



ENROLLMENT CHECKLIST

(Step Two)

Please complete all applicable items *one per student* listed below for each student and return to:

Admissions Office
Prodigy Leadership Academy
P.O Box 2172
Cape Girardeau, MO 63702
Phone: 573-803-1338
office@goprodigy.org

- Emergency Information Form for 2021-2022 School Year**
- Photograph Release/Release of Information/Off-campus Travel Release Forms**
- Technology Agreement**
- Medical/Health Information Form**
- Field Trip Driver Form (include copy of driver's license and current car insurance)**
- School Records and Transcript Release**
- Tuition Agreement**
- ACH Account Set Up**

Please provide the following:

- Copy of Birth Certificate**
- Vaccination Records or Exemption**
- Non-refundable Enrollment Fee of \$150.00 per student or \$300.00 per family**

Prodigy Leadership Academy
Emergency Contact and Medical Information (One form per student)

| | | | | |
|--------------|--------|---------------|-----|---|
| Child's Name | Grade: | Date of Birth | M | F |
| | | | Sex | |

| | | | |
|--------------------------|----------------|--------------------------|----------------|
| Parent's/Guardian's Name | Email Address: | Parent's/Guardian's Name | Email Address: |
|--------------------------|----------------|--------------------------|----------------|

| | | | | | |
|------------|------------|------------|------------|------------|------------|
| Cell Phone | Home Phone | Work Phone | Cell Phone | Home Phone | Work Phone |
|------------|------------|------------|------------|------------|------------|

| | |
|---------|---------|
| Address | Address |
|---------|---------|

| | |
|----------------------|----------------------|
| City, State Zip Code | City, State Zip Code |
|----------------------|----------------------|

Check all that apply:

| | | | |
|--------------------------|------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Lives With | <input type="checkbox"/> | Gets Mailings |
| <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Permission to Pick-up |

Check all that apply:

| | | | |
|--------------------------|------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Lives With | <input type="checkbox"/> | Gets Mailings |
| <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Permission to Pick-up |

Alternative Emergency Contacts

| | |
|---------------------------|-----------------------------|
| Primary Emergency Contact | Secondary Emergency Contact |
|---------------------------|-----------------------------|

| | | | | | |
|------------|------------|------------|------------|------------|------------|
| Work Phone | Home Phone | Cell Phone | Work Phone | Home Phone | Cell Phone |
|------------|------------|------------|------------|------------|------------|

| | |
|---------|---------|
| Address | Address |
|---------|---------|

| | |
|----------------------|----------------------|
| City, State Zip Code | City, State Zip Code |
|----------------------|----------------------|

| | | | |
|--------------------------|-----------|--------------------------|-----------------------|
| <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Permission to Pick-up |
|--------------------------|-----------|--------------------------|-----------------------|

| | | | |
|--------------------------|-----------|--------------------------|-----------------------|
| <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Permission to Pick-up |
|--------------------------|-----------|--------------------------|-----------------------|

Medical Information

Hospital/Clinic Preference

| | |
|------------------|--------------|
| Physician's Name | Phone Number |
|------------------|--------------|

| | |
|-------------------|---------------|
| Insurance Company | Policy Number |
|-------------------|---------------|

Allergies/Special Health Considerations:

Authorization for Emergency Medical Care and Transportation

In case of emergency illness or accident the student will be given first-aid and the parent(s)/legal guardian(s) will be notified. If the situation warrants immediate care and time is a factor, 911 will be called first. If the parent(s), legal guardian(s), or physician cannot be located, the student will be taken by ambulance to the nearest emergency room. Prodigy Leadership Academy does not assume responsibility for any expenses incurred.

Prodigy Leadership Academy does not assume responsibility for any situation that may occur as a result of false information or lack of health information.

I/We the undersigned parent(s) or legal guardian(s) of the student(s)/minor(s) listed above:

Grant permission for the administrator or staff person(s) to take whatever steps may be necessary to obtain emergency care if warranted.

Grant permission for my student to receive appropriate first aid and/or be transported via ambulance to the nearest hospital if the situation warrants emergency care and evaluation. Will assume responsibility for all expenses incurred.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|

Parent's/Guardian's Signature

Date



Student Name (one per student): _____

PERMISSION TO USE PHOTOGRAPHS

I grant to Prodigy Leadership Academy, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified student. I authorize Prodigy Leadership Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Prodigy Leadership Academy may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

| Printed name of Parent/or Legal Guardian | Signature of Parent/or Legal Guardian | Date |
|---|--|-------------|
|---|--|-------------|

RELEASE OF INFORMATION

Family involvement and communication is important at PLA. In order to keep lines of communication with our families open and foster community between families we will share your contact information with PLA PTO as well as publish this information in our Family Directory. Your signature below gives PLA permission for the following information to be shared: Student and Parent Name(s), Address, Home Phone, Cell Phone, Work Phone & Email Address, Grade Level, and Teacher.

I release and waive, and further agree to indemnify, hold harmless or reimburse Prodigy Leadership Academy, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim that I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment if any.

| Printed name of Parent/or Legal Guardian | Signature of Parent/or Legal Guardian | Date |
|---|--|-------------|
|---|--|-------------|

OFF-CAMPUS TRAVEL RELEASE

We plan regular off-campus visits to the **Southeast Missouri State University's River Campus, Main Campus, the Cape Girardeau Public Library, and shuttling as well as other local points of interest.**

Please provide your ongoing permission for these trips for the school year. By signing below, you are giving permission for your student to leave the PLA campus and travel to the Southeast Missouri State University River Campus and/or Main Campus and/or Cape Girardeau Public Library and/or other points of interest.

| Printed name of Parent/or Legal Guardian | Signature of Parent/or Legal Guardian | Date |
|---|--|-------------|
|---|--|-------------|



Technology Agreement

Student Name (**one per student**): _____

PLA COMPUTER AND INTERNET ACCEPTABLE USE POLICY

Use of computer hardware, software, and networks is a privilege at Prodigy Leadership Academy, not a right. The student is expected to follow PLA's Technology Policy. The Technology Policy sets the general standards each student is expected to follow when using Prodigy's technology resources.

Students and parents must read the policy and sign before they are able to access computers or other technological device. Using technological innovations presents valuable opportunities for children but also carries important responsibilities. Students are expected to exhibit high standards when using equipment.

It is the responsibility of PLA students, parents, and staff to see that these information systems are used in an efficient, ethical, and lawful manner. The use of technological equipment is a privilege and can be withdrawn at any time. A student's use may be suspended immediately upon the discovery of a possible violation of these policies. A violation may result in disciplinary action up to and including expulsion.

Responsible use of technological equipment

The following policies relate to the responsible use of electronic media resources at PLA:

1. These resources are the property of PLA and are to be used solely for school purposes. Permission to use these resources may be restricted or revoked at any time.
2. Fraudulent, harassing, threatening, discriminatory, offensive, inappropriate, sexually explicit, or obscene messages and/or materials are not to be transmitted, printed, requested, or stored. Chain letters, solicitations, and other forms of mass mailings are not permitted.
3. Students are responsible for any damage that occurs.

Internet Usage

Prodigy Leadership Academy is pleased to offer its students with access to the Internet. We believe the Internet is a powerful tool for children to learn to navigate and a wonderful resource for gaining and exploring knowledge. Communication and collaboration with other individuals and groups from around the world is made possible through this venue and will significantly expand their available information base.

Families should be aware that some material accessible via the Internet may contain illegal, defamatory, inaccurate, or offensive items. In addition, it is possible to purchase certain services and goods via the Internet which could result in unwanted financial obligation for which a student's parent or guardian would be liable.

Students and parents/guardians are required to review and sign the following Internet Usage Agreement.

1. Irresponsible use of system resources. Do not use the computer in a way that it would affect the other network users.
2. Respect the property rights of others. Do not distribute or obtain copyrighted software or information without proper authorization from the copyright holder.
3. Please remember to use the Internet to post kind messages only. Do not post any personal attacks.
4. Students are to only access sites related to student work or class assignments. Inappropriate site is not acceptable.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Medical/Health Information

Student Name (**one per student**): _____

Dear parent,

Pursuant to RsMO 167.181 We need to have current vaccine information on file for your child prior to their first day of school.

This can be:

- Your student's current vaccination records showing booster vaccines given after age four.
- Medical exemption form, signed by an MD
- Religious exemption, which can be either a letter to the school stating that you will no longer be vaccinating due to religious convictions, or a religious exemption card which the school can provide.

Please list any past or current medical/health issues or concerns, including current medications/supplements, allergies, and anything else we need to be aware of.

Signature :

Date:



Parent Field Trip Driver Form 2021-2022 School Year

Please fill out this form completely only if you are interested in being a driver for field trips throughout the school year. We will keep this on file for all field trips. This form is required whether you drive once or multiple times, as needed.

Please make sure and check off that all of the following are accurate:

- Please attach a copy of your current valid driver's license to this form.
- Please attach a copy of your current insurance card to this form. I certify that I have a *minimum* of:
 - \$100,000 per person/\$300,000 per occurrence for bodily injury (\$500,000 for vehicle with more than 5 passengers)
 - \$50,000 property damage per occurrence
 - \$5,000 per person for medical payment
- I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company and that my insurance is primary. The school does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.
- I certify that I have incurred no more than two speeding tickets in excess of ten miles per hour over the speed limit or other moving violations within the last three years.
- I certify that I have not been convicted of: (a) driving with a suspended license, (b) hit and run driving, (c) driving while intoxicated, (d) reckless driving, or (e) negligent driving of a serious nature
- If you insurance changes throughout the school year please notify us.

As a parent field trip driver, I agree to the following:

- I will be responsible for making sure all students in my vehicle are wearing the appropriate safety restraints (i.e. seatbelts, car seats, etc.) and that my vehicle is mechanically safe.
- I will abide by all current traffic laws, posted speed limits, refrain from speaking on a cell phone while driving, not smoke or allow anyone to smoke in my vehicle, and not consume alcohol or any other substance that could adversely affect my driving ability.

I have read and understand all the requirements on this form, listed above.

Please attach copy of insurance card or take picture and email to: office@goprodigy.org

Parent Name: _____

Parent Signature: _____

Date: _____



School Records & Transcripts

STUDENT RECORD RELEASE FORM

To the Parent or Guardian:

Please fill in your child's name and grade, sign where indicated and give this form to the principal or headmaster at your child's current school.

Student's: Last Name First Name Entering Grade

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize to release the information, specified below, to Prodigy Leadership Academy from:

Current School: _____ Phone Number: _____

Signature of Parent or Guardian

Date

To the School:

This child is an applicant for admission to Prodigy Leadership Academy.

Please send the following information:

- _____ Scholastic record to date
- _____ Current transcripts
- _____ Standardized test records
- _____ Health record
- _____ Discipline Record
- _____ IEP

We appreciate your help and assistance. **Please do not send original documents.** If you have any questions or comments, please direct them to the Office of Admissions at (573) 803-1338.

To the School:

Please mail sealed records directly to:

Prodigy Leadership Academy

Attn: Admissions

PO Box 2172

Cape Girardeau, MO 63702

or

By email: office@goprodigy.org



Tuition Agreement

Student(s) Name: **(one per family)** _____

| 2021-2022 School Year | First Child | Second Child | Third Child, etc. |
|-----------------------|-------------|--------------|-------------------|
| K-High School | \$6,120 | \$5,508 | \$4,896 |
| Pre-K | \$4,860 | \$4,860 | \$4,860 |

- 12 Monthly payments due on the first of each month beginning August 1
- 4 Quarterly payments to be collected Aug. 1, Nov.1, Feb. 1, and May 1
- 1 Payment due August 1 – no discounts are offered for this payment plan

PLA tuition billing statements will be sent out monthly. Parents choosing other payment timelines (in advance of these monthly billings) will see credits to their monthly billing statements.

I understand the financial requirements for my child to attend Prodigy Leadership Academy and I agree to pay tuition in full. Any exceptions must be approved by the Prodigy Board of Directors.

Parent Signature _____

Date _____

*If you are in need of tuition assistance, please call 573-803-1338 to request additional information.

Prodigy Leadership Academy admits students of any race, color, gender, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, gender, or national and ethnic origin in administration of its educational policies, scholarship programs, athletics, and other school-administered programs.



ACH Payment Instructions

1. Go to Prodigy Leadership Academy homepage <http://www.goprodigy.org/>
2. On the top right hand side, click pay portal
3. Click ACH Bank Payments
4. Click ACH Bank
5. Click Create an account
6. Fill in fields
7. Register
8. Choose Auto Pay