monies used for educational purposes

Parent/ Guardian Initials: \_\_\_\_\_

**Acknowledgment of Parental Choice**

The parent and/or guardian hereby acknowledges that they have chosen to apply at MIMPI School System of their own free will and have not been coerced, bribed, enticed, persuaded, influenced, or lured from any other private institutions that might claim tortious interference.

Parent/ Guardian Initials: \_\_\_\_\_

**Placement Commitment Acknowledgement**

The parent/guardian fully understands and acknowledges it is first come first serve for scholarships and the spot of the student attending the MLMPI School System will ONLY be held if the registration fee is paid in full. If you choose not to attend MLMPI School System after your spot has been reserved, you will be liable for all tuition fees not paid by the scholarship.

Parent/ Guardian Initials: \_\_\_\_\_

**Notice of Automatic Renewal**

The parent and/or guardian hereby acknowledges that they have chosen to have their child's admissions at My Life My Power automatically re-renew each year until their child graduates or the parents inform the school of their intent to withdraw with sufficient notice.

Parent/ Guardian Initials: \_\_\_\_\_

**Non-Discrimination Policy**

The parent and/or guardian hereby acknowledges that they have read the non-discrimination policy located at:

<https://mlmpipa.org/non-discrimination-policy/>

Parent/ Guardian Initials: \_\_\_\_\_

**Additional Comments / Concerns**

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