

Allendale Academy
www.allendaleacademy.com
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Clearwater, FL 33762
Phone (727)531-2481 Fax (727)362-6208
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FL ID # 523109 CEEB # 100256

RE-ENROLLMENT FORM

Please fill in all spaces

STUDENT NAME _____ DATE _____

MAILING ADDRESS _____

(city) _____ (state) _____ (zip) _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS(Parents') _____

GRADE ENROLLING IN _____

OUR SCHOOL YEAR BEGINS _____ AND ENDS _____
MONTH/YEAR MONTH/YEAR

We, _____ and _____

as parent educators agree to uphold the requirements of Allendale Academy, namely: either teach 180 days per school year, or complete the curriculum for the grade level listed above; to keep the report card showing subjects taught, grades earned, and an attendance record; to submit a copy of the report card to the Director at the end of each semester and the attendance record at the end of our school year; to keep in our home a portfolio consisting of a list of materials used and samples of our student's work; and to provide for testing or an evaluation of our student and submit a copy of the results to the Director at the end of our school year.

We understand that Allendale Academy is a private school whose purpose is to provide parents with the opportunity to instruct their children at home. We understand that any advice given by the school and its staff is not guaranteed by the school. We release Allendale Academy from any liability. We assume all responsibility for compliance with all requirements with regard to education in our state. We understand Allendale Academy is not liable for any neglect on the parent's part. We understand, if we withdraw from Allendale Academy, our financial obligations must be met before our student's records will be released.

Signed: _____

Signed: _____

Check here if above information includes a **new** :

____ address,
____ e-mail or
____ phone number

FPEA# _____