

## FUTURES ACADEMY – ELECTRONICS POLICY for 2023-2024

When class begins, cell phones must be put on silent and put away. Use of electronic devices is allowed during lunch, break times, and during lessons where permission is specifically granted by the staff member in charge. “Electronic device” includes but is not limited to phones, music players, tablets, and laptops. **All other uses are prohibited.** Students are not allowed to wear ear buds in class.

In addition, taking photos and sharing photos of other students on social media without the students’ permission is strictly prohibited due to privacy concerns for other students. The use of cell phones or any device capable of capturing images is *strictly prohibited* in restroom areas while at school or at a school-related events.

At times students may be allowed or even asked to bring their electronic devices such as netbooks, laptops, tablets, or other portable computers for school use. Please note that students bring these items to school at their own discretion and are responsible for the security of those items. Futures Academy is not responsible for them if they should become damaged or lost.

If a student uses an electronic device without permission during prohibited times, **the device will be confiscated and kept securely until the end of the day.** There is no fee, and parents will not usually be contacted. Repeat offenders, however, will be handled in conjunction with parents on a case-by-case basis.

Teachers may use a communications system, phone app, or social media groups to communicate with students about school matters and may not share our personal phone numbers. You are always invited to add yourself to such groups as well.

**STUDENT:** I understand these rules and agree to abide by the policy as stated. I understand that if I break these rules, my device will be confiscated and kept until the end of my school day. ***I agree to surrender any device when asked.***

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

**PARENT:** I support the endeavor of Futures Academy to keep students on task and engaged in learning activities rather than on their phones during class; therefore, I understand these rules and agree to enforce them with my child. ***I will not text or call my student during school unless it is absolutely necessary.*** I understand that my child’s phone will be confiscated and kept until the end of the school day if he or she breaks the rules.

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

FUTURES ACADEMY  
ENROLLMENT AGREEMENT for 2023-2024

I understand that submitting an application for my child(ren) does not guarantee acceptance into the Futures Academy program. I understand that acceptance is based on the child's needs and whether Futures Academy can meet those needs. If denied, the reason may or may not be revealed.

I agree to ensure to the best of my ability that my child attends school, fully prepared and on time, on the days agreed upon in his or her IDEA Plan. I will plan appointments and other events on home days whenever possible. I also agree to support and help enforce the rules and expectations set forth by Futures Academy.

\_\_\_\_\_ (initial) The Student Handbook has been made available to me (it is posted on our website). As the parent or guardian of an enrolled child, I understand that **I am responsible for all information in the Student Handbook, whether I have read it or not.**

\_\_\_\_\_ (initial) Futures Academy regularly posts pictures of students participating in regular classroom activities on social media and in advertising. My signature below indicates consent to use my child's photos for this purpose.

**The Legal Stuff:** In consideration for my child attending Futures Academy, I hereby agree to waive, release, indemnify and hold harmless Futures Academy and their respective employees, guests, volunteers, or other agents and servants (hereinafter, "Releasees") from any and all claims, suits, losses, damages, causes of action, expenses of litigation and/or settlement, or other liability by reason of any accident or injury suffered by my child, which may arise in connection with school activities, whether or not caused by or alleged to be caused by the negligence of the Releasees.

All information submitted by me to Futures Academy is true and correct to the best of my knowledge.

I understand that unless the school denies your child enrollment, the \$500 enrollment fee is not refundable under any circumstances. I understand that disciplinary issues, failure to pay in accordance with my tuition agreement, poor adherence to dress code, illness, or other events may result in my child not being allowed on campus or at school-sponsored events until the situation is rectified.

I am the legal guardian responsible for the child named below.

By signing below, I agree to all the terms and conditions of this and all documents provided by Futures Academy and signed by me.

Names of all children enrolled:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

# FUTURES ACADEMY STUDENT RECORDS REQUEST

Dear Administrator,

The student below is enrolling in Futures Academy. Please return documents as indicated below via email: [office@FuturesAcademyVic.com](mailto:office@FuturesAcademyVic.com) or Fax: (361) 433-0334.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

### PREVIOUS SCHOOL

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

*As parent or guardian of the student named above, I grant permission for all records to be released as indicated.*

\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_  
*Date*

*The following is for Futures Academy use only.*

### Please email the following information to the attention of the Registrar:

- |   |  |
|---|--|
| <input type="checkbox"/> Current transcript   | <input type="checkbox"/> Most recent report card/progress report |
| <input type="checkbox"/> Discipline records   | <input type="checkbox"/> Current Class Schedule                  |
| <input type="checkbox"/> Attendance records   | <input type="checkbox"/> Withdrawal form or date of withdrawal   |
| <input type="checkbox"/> Standardized test scores   | <input type="checkbox"/> Withdrawal grades                       |
| <input type="checkbox"/> 504/SPED or similar records  | <input type="checkbox"/> Legal documents regarding custody       |
| <input type="checkbox"/> Volunteer Hours/Activities   |  |
| <input type="checkbox"/> Reports of all testing performed by the school, including reading or disability screenings |  |
| <input type="checkbox"/> Other: _____   |  |

Request by: FUTURES ACADEMY  
2208 Leary Lane Suite 200 // Victoria, Texas 77901

Phone: (361) 433-0322

# FUTURES ACADEMY

STUDENT APPLICATION	Date: _____	NEW STUDENT APPLICATION (Cont'd)	Name: _____
Student Name: _____	DOB: _____	What goals can we help your child accomplish? Check all that apply.	
Address: _____	Grade: _____	<input type="checkbox"/> Graduation	<input type="checkbox"/> Credit Recovery <input type="checkbox"/> Prepare for Trade School
City/State/Zip: _____		<input type="checkbox"/> Prepare for College	<input type="checkbox"/> Prepare for a job after high school <input type="checkbox"/> Fill Learning Gaps
Current or Previous School: _____		<input type="checkbox"/> More Comfortable Environment	<input type="checkbox"/> Flexibility to Manage Non-School Events
		<input type="checkbox"/> I'm not sure	
Student Cell: _____	Student email: _____	What circumstances brought you to Futures Academy? _____	
<b>Parent(s)/Guardian(s) #1:</b>	Name(s): _____		
Relation to child: _____	Email: _____		
Address: _____		List any disabilities, <b>medical issues</b> , special needs, or gifts that may affect your child's learning.	
City/State/Zip: _____			
Phone Numbers: _____			
Place of Work: _____			
Other emails of phone #s: _____		What is your greatest concern right now about this child's education? _____	
<b>Parent(s)/Guardian(s) #1:</b>	Name(s): _____		
Relation to child: _____	Email: _____	Is the applicant currently facing legal or disciplinary measures from any previous educational setting?	
Address: _____		If so, briefly explain: _____	
City/State/Zip: _____			
Phone Numbers: _____			
Place of Work: _____			
Other emails of phone #s: _____			
<b>EMERGENCY CONTACT INFORMATION - Names, relation, phone number</b>		<b>By signing below I am affirming that:</b>	
Contact #1 _____	Can check out child? Y N	* I am the legal guardian for the child named in this application, or I can show my legal right to enroll him/her in school.	
Contact #2 _____	Can check out child? Y N	* All the information contained herein is true and complete to the best of my knowledge.	
Contact #3 _____	Can check out child? Y N	* I understand that completing this application or payment of fees is not a guarantee of acceptance into Futures Academy and does not represent any agreement with the school.	
Contact #4 _____	Can check out child? Y N		
Put a ✓ by those who may check your child out of school without your express permission.		Parent/Guardian Signature _____	Date _____
How did you hear about us? _____			

# TUITION PAYMENT AGREEMENT

Student: \_\_\_\_\_ School Year: \_\_\_\_\_

**Tuition.** Annual tuition for a full-time, regularly enrolled student is \$4,000. For families with more than one child enrolled in the regular program, we offer a Sibling Discount of 5% off annual tuition for the second child, and another 5% for every child after that. The Sibling Discount cannot be combined with other discounts.

Tuition is payable in one lump sum or up to twelve monthly payments, depending on enrollment date. Tuition will be prorated for students who enroll after the school year begins. Payments are due on the 1st of each month (unless otherwise arranged), or on your child's next regularly scheduled school day after the 1<sup>st</sup>.

Payments may be made in the office by cash, check, money order or debit/credit card. We also accept CashApp and Venmo; our handle is @futuresacademyvic.

**Late Fees.** (Initial each blank)

\_\_\_\_\_ For all monthly payments not received by the end of the month in which they are due, a **\$25 late charge** will apply. **Another \$25 late charge** will be applied at the end of each week thereafter until payment is received.

\_\_\_\_\_ The student is not allowed to attend school while late fees are accruing.

\_\_\_\_\_ If the balance remains unpaid after **one calendar month**, the student will be unenrolled, late fees will cease, and collection efforts will begin.

\_\_\_\_\_ Documents such as transcripts, diploma, and other school records will be withheld until all debts are satisfied, including charges for damages to or failure to return school-owned items.

\_\_\_\_\_ The full tuition plus any accrued fees must be paid no later than May 31, or the date of withdrawal if student withdraws before the end of the year. **Unpaid debts remaining on August 1 may be turned over to a collection agent for further action and may result in adverse reports on your credit record.**

***Refunds will not be given for voluntary early withdrawal or disciplinary removal from the program.*** Specifically, no payment or portion of payment will be refunded after a student's withdrawal for any month in which the student attended one day or more. For other situations, such as parent job relocation or medical needs, refunds will be considered on a case-by-case basis; the final decision rests with Ms. Nalls alone. **Enrollment fees are not refundable under any circumstances.**

CONTINUED ON BACK

Student name: \_\_\_\_\_ Year: \_\_\_\_\_

## TUITION PAYMENT AGREEMENT (continued)

Enrollment Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

Discount: \_\_\_\_\_ for \_\_\_\_\_

**Total due:** \_\_\_\_\_

Amount collected today: \_\_\_\_\_

Received by: \_\_\_\_\_

### **PAYMENT PLAN**

Monthly Payment Amount: \_\_\_\_\_ for \_\_\_\_\_ months

Payment due date(s): \_\_\_\_\_

Payments may be made in the office by cash, check, money order, or credit/debit card. Payments may also be made through CashApp or Venmo; our handle is @futuresacademvyvic. We do not have an automatic drafting option.

A returned check fee of \$30 will be applied to returned checks, and all payments thereafter must be made by cash, money order, or debit/credit card. *No exceptions.*

Any portion of the balance may be paid early, without penalty. Otherwise, this agreement may not be altered without approval from Futures Academy. **This agreement shall remain in effect until another agreement is signed or issued.**

By signing below, I assert that **I have read and agree to** the terms above and will make payments in accordance with this agreement.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date