



# DESTINY

*Leadership Academy*



## STUDENT ENROLLMENT PACKET

2023-2024

Date Received \_\_\_\_\_

Accepted Date \_\_\_\_\_

Denied Date \_\_\_\_\_



## ENROLLED STUDENT REQUIRED DOCUMENT CHECKLIST

- ☐ APPLICATION FOR ADMISSION
- ☐ STATEMENT OF COOPERATION
- ☐ STANDARD OF CONDUCT CODE
- ☐ ACADEMIC RECORD REQUEST
- ☐ REGISTRATION FEE
- ☐ ENROLLMENT FEE
- ☐ INTERVIEW COMPLETED
- ☐ TRANSCRIPT REQUESTED
- ☐ COPY OF STUDENT TRANSCRIPT RECEIVED
- ☐ COPY OF STUDENT BIRTH CERTIFICATE
- ☐ STUDENT S.S. CARD
- ☐ STUDENT IMMUNIZATION RECORD/HEALTH RECORDS
- ☐ PARENT AFFIDAVIT
- ☐ EMERGENCY RELEASE FORM

## APPLICATION FOR ADMISSION

Student's full name \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_

Grade last attended: \_\_\_\_\_ Any grade repeated? ☐ Yes ☐ No Grade Entering \_\_\_\_\_

Phone \_\_\_\_\_ Sex ☐ M ☐ F Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Was student ever dismissed, suspended or disciplined at any school? ☐ Yes ☐ No If yes, explain.

Does student have any physical disability? ☐ Yes ☐ No Nature \_\_\_\_\_

Where does applicant attend church? \_\_\_\_\_

Is applicant a member of the above-mentioned church? ☐ Yes ☐ No

How often does applicant attend? ☐ 3x weekly ☐ 2x weekly ☐ weekly

☐ Monthly ☐ Every time church has a service

Has applicant made a profession of faith in Jesus Christ? ☐ Yes ☐ No

If so, please give a brief testimony including the date when decision was made

Any unusual factors in the student's life? ☐ Yes ☐ No

Explain: \_\_\_\_\_

Do you plan for your child to attend Destiny Leadership Academy through the end of the eighth grade?

If not, please explain? \_\_\_\_\_

Father's Name:	Mother's Name:
Employer:	Employer:
Employer's Phone:	Employer's Phone:
Marital Status: <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single	Marital Status: <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single

## ADMISSION POLICIES

- A. A parent or parents must desire to cooperate fully with the school in helping to develop their child academically, spiritually, mentally and physically.
- B. We are seeking students who exhibit the following:
  - 1. The student is capable of academic success at Destiny Leadership Academy as indicated by school records and standardized test results.
  - 2. The student has been promoted to the preceding school year or the parents are willing to have him/her repeat, if deemed necessary by Destiny Leadership Academy.
  - 3. The subject has a sufficiently positive record of discipline and emotional adjustment to school to insure adjustment at Destiny Leadership Academy.
- C. All new students who enter Destiny Leadership Academy will be accepted on a nine-week probationary period. Students who are unable to adjust in the academic program will be asked to withdraw.

## ADMISSIONS PROCEDURES

- A. Before applying, read the Statement of Cooperation Form and Standard of Conduct Code carefully to determine whether Destiny Leadership Academy offers the type of education you want for your child.
- B. Fill out and return to the school admission office:
  - Application for Admission form complete
  - The \$100.00 application fee
  - The signed Statement of Cooperation
  - The signed Standard of Conduct Code
- C. An interview will be scheduled with you and your child when a completed application is submitted.
- D. Please provide a copy of the child's last report card, progress report and most recent academic test results at the time of the interview.
- E. A decision on your child's admission status will be made after the interview.

## STATEMENT OF COOPERATION (PG.1)

The administration has full responsibility for placing my child in the proper grade.

Since the fees do not cover the actual cost of educating each child, we recognize that our participation is needed in prayer, service, and gifts in order to properly share in his training.

The school reserves the right to dismiss any student who himself, or whose parent does not respect its spiritual standards or cooperate in the educational process.

We understand students are accepted on a conditional basis. If acceptable progress has not been shown by the end of the first grading period, the student shall be withdrawn from the Destiny Leadership Academy and placed in a program more designed to meet his/her needs. The teacher's judgment shall be relied upon for the acceptability of his progress.

We pledge our loyalty to the aims and ideals of the Academy and will bring any and all questions and criticisms directly to the administration so that those in authority may properly consider them.

It is my understanding that it is the school's policy to make no refunds on registration fees.

We give Destiny Leadership Academy permission for our child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.

We also believe that discipline is necessary for the welfare of each student, as well as for the entire school. We give permission for our child's teacher, and/or other agent of the school, to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

We agree to hold the school and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Destiny Leadership Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that Destiny Leadership Academy or its agent should incur to defend itself against such action, and would immediately withdraw our child from school as soon as such action has begun.

All music groups perform in various programs during the year. All elementary and secondary programs are considered part of the curriculum, and the attendance of all students in the programs is vitally important. We understand that if our child does not attend a program, his/her music grade will be adversely affected.

*Statement of cooperation page 1 of 2*

This **STATEMENT OF COOPERATION** will be in effect for as long as my child listed (or others enrolled) attend Destiny Leadership Academy.

## STATEMENT OF COOPERATION (PG.2)

We have read and understand the Statement of Cooperation and Standards of Conduct, and we are willing to abide by all the regulations stated therein.

We have read and are willing to abide by the principles and standards outlined in the parent-student handbook. If we are concerned by a policy or decision of the school, we will speak to the teacher first, then the principal, and finally to the administrator, rather than to other parents. If we cannot continue our support of the school, we will withdraw our child without seeking to discredit the ministry or its personnel.

Signature of parents or legal guardian must sign

\_\_\_\_\_

Printed Name of Parent / Guardian

\_\_\_\_\_

Printed Name of Parent / Guardian

Father\_\_\_\_\_

Mother\_\_\_\_\_

Sole Guardian\_\_\_\_\_

Date\_\_\_\_\_

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## STANDARD OF CONDUCT CODE (PG.1)

### ABSENCE AGREEMENT

**According to the FL Dept. of Education:** School attendance is the responsibility of the parent. Since there is a strong relationship between attendance and academic performance, it is important that parents take an active role in working with the school to ensure their child's attendance on a daily basis. Schools provide information regarding attendance policies and procedures at the beginning of the school year. Parents must contact the school each time a student is absent. However, methods of notification vary among schools. Absences are classified as excused and unexcused, local school board policy lists the reasons for which an absence may be excused. [Florida Statute 1003.24](#). Each district school board establishes an attendance policy that includes, but is not limited to, the required number of days each school year that a student must be in attendance and the number of absences and tardiness after which a statement explaining such absences and tardiness must be on file at the school. Each school in the district must determine if an absence or tardiness is excused or unexcused according to criteria established by the district school board. [Florida Statute 1003.24](#)

### TARDINESS AGREEMENT

Attendance is taken promptly at the beginning of each day. Students entering the location of any class meeting after that time are recorded as "tardy". Tardy students will not be allowed into the classroom without a pass from the main office. Excessive tardiness may accumulate into absences.

**Excused Absences** – are allowed with written documentation and ONLY under the acceptable reasons:

- Automobile/Mechanical Circumstances
- Sickness
- Death
- Personal medical, dental, optometric or chiropractic appointment (Dr's note is needed)
- Funeral services for a member of the immediate family (limited to one day in the state, and three days out of state)
- Observance of a religious holiday or ceremony (recommend three (3) days advance notice to school)
- For the purpose of spending time with a member of the pupil's immediate family who is an active duty member of the military
- Other reasons that are within the discretion of school administrators and, based on the factors of the pupil's circumstances, are deemed to constitute a valid excuse

### **Unexcused Absences**

- Any other reason not included in "Acceptable Reason for Excused Student Absences."

## STANDARD OF CONDUCT CODE (PG.2)

### **SCHOOL UNIFORM AGREEMENT**

Every student is required to wear his/her uniform every day. Failure to do so will reflect their grade, and also disciplinary actions.

### **UNIFORMS/DRESS CODE**

- Navy blue, black or khaki slacks/shorts, skirts/skorts, or uniform dress
- Navy, Light Blue, or White polo shirts with logo
- Appropriate length (knee length or lower for girls)
- Appropriate size (nothing tight fitting)
- Belt must be worn with clothing that has loops (both girls and boys)
- Shirts must be tucked in (both girls and boys)
- Baggy or sagging, pants, cargo pants, overalls, jeans, hoodies, t-shirt or tank tops are NOT permitted
- **DRESS DOWN FRIDAYS**
  - Students can wear Jeans on Fridays with the school shirts
  - Jeans must NOT be tight nor baggy
- **DRESS FOR SUCCESS WEDNESDAYS and CHAPEL**
  - Boys – White, Blue, or Black Button Down Dress Shirt and Tie with Navy or Black slacks
  - Girls – Blue or Black Skirt or dress (knee length or longer) and dress blouse or shirt (no sleeveless, spaghetti sleeves, etc.)
  - Black, Brown, or Navy Dress shoes and flats (rubber bottom preferred)

### **SHOES**

- Sneakers/Tennis Shoes are allowed with uniform
- NO open toe or heel shoes are permitted (both girls and boys)
- Black, Brown, Navy Dress shoes and flats are permitted on DRESS FOR SUCCESS Wednesdays

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Printed Name of Parent/Legal Guardian

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Parent Signature

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Date



## PRIVATE SCHOOL ENROLLMENT INFORMATION

Please complete for each student.

Application Fee - \$100.00 per student (non-refundable)

If your child is accepted and enrolled an Enrollment Fee of \$300.00 will be due.

\*\*\*\*\* **COPY OF BIRTH CERTIFICATE REQUIRED** \*\*\*\*\*

### Student Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

**Mother's Information:**      **Custodial Parent:** (   ) Yes    (   ) No

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ DL# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Father's Information:**      **Custodial Parent:** (   ) Yes    (   ) NO

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ DL# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## REQUEST FOR SCHOOL RECORDS

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final rule on Education records, Federal Register, June 17, 1976. Vol 41, No. 118, Page 24G73).

DATE \_\_\_\_\_

### Student Information

Last Name: \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

DOB: \_\_\_\_\_

*Last school attended:* \_\_\_\_\_

*Current Grade Level:* \_\_\_\_\_

*Address of school* \_\_\_\_\_ Phone Number \_\_\_\_\_

Please release all records of the above named student and forward to:

**Destiny Leadership Academy**

**Attn: Student Records**

**4790 North US Highway 441**

**Ocala FL 34475**

Thank you for your assistance and early attention to this request. DLA Enrollment Services

## **WAIVER OF LIABILITY HOLD HARMLESS AGREEMENT FOR TRANSPORTATION OF MINORS BY A DLA STAFF MEMBER**

Description of Activity:

Transporting students to and from DLA related activities by automobile by a DLA Staff member.

Please read this form carefully and be aware in signing this waiver for your minor child/ward to be transported by automobile by a DLA staff member and any activities associated therewith you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of being transported by automobile by a DLA staff member and you will be required to indemnify, hold harmless and defend Destiny Leadership Academy, FALCON, Pentecostal Full Gospel, its officers, contractors, agents and employees, for any claims arising out of your minor child/ward being transported by automobile by a DLA staff member.

In consideration of my minor child/ward being allowed to be transported by automobile by a DLA Staff member, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported by automobile by a DLA staff member. I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of being transported by automobile by a DLA staff member and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my minor child/ward that the minor child/ward may have against Destiny Leadership Academy, FALCON, Pentecostal Full Gospel, its officers, contractors, agents and employees, as a result of the minor child/ward's being transported by automobile by a DLA staff member.

I do hereby fully release and discharge Destiny Leadership Academy, FALCON, Pentecostal Full Gospel, its officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of his/her being transported by automobile by a DLA staff member. I further agree to indemnify and hold harmless and defend Destiny Leadership Academy, FALCON, Pentecostal Full Gospel, its officers, contractors, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with being transported by automobile by a DLA staff member.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

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Name(s) of Minor

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Printed Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian Date

## MEDICAL RELEASE FORM

As the parent/legal guardian of:

Name of Student: \_\_\_\_\_

I/We understand that no emergency treatment may be given without parental contact except in a life-threatening situation. I/We understand that in the event of a medical emergency every effort will be made in contact the person(s) I/We have designated to authorize emergency care.

Date of Student's birth: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone# (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone# (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Person to notify if parent/guardian unavailable: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone# (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Medical and/or Hospital Insurance Co.

Phone #

Policy Holder

Policy Number

Parent/Guardian

Date

**BREAKFAST** – Currently DLA does not provide breakfast.

**LUNCH** - Currently DLA does not provide lunch. Parents are required to provide bagged lunch for their children. Heating of food is not permitted and microwaving is not available to students. Please be mindful of providing nutritious foods in your child’s lunch that will promote healthy brain function and energy throughout the school day.

**CLASSROOM** - Students are to be in classroom by 8:30 a.m. to prepare and ready themselves for Assembly which will begin at 8:30 a.m. School ends @ 2:30 p.m. Students must be picked up promptly.

**TRANSPORTATION** – Transportation services are door to door and are available upon request in limited pickup areas. Call main office to set up your service and register your child. Fees will be applied. Cost is \$60.00 per week (subject to change depending on location).

If an emergency with a student arises, the first response is to the school administration. They have authorization to resolve any and all situations.

We thank you in advance for your cooperation in making our school become more efficient and continue to operate with excellence in all that we do.

☐ Check here if you desire to use **TRANSPORTATION SERVICES**

Parent/Guardian (signature)\_\_\_\_\_Date\_\_\_\_\_

Parent/Guardian (signature)\_\_\_\_\_Date\_\_\_\_\_

## DESTINY LEADERSHIP ACADEMY EMERGENCY CONTACT INFORMATION

STUDENT DATA			
Student Name: (Print)		Gender: M    F	
<b>Current School &amp; Grade (2023-2024):</b>		<b>Grade:</b>	
Birthdate:    /    /			
Home Address:		City/State:                      Zip Code:	
FAMILY DATA			
Who does the child live with: Mother   Father   Both   Relative   Legal Guardian   Other _____			
Mother/ Guardian (Print)			
Home Address (if different from student)			
Home Phone:		Work Phone:                      Cell/Pager:	
Mother/Guardian's Employer:		<b>Email Address:</b>	
Father/Guardian (Print)			
Home Address (if different from student)			
Home Phone:		Work Phone:                      Cell/Pager:	
Father/Guardian's Employer:		<b>Email Address:</b>	
SIBLING INFORMATION			
If you have other children enrolling or attending, DLAs complete the following:			
Student Name:		Current Grade:                      New      Returning	
Student Name:		Current Grade:                      New      Returning	
Student Name:		Current Grade:                      New      Returning	
EMERGENCY CONTACT AUTHORIZATION TO RELEASE STUDENT(S)			
In case of emergency, the following relatives, friends, neighbors may be contacted and my child may be released to their custody:			
<b>Emergency Contact 1:</b>		Relationship:	
Home Phone:		Work Phone:                      Cell Phone:	
<b>Emergency Contact 2:</b>		Relationship:	
Home Phone:		Work Phone:                      Cell Phone:	
<b>Emergency Contact 3:</b>		Relationship:	
Home Phone:		Work Phone:                      Cell Phone:	
<b>Verbal Password:</b>			
<b>NON-DISCRIMINATION POLICY</b> <i>DLA prohibits discrimination on the basis of a student's race, color, religion, national origin, language spoken, intellectual or athletic ability, measures of achievement or aptitude, or status as a student with special needs.</i>			
<b>THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)</b>			
<i>The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that DLA with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, DLA may disclose appropriately designated "directory information" without written consent, unless you have advised the DLA to the contrary in accordance with DLA's procedures. The primary purpose of directory information is to allow the DLA to include this type of information from your child's education records in certain school publications.</i>			