

WAVE CREST ACADEMY

2024-25

DATE OF REGISTRATION AND ENROLLMENT _____

FIRST DATE OF ATTENDANCE _____ GRADE _____

STUDENT NAME _____

DOB _____

FES STUDENT AWARD ID _____

AWARD AMOUNT \$ _____

PARENT/GUARDIAN NAME _____

BEST EMAIL FOR SCHOOL/GUARDIAN COMMUNICATION

ADDRESS _____

PHONE _____ CELL _____

LAST SCHOOL ATTENDED _____

ALLERGIES _____

MEDICATIONS TO BE GIVEN AT SCHOOL _____

IN CASE OF EMERGENCY PLEASE CONTACT _____

IF ER NEEDED WHICH IS HOSPITAL IS PREFERRED _____

ADULTS ALLOWED TO PICKUP YOUR CHILD _____

ANY DIETARY RESTRICTIONS _____

ANY MEDIA RESTRICTIONS _____

PREFERRED FOODS/ACTIVITIES THAT COULD BE RESTRICTED TO SCHOOL ONLY i.e. CANDY, SODA, VIDEO GAMES _____

DOES STUDENT HAVE A CURRENT BEHAVIOR PLAN? _____

BY SIGNING BELOW I AM GRANTING PERMISSION FOR MY CHILD/REN TO WALK TO LOCATIONS NEAR WAVECREST WITH STUDENTS OF THE SAME AGE WITH SUPERVISION.

_____ date _____

WITHOUT SUPERVISION IF APPLICABLE (late teen with phone):

If applicable _____ date _____

BY SIGNING BELOW I AM GRANTING PERMISSION FOR MY STUDENT/S TO BE DRIVEN TO MELBOURNE LIBRARY AND PARKS WITHIN 5 MILES BY WAVECREST STAFF.

_____ date _____

BY SIGNING BELOW I/WE ARE COMMITTING TO ATTENDANCE AT WAVECREST ACADEMY FOR THE 2024-25 SCHOOL YEAR. PAYMENT TO SCHOOL SHALL BE GUARANTEED IN FULL FOR EACH YEAR IN WHICH STUDENT IS ENROLLED UNLESS OTHER ARRANGEMENTS ARE MADE PRIOR TO END OF YEAR. A MINIMUM OF ONE QUARTER OF ANNUAL TUITION WILL BE NON-REFUNDABLE REGARDLESS OF DAYS ATTENDED AND MAY BE PAID OUT OF POCKET IF SCHOLARSHIP FORFEITED.

_____ date _____