



✓ **Please follow this checklist for admission:**

___ Copy of Birth Certificate (*if not previously submitted*)

___ Admissions Application

___ Emergency Consent Form

___ Field Trip Permission Form

___ Computer and Internet Use Consent

___ Release and Authorization for Photographs

___ Medication Consent Release

___ Gymnastic Release of Liability

___ Acknowledgement of Handbook Receipt

___ Student Pick Up Authorization

___ Financial Agreement with Registration Fee

Forms must be submitted complete and in the order listed above. All forms are required to be submitted with your application. Incomplete applications will not be accepted. A late registration fee of \$200 will be added to any registration forms that are received after June 30th.

Return these forms with your admission fee to:

Skyview Learning Academy

1066 S. 4 Road

Douglas, NE 68344

or email at michele@SkyviewLearningAcademy.org

Student Information:

Date: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: ___M___F Birthdate: _____ Grade: _____ Social Security #: _____

School Attended Last Year (if applicable) _____ Phone: _____

Does the child attend church regularly and if so, where: _____

Please list any special needs that we should be aware of: _____

Does the student currently have an IEP (Individual Education Plan) or a Behavior Plan at current school: _____

If yes, previous school records must be received before admission process is complete.

Student lives with: ___Mother___ Father ___ Grandparent ___ Guardian ___ Aunt/Uncle ___ Other

Parent/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Cell: () _____ Work: () _____

Parent/Guardian Information

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home: () _____ Cell: () _____ Work: () _____

Siblings:

Name: _____ Gender: ___M___F DOB: _____ Grade: _____

Name: _____ Gender: ___M___F DOB: _____ Grade: _____

Name: _____ Gender: ___M___F DOB: _____ Grade: _____

I/we, the undersigned, pledge to uphold the policies and principles of Skyview Learning Academy as outlined in the student handbook. I/we agree to accept full financial responsibility according to the published policies and financial contract. I/we have read the above statements and acknowledge that all information is accurate.

Parent/Guardian

Parent/Guardian

**NOTICE OF
NONDISCRIMINATORY POLICY
AS TO STUDENTS**

Skyview Learning Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

2020-2021 SKYVIEW LEARNING ACADEMY

EMERGENCY/CONSENT FORM

Student Name: _____

Date of Birth: _____ Phone: Home () _____ Sex (circle) Male
Female

Parents/Guardians: _____ Email: _____

Home Address: _____

Work Mom: () _____ Work Dad: () _____

Cell Mom: () _____ Cell Dad: () _____

Other Emergency Contact: _____ Phone: () _____

Medical Insurance Company: _____

Policy #: _____ ID#: _____

Doctor's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. Skyview Learning Academy does not have any medical/dental/hospitalization insurance covering students for injuries at school, including after school activities. If you have not already done so you should obtain medical insurance coverage for your child.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here: _____.

My student has the following medical condition(s), which may require emergency care (include allergies): _____.

I confirm to Skyview Learning Academy that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students. If my child has any medical conditions that require medication, I acknowledge that no medication should be brought to the school by my child without prior consent of the teacher. In the event of a medical emergency, 911 may be called to provide treatment and transport, if necessary. By signing below, I release and waive any and all claims with I now have or may hereafter have against Skyview Learning Academy and its employees pertaining to any injuries and/or emergencies that may occur while my child is participating in a school activity.

Signature of
Parent/Guardian: _____ **Date:** _____

2020-2021 SKYVIEW LEARNING ACADEMY

Field Trip Permission

I hereby grant permission for my child, _____ to participate in school-sponsored field trips during the school year. I understand that all reasonable precautions will be taken to ensure my child's safety and adequate supervision. I further understand that I will be notified in advance of the nature and destination of all trips involving my child, and that I may revoke this permission at any time with written notice to the school.

Signature of

Parent/Guardian: _____ **Date:** _____

Computer and Internet Use Policy

Skyview Learning Academy provides computers and Internet access to enhance the curriculum and learning opportunities for students. The school believes that the resources available through the Internet are of significant value in the learning process and prepare students for future success in today's high-tech world. At the same time, the school must establish reasonable controls for the use of this technology.

Before a student is allowed to use school computers and Internet services, the student and the student's parent/guardian must sign and return the computer/Internet Access Acknowledgment. The school will retain the signed acknowledgment.

Student Computer and Internet Use Rules

These rules implement school policy – Student Computer and Internet Use. The rules are intended to provide general guidelines and examples of prohibited uses but do not attempt to state all required or prohibited activities by users. Failure to comply with school policy and these rules may result in loss of computer and Internet access privileges, disciplinary action and/or legal action.

A. Computer Use is a Privilege, Not a Right

Student use of the school's computers and Internet services is a privilege, not a right. Unacceptable use may result in suspension, loss of privileges, and/or legal action.

B. Acceptable Use

Student access to the school computers and Internet services are provided for educational purposes and research consistent with the school's educational mission, curriculum, and instructional goals.

C. Prohibited Use

The user is responsible for his/her actions and activities involving school computers, network, and Internet services and for his/her computer files, passwords, and accounts. Examples of unacceptable uses that are expressly prohibited include, but are not limited to the following:

- 1) Accessing Inappropriate Materials
- 2) Violating Copyrights
- 3) Plagiarism
- 4) Copying Software
- 5) Non-School-Related Uses
- 6) Misuse of Passwords/Unauthorized Access
- 7) Malicious Use/Vandalism
- 8) Unauthorized Access to Chat Rooms/News Groups

D. No Expectation of Privacy

The school retains control, custody, and supervision of all computers and Internet services owned or leased by the school. The school reserves the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of school computers, including e-mail and stored files.

E. Compensation for Losses, Costs and/or Damages

The student and/or the student’s parent/guardian shall be responsible for compensating the school for any losses, costs or damages incurred by the school related to violations of policy and/or these rules, including investigation of violations.

F. School Assumes No Responsibility for Unauthorized Charges or Costs

The school assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any prohibited use of its computers.

G. Student Security

A student shall not reveal his/her full name, address or telephone number on the Internet without prior permission from a supervising teacher. Students should never meet people they have contacted through the Internet without parental permission. Students should inform their supervising teacher if they access information or messages that are dangerous, inappropriate, or make them uncomfortable in any way.

H. System Security

The security of the school’s computers, networks, and Internet services is a high priority. Any user who identifies a security problem must notify the system administrator. Any user who attempts or causes a breach of system security shall have his/her privileges revoked and may be subject to additional disciplinary and/or legal action.

I have read the Student Computer and Internet Use Policy and I agree to comply with the guidelines therein. I further understand that violation of the policy and/or rules may result in the revocation of computer privileges and may also be subject to further disciplinary and/or legal action.

I also understand that the school and my parent/guardian will have access to my user names and passwords.

Student: _____ **Parent:** _____ **Date:** _____

Release and Authorization

Photographic Use for Marketing and Promotion

By signing below I consent to the use of photographs, slides, digital images, name and any other arrangements made by Skyview Learning Academy for any and all media, business, or commercial purposes. I hereby waive any right to inspect or approve the above mentioned forms of photography/media prior to use. I understand that the school may post images of school events and activities that may include my child online for public viewing and I grant them the right to do so.

Signature of

Parent/Guardian: _____ **Date:** _____

Student Medication Request

Release Agreement

This form must be complete for any medication (prescription or non-prescription) that a student will need to take during school hours.

We, the parent(s) or guardian(s) of _____ hereby request personnel employed by Skyview Learning Academy to release:

*Medication: _____ at (time) _____ AM/PM

Purpose of Medication(s): _____

Side Effects of Medication(s): _____

*Medication: _____ at (time) _____ AM/PM

Purpose of Medication(s): _____

Side Effects of Medication(s): _____

Prescription Medicine

Skyview Learning Academy policy requires that prescription medicine be in its original pharmacy container/packaging with the student's name, dosage, number of doseages per day that the dosage is to be released to the student and the date that the medication is to be stopped (if applicable). The undersigned parent(s) or guardian(s) hereby agree to release Skyview Learning Academy and its personnel from any and all claims arising from the release of medication to the student.

Non-prescription Medicine

I give permission for my child _____ to receive the following medication:

Acetaminophen (Tylenol): ___ Yes ___ No Has taken before without problems: ___ Yes ___ No

Ibuprofen (Advil) _____ Has taken before without problems: ___ Yes ___ No

Please notify me before my child takes non-prescription medications given by school ___ Yes ___ No

Contact Name: _____ Phone: _____

My child is currently taking other medications at this time: ___ Yes ___ No

Please list all medications and reasons for taking them: _____

Special Instructions relating to my child: _____

By signing below you acknowledge and agree to the following:

- You written consent must be given before any medication can be administered to your child while in the care of the school.
- The prescribing physician may be contacted by the school office for clarification on a medication.
- All medications must be sent to the school in their original packaging - no exceptions.
- You must notify the school immediately if there are changes to your child's medication orders.
- Your child's medication may be administered by an unlicensed person, a teacher, a nurse or by other school personnel that are deemed competent.

Signature of

Parent/Guardian: _____ **Date:** _____

Skyview Learning Academy
Gymnastics/Sports/Shop Class/Activities Waiver & Release of Liability

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the activities that Skyview Learning Academy conducts within the building and beyond the grounds of the gym and school campus, which includes but is not limited to recess, gymnastics, tumble, aerobics, sports, physical education, shop class, working with tools and any other Activity that involves movement and motion. I represent that I understand the nature of this Activity and that my child(ren) is/are qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child(ren)'s own actions, or inactions, those of others participating in the event, or the conditions in which the event takes place; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages incurred by my child(ren) as a result of their participation in the Activity. I hereby release, discharge, and covenant not to sue Skyview Learning Academy, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account including rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant (Child #1)

Printed name of participant (Child # 2)

Printed name of Parent/Guardian

Signature of Parent/Guardian

Receipt of Parent/Student Handbook

Acknowledgement Page

I hereby acknowledge that I have received and read the Skyview Learning Academy Parent/ Student Handbook and that I agree to abide by the policies and procedures set forth in it.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

This page will serve as the parent/guardian Handbook signature page for the following students:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

2020/2021 Parent Pick-Up Release Form

Child's Name	DOB	Age	Sex
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Please list all people, <u>including yourself</u> , who are allowed to pick up your child.	
Name	Relationship to Child

The following people MAY NOT pick up my child(ren).

Name	Relationship to Child

Date:
Parent/Guardian Signature:

Financial Agreement

Tuition for Enrollment:

Name of **Preschool** Student _____ 1 X \$600/month = _____

Name of **Preschool** Student _____ 1 X \$600/month = _____

Name of **Elementary** Student _____ 1 X \$600/month = _____

Name of **Elementary** Student _____ 1 X \$600/month = _____

Name of **Elementary** Student _____ 1 X \$600/month = _____

Name of **Elementary** Student _____ 1 X \$600/month = _____

Name of **High School** Student _____ 1 X \$600/month = _____

Name of **High School** Student _____ 1 X \$600/month = _____

Equals Total Monthly Tuition Charges: \$ _____

Total Tuition: \$ _____

-Total Discounts: --\$ _____

Total Monthly Charges: \$ _____

I understand that the tuition is due no later than the 15th of each month and that a \$25 late fee will be applied if not received by the 15th. I also am aware that the monthly charges stated above DO NOT include the one-time per year per child registration fees. I understand the tuition and fees stated above are my responsibility and agree to pay them in a timely manner.

Signature of

Parent/Guardian: _____ **Date:** _____

2020-2021 Tuition Schedule

The following tuition rates are set for the 2018/2019 fiscal year only.

Preschool (full day only)	\$600/month
Kindergarten -8th	\$600/month
9th - 10th Grade	
Multi-Child Discount	\$100/month

Invoices billed on a monthly basis August - May (10 payments)

Yearly Tuition Schedule At A Glance

	Preschool 3 Year Old Full Time Only	PreK 4 Year Old Full Time Only	Elementary/Middle K-8th Grade	High School
Registration Fees	\$ 200	\$ 200	\$ 300	\$ 300
Oldest or Only Child	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000
Second Child	N/A	N/A	\$ 5,000	\$ 5,000
Third Child	N/A	N/A	\$ 4,000	\$ 4,000
Fourth Child (Any Additional)	N/A	N/A	\$ 3,000	\$ 3,000

Please Note:

There is a one time, non-refundable registration fee is \$200 for Preschool/PreK and \$300/year for Kindergarten-12th grades and is due **PRIOR TO JUNE 30th**. A late registration fee of \$200 will be added to any registration forms that are received after June 30th. Registration fee and August tuition are due prior to the first day of school.

Please note that we are on a 10-pay tuition system and invoices will be billed monthly August through May. Tuition is due no later than the 15th of each month and is subject to a \$25 late fee if not paid on time. Any unpaid tuition that becomes 30 days overdue will subject your student to dismissal until the bill is paid.

A limited amount of tuition assistance is available to those that may qualify and is awarded on a first come first served basis. Please email michele@skyviewlearningacademy.org for more information.

Class Time

Monday	8:30 a.m. - 3:45 p.m.
Tuesday	8:30 a.m. - 3:45 p.m.
Wednesday	8:30 a.m. - 3:45 p.m.
Thursday	8:30 a.m. - 3:45 p.m.
Friday	8:30 a.m. - 3:45 p.m.

2020-2021 Transportation Schedule

Monday through Friday

7:45 a.m.	Pick Up in Lincoln
8:00 a.m.	Pick Up in Bennet
8:30 a.m.	Arrive at School
3:45 p.m.	School Dismissal
4:00 p.m.	Leave School
4:15 p.m.	Drop Off in Bennet
4:30 p.m.	Drop Off in Lincoln



Parent Authorization for Release of School Records

Parent or Guardian:

Please fill in the information below, sign and date this form, and submit it directly to the registrar of your child's present school. Please understand that school records play an essential step in the admissions process. The Admissions Committee cannot reach a decision without this information.

STUDENT'S NAME _____ BIRTHDATE _____
HOME ADDRESS _____
PRESENT SCHOOL _____
GRADE LEVEL _____

I hereby authorize the release of my child's school records to Skyview Learning Academy.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Request for School Records

To the Registrar:

The above student is applying for admission to Skyview Learning Academy and we would appreciate your sending us the following information. If there are any questions, please call our Director at (402) 799-2054. Thank you!

1. Copies of the report cards and/or transcripts for all grades and courses taken during the years the student attended your school, and for the current school year through the most recent marking period.
2. A statement on the student's progress and standing at your school. Is the student working above or below grade level in any subject? Has the student received a modified or adapted program in any subject? If the present rate of progress remained steady, would the student be eligible for promotion to the next grade level at the end of the year?
3. Copies of the results of all aptitude, IQ, achievement and other diagnostic testing taken during the years the student attended your school. Please be sure to indicate the grade level and dates when the testing was administered, and provide national and other norms when possible.
4. A copy of the student's complete health records.
5. Any records or information on the student's extracurricular activities, school behavior, and personality traits that would help us in understanding the student's educational needs.

Please send these materials as soon as possible to:

Skyview Learning Academy
1066 S. 4th Road
Douglas, NE 68344