

**Woodlawn Community Academy**  
 11225 US Highway 19N  
 Clearwater, FL 33764  
[ctollefson@woodlawncommunity.com](mailto:ctollefson@woodlawncommunity.com)  
 727/914-6916, Fax: 727/914/9617



<b>For Office Use:</b>	
<b>Year:</b>	<u>2021-2022</u>
<b>Teacher:</b>	_____
<b>Grade:</b>	_____

STUDENT'S INFORMATION	
Student's Name:	_____
Parent's/Guardian's Email:	_____
Sex _____ D.O.B. _____	Student Soc. Sec. # (Necessary for Scholarships): _____
Student's Cell #:	_____
Address:	_____

FATHER'S (OR GUARDIAN'S) INFORMATION	
Name:	_____ Soc. Sec. # _____
Address:	_____ Cell #: _____
Employment:	_____ Work #: _____

MOTHER'S (OR GUARDIAN'S) INFORMATION	
Name:	_____ Soc. Sec. # _____
Address:	_____ Cell #: _____
Employment:	_____ Work #: _____

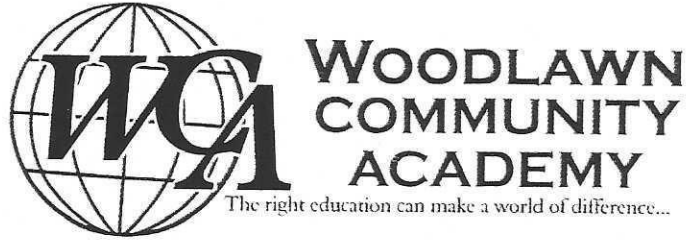
Who has legal custody? _____
Person financially responsible: _____
Will pay \$ _____ X 10 months + Curriculum Fee
Email: _____ Phone #: _____

<b><i>Needed to complete registration:</i></b>
_____ Application
_____ Registration Fee - \$175
_____ Dress Code Form Signed
_____ Notarized Medical Release
_____ Physical Exam Form
_____ (If 7 <sup>th</sup> grade, Immunization Form)
_____ Student's Social Security # (Necessary for Scholarships)
<b><i>First Year Students Also Need:</i></b>
_____ Letter of Cooperation
_____ Birth Certificate
_____ Florida Certificate of Immunization
_____ Report Card & or IEP or 504
_____ Test Results
_____ Policy Manual Signed
_____ Acceptable Use Policy

<b>About your student:</b>
Does your child have a handicap? Explain: _____ _____
Allergies: _____
Seizures: _____ Medication: <b>Y</b> _____ <b>N</b> _____
Will you leave medication at WCA? <b>Y</b> _____ <b>N</b> _____
<small>If yes, a Parent Permission for Medication form needs to be completed. Please request from Front Office for our records.</small>
Last school attended: _____
Grade: _____

IN CASE OF EMERGENCY		
Name _____	Phone _____	Cell/Work _____
Name _____	Phone _____	Cell/Work _____

I (we) understand that all Florida health requirements must be met as part of the enrollment process. Permission is given to use my student's picture in school-related brochures, web pages, social media and videos.	
Parent signature: _____	Date: _____



## LETTER OF COOPERATION

Failure to comply with these policies is grounds for dismissal.

1. I understand that registration only becomes effective when accompanied by all of the necessary paperwork and the registration fee.
2. I agree to pay Woodlawn Community Academy by the 5<sup>th</sup> of each month. The first month's tuition is to be paid by August 5<sup>th</sup>. A late fee of \$25. Will be charged if the tuition has not been paid by the 15<sup>th</sup> of each month. Tuition not paid for 2 months is grounds for dismissal.
3. I understand that it is my responsibility to pick up my child at the established dismissal time. If I am late more than 1 time any semester, I will be required to pay a \$10. late fee for every half hour or part thereof after the established dismissal time. This is an automatic fee.
4. I understand that I will be charged \$25. for any checks returned for insufficient funds.
5. I understand that if my child cannot attend school for any reason, I am under obligation to pay the full tuition for my child to remain enrolled.
6. Fees must be paid in full for all members of a family before the release of educational testing results and academic records.
7. I understand that any medication brought to school must be in the original bottle with directions for administration on it, and that I need to fill out an Authorization to Dispense Medication form prior to sending it with my child. (the teacher has this form)
8. I understand that doctor's notes and /or administrative approval are required in order for an absence to be excused.
9. I agree to abide by the policies and procedures as outlined in the student handbook.

Parent signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_



# Medical Release Form

Information on subject of this form:

Full name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy or group # \_\_\_\_\_

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Current medication: \_\_\_\_\_

Person to contact in case of an emergency:

Parent/guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work# \_\_\_\_\_ cell# \_\_\_\_\_

Alternate person to contact if you can not be reached:

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work# \_\_\_\_\_ cell# \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
date

I, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand all reasonable safety precautions will be taken at all times by Woodlawn Community Academy or its staff and I will not hold them liable for any accident, injury or disease of the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) above immediately.

**State of Florida, County of Pinellas**

Before me personally appeared \_\_\_\_\_ Known to be the person described in and who executed the foregoing instrument, by presenting their picture identification of \_\_\_\_\_ and acknowledged to and before me that they executed said instrument for the purposes therein expressed.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

## W.C.A. 2021/2022 Dress Code:

There are requirements of dress that must be met. Tops must be solid color polo shirts for males and females. These may have a small emblem on the chest but nothing more. Polos may be brought in to have the logo added to them. This service will be available for a small fee at the beginning and throughout the school year. Shirts must come over the top of the bottoms. Bottoms may include jeans, longer shorts, skirts or slacks. Form-fitting stretch pants or jeggings are not appropriate school wear. In addition, any stretch pants with elastic in the bottom of the legs are not permitted. Track pants or sweat pants are not acceptable wear. Pants with holes that reveal skin are not permitted even with tights under them. Belts must be worn with loose bottoms. Short shorts or skirts (anything above mid-thigh) are not allowed. Clean, modest dress is required. There should not be any words or lettering of any type (other than the school logo) on any clothing, tops or bottoms. No hats or hoods are permitted in the building. **Sweaters or hoodies must button or zip down the front** to be worn during the school day. No sports slides or flip-flops and no slippers or pajamas are permitted. If students desire to wear a t-shirt for P.E., outdoor field trips, on Fridays, or field days, **only school t-shirts may be worn.** T-shirts will be available to purchase when school starts.

Modest make-up use is acceptable. Tattoos (even temporary ones) and body piercings may not be visible. Large earrings or gauge earrings are not permitted. Males may not wear earrings. Any hair color or style that is deemed, by administration, to be distracting is not acceptable. This includes but is not limited to Mohawks, messages or designs shaved into the head or the head being shaved only on one side. Unnatural looking hair color is not acceptable. Facial hair is to be kept to a minimum. Beards of any type are not permitted for students.

Students will be required to phone home for appropriate clothing if they arrive at school not dressed appropriately. One warning will be given. Then, students will be expected to change clothing before they remain in the classroom. Any unacceptable hair color or cut will be expected to be remedied immediately.

Parent signature: \_\_\_\_\_

Student signature: \_\_\_\_\_