



2017 – 2018
STUDENT APPLICATION



Dear Parents & Students:

It is my distinct honor and pleasure to welcome you to our family. I would like to take this opportunity to thank you for your interest in our institution as well as our academic & athletic programs.

Please take the time to carefully review the application packet and insure that all required documents and forms have been properly completed, signed and submitted in a timely fashion in order to be considered for acceptance at Florida Elite Prep & Sports School.

Below please find a checklist as a guide to assist you in the completion of the application and registration process. **ALL** forms must be submitted in order to be considered for acceptance. To submit application & forms, please email them to the following:

Fesportsschool@aol.com

Attention: Director of Admissions
Florida Elite Prep & Sports School

Required Documents

- Student Information Packet
- Student/Parent Agreement
- Tuition & Fees Agreement
- Waiver, Release & Indemnification Form
- Agreement To Participate In Sports & Assumption of Risk
- Student Health Records
- Consent For Treatment
- Emergency Contact Information Sheet
- Authorization To Release Student Records
- Physician's Reports/Current Physical Examination -Participation Health Record (The physical physician's report must be for a current physical examination to cover the one-year period student will be attending florida Elite Prep & Sports School. It must also be signed,dated and stamped by the acting physician.)
- Student Immunization Records
- Notarized Guardianship Letter (Boarding Students)

Once again, thank you for your interest in attending our institution and welcome.

Warmest regards,
Joe Cubas, President



Student Information

Last Name _____ First Name _____

Date of Birth (Month/Day/Year) _____ Age: _____

Home Address: _____

City: _____ State: _____ Country _____ Zip Code _____

Home Phone Number: _____ Cell: _____

Student Email Address: _____

Country of Origin: _____ Passport/SS#: _____

Native Language: _____ Other Languages: _____

How did you hear about Florida Elite Prep & Sports School ? _____

EDUCATION:

School Name: _____ Address: _____

City: _____ State: _____ Country: _____ Zip code: _____

School Phone: _____ Principal/Guidance Counselor: _____

Current Grade: _____ Grade Point Average (GPA) _____

Have you ever been suspended, expelled or dismissed from school? Yes ___ No ___

If yes, please explain in detail: _____

INTERNATIONAL STUDENTS:

Name on passport: _____ Country of Birth: _____

Passport Number: _____ Country of Citizenship: _____

Do you have a US Alien Card or Us Residency? Yes ___ No ___

Will you need an I-20 in order to obtain your student visa? Yes ___ No ___

Have you ever received an I-20 from a previous school ? Yes ___ No ___

If yes, please provide the name, address, phone number and contact person at your previous school. _____

Have you taken an English Proficiency Test ? Yes ___ No ___

SCORES: TOEFL: _____ IELTS: _____

SPECIAL NEEDS INFORMATION

Does the student have a learning deficiency or disorder ? Yes ___ No ___

If yes, please identify the learning deficiency. _____

Has the student ever had an IEP or 504 plan ? Yes ___ No ___ If yes, please provide a copy.

Does the student have a chronic medical condition such as diabetes, seizure

dosorders, severre allergies or mental health disorders ? Yes ___ No ___

If yes, please describe in detail. _____

Does the student take any form of medication ? Yes____ No____

If yes, please describe. _____

FAMILY INFORMATION:

With whom does the student live ? Mother _____ Father _____ Both _____ Other _____

Parents divorced or seperated? Yes____ No____

If yes, which what are the custodial arrangements for student? _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____

Mother's Email Address: _____

Mother's Place of Work: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Home Address: _____

Father's Email Address: _____

Father's Place of work: _____ Father's Work Phone: _____



STUDENT/PARENT AGREEMENT

I understand and agree that this application for admission will not be considered until my application fee, official school transcripts and official tests scores, if applicable, have been received by Florida elite Preparatory and Sports School.

I acknowledge that the information provided by me in this application is complete, correct and truthfull and I am willing to abide by the rules and regulations set forth by Florida Elite Prep & Sports School and/or its subsidiaries. We have read, afreed and accepted all of the provisions set forth in this application.

Student Signature: _____ Date: _____

Parent/
Legal Guardian Signature: _____ Date: _____

The \$100 non-refundable application fee may be paid by check, money order, credit card or wire transfer.

If payment is made by check, please make payable to florida Elite Prep & Sports School.

Credit Card _____ Check _____ Money Order _____ Wire Transfer _____

Credit Card No.: _____ Exp. Date: _____ CV Code _____

Name on Credit Card: _____

Signature of the Holder: _____

Billing Address: _____



2017-2018

TUITION & FEES AGREEMENT

	Tuition	Deposit	Plan #1	Plan #2	Plan #3
High School	\$29,900	\$3,500	\$ 27,400	\$ 13,700	\$ 3,045
Post Grad	\$ 19,900	\$3,500	\$ 16,400	\$ 8,200	\$ 1,823

Financial Aid Program

Florida Elite Prep & Sports School’s Financial Aid Program offers qualified students the opportunity to attend the Institution despite financial circumstances. Financial aid awards are made based on the family’s financial need and availability of funds. Awards are made yearly and Florida Elite’s families are expected to reapply for financial aid for each academic year. Awards are made on a first-come, first-served basis so it would be beneficial to families seeking financial aid to meet all financial aid deadlines. Late requests for assistance will be considered if funds remain available.

Electronic Funds Transfer / Automatic Tuition Payment Agreement

Student Name: _____ Grade: _____
 (One agreement per student; please complete an additional form for each individual student.)

Tuition Plan: (Please check one and fill in the amount requested.)

Plan 1: One-time payment of \$ _____ due by August 1st, 2017.

Plan 2: Two payments: August 1, 2017 \$ _____ and December 1st, 2017 \$ _____

Plan 3: Nine monthly payments of \$_____ beginning August 1st, 2017 and ending April 1st, 2018. Should the payment date fall on a Saturday or Sunday, the payment will be applied the next business day. Monthly payments will become due on the 1st of each month.

Additional Fees: These charges are outlined on the Schedule of Charges. Should you have a dispute about a fee, you will need to contact our offices to resolve the issue no later than 5 days prior to the payment deduction date.

I hereby authorize Florida Elite Prep & Sports School Inc. to deduct the above selected amount in accordance with the payment schedule indicated. Prior to the time my account is to be deducted I understand that I have the right to stop the automatic payments upon 10 days written notice to Florida Elite Prep & Sports School Inc. If I stop the automatic payments after the 10-day cancelation deadline, I will receive a \$25.00 late cancelation fee. Florida Elite Prep & Sports School Inc. reserves the right to end the payment plan and my participation therein. I agree that any transactions returned unpaid by my financial institution will result in a \$50 returned fee, which will be added to my student account.

Parent/Guardian

Date

Bank Account Authorization
(Attach voided check or savings account withdrawal form)

Print Name(s) on the Account

Address (Associated with the Account)

Name of Bank

Routing Transit Number

Account Number

Any documentation submitted is kept strictly confidential in the **Florida Elite Prep & Sports School Inc.** Business Office and will not be shared with anyone in or affiliated with the Institution.



WAIVER, RELEASE & INDEMNIFICATION

In consideration for Florida Elite Prep & Sports School, Inc., accepting the enrollment of student in a program and/or permitting student access to or the use of the property, facilities, parking lots, buildings, fields, equipment, housing, dining areas, and/or services of Florida Elite Prep & Sports School, Inc., student and his/her Parent/guardian, on behalf of student personally, as well as his/her heirs, next of kin, personal representatives, assigned and/or unborn child(ren), hereby waive any claims against and covenant not to sue or bring any action against Florida Elite Prep & Sports School, Inc., their affiliated companies, subsidiaries or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors or agents, for any claim, demand or lawsuit whatsoever, including, but not limited to, those that arise from or relate to Student's own acts, the acts of third persons the effect of the condition of any property, equipment or premises, or any acts of Florida Elite Prep & Sports School's own negligence, or the negligence of any Florida elite sports School's officer, employee, agent or anyone else whose conduct may be attributed to Florida Elite Prep & Sports School. Student and his/her Parent or Guardian agree that this waiver, release from liability and covenant not to sue specifically includes, but is not limited to, any claims for personal injury or illness, including death, as well as damage to, or loss or theft of, any personal property. Student and his/her Parent or Guardian further agree that this waiver, release from liability and covenant not to sue has legal effect throughout Student's enrollment in any Florida Elite Prep & Sports School's programs, as well as each and every time Florida Elite Prep & Sports School's facilities are used by Student, his/her guests, relatives or family members and agree that it shall be construed as if Student and his/her Parent or Guardian acknowledged and attested to it throughout that time and upon each such use.

In further consideration for Florida Elite Prep & Sports School accepting the enrollment of Student in a program and/or permitting Student access to or the use of the property, facilities, parking lots, buildings, fields, equipment, housing, dining areas, and/or services of Florida Elite Prep & Sports School, Inc., Student and his/her Parent or Guardian, on behalf of the Student personally, his/her Parent or Guardian personally, as well as their personal representatives or assigns, hereby contractually agree to defend and indemnify Florida Elite Prep & Sports School, their affiliated companies, subsidiaries, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents, from any and all claims, demands, suits or damages, including related costs and attorneys fees, brought by any other person or entity for any injuries or any damage to themselves, their property, or to Student or his/her property, arising out of the use of any Florida Elite Prep & Sports School service or facility by Student and/or his/her guests, relatives or family members. The indemnification agreement specifically includes, but is not limited to, claims, demands, damages, or lawsuits brought by third parties which arise from or relate to any active or passive negligence, intentional conduct, and/or criminal conduct by the Student and/or his/her guests, relatives or family members. The indemnification agreement is not limited to activities occurring on Florida Elite Prep & Sports School premises, but is intended to encompass any and all conduct by Student and/or his/her guests, relatives or family members for which a third party may seek to hold Florida elite Prep & Sports School, and or their affiliated companies, subsidiaries or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or

agents, liable whether occurring on or off Florida Elite Prep & Sports School property and whether occurring as a result of travel, sports program practices, instruction or training, participation on horse play, school or social activities, exposure to inclement weather, and/or any other circumstances whatsoever. Student and his/her Parent or Guardian further agrees that this indemnification agreement has legal effect throughout Student's enrollment in any Florida Elite Prep & Sports School program, as well as each and every time Florida Elite Prep & Sports School property or facilities are used by the Student, his/her guests, relatives or family members, and agree that it shall be construed as if Student and his/her Parents or Guardian acknowledged and attested to it throughout that time and upon each such use.

Student and Parent or Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect.

Any and all claims and disputes between the Student and/or Student's Parent/Guardian and Florida Elite Prep & Sports School, or any of their employees, agents, officers, directors, or assigns, including those related to this Agreement, will be resolved through neutral binding arbitration conducted by one arbitrator in Miami-Dade County Florida. Arbitration must be demanded in writing by certified mail with selection of arbitrator by mutual assent within 30 days of the Arbitration demand. Arbitration is to be governed by Florida law including the statute of limitations, burden of proof and available remedies. Jurisdiction for enforcement for the terms of dispute resolution and/or arbitration judgment will be maintained by the State courts located in Miami-Dade County Florida. All arbitration proceedings will be confidential. Any arbitration award must be in writing accompanied by findings of fact and an explanation for the award. The arbitrator's fees and costs of administration of the arbitration are to be equally divided by the parties.

ACKNOWLEDGEMENT OF UNDERSTANDING: Student and Parent/Guardian have read this waiver and fully understand its terms. Student and Parent/Guardian understand that Student is giving up its rights, including the right to compensation for injury resulting from negligence of Florida Elite Prep & Sports School to the extent permitted by the laws of the State of Florida. Student and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily and intend their signatures to be completed and unconditional release of all liability to the greatest extent allowed by law.

Signing this waiver as Parent and/or Guardian, I acknowledge that I am consenting to Student's participation in a program at Florida Elite Prep & Sports School and represent to Florida Elite Prep & Sports School that I understand all risks are expressly assumed by Student and myself and all related claims are expressly waived in advance.

Signature of Student _____

Date _____

Signature of Parent/Guardian _____

Date _____



AGREEMENT TO PARTICIPATE IN SPORTS ASSUMPTION OF RISK

We, the parents or legal guardian of student _____, do hereby grant permission for our child to attend and participate in games and athletic activities at Florida Elite Prep & Sports School. We understand that games and athletic activities are potentially dangerous activities and hereby waive and release any and all rights and claims for damages due to injury or death that may be suffered before, during and after any game or athletic activity or related activities. We understand that the use of protective equipment such as helmets, pads or other such devices may help to reduce the risk of injury, but will not prevent it.

We hereby state and agree that Florida Elite Prep & Sports School is not responsible for any damages arising from personal injury sustained by our child as a result of our child's participation in games and athletic activities as well as the use of the facilities, and/or equipment of Florida Elite Prep & Sports School, staff or employees. We agree to release, hold harmless and discharge Florida Elite Prep & Sports School, its staff, employees, coaches and volunteers, from any and all claims, demands, damages, expenses, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, on account of injury to my child or property, even injury resulting in death, or resulting from or arising out of our child's use or unintended use of the facilities and/or equipment, in connection with the activity or participation in any other related activities.

WARNING: Sports by their nature pose the continuous threat of injury that no type of equipment can ensure against or prevent. Any person not willing to assume the risk of injury inherent in sporting activities should not and may not participate in Florida Elite Prep & Sports School's games and athletic activities.

We hereby grant permission for Florida Elite Prep & Sports School to use any photographic depictions, video depictions, or other forms of media captured of my child participating in event activities for educational, advertising and other purposes.

We hereby state that we have carefully read the foregoing release and know the content thereof and I sign this release and waiver on my own free act. This is a legally binding agreement in which I have read and understand.

Student-Athlete's Name: _____ Date _____

Student-Athlete's Signature: _____ Date _____

Parent or Guardian's Name _____ Date _____

Parent or Guardian's Signature: _____ Date _____



STUDENT HEALTH RECORD

NOTE: If student has a chronic medical condition, severe allergies, diabetes, seizure disorder, or medical health disorder there may be special requirements applicable for the student to attend and board at Florida Elite Prep & Sports School. Please contact us directly prior to enrolling your child at Florida Elite Prep & Sports School.

- | | | | |
|---|----------|---------|------------|
| 1. Diabetes | Yes ____ | No ____ | Date _____ |
| 2. Asthma/Bronchitis | Yes ____ | No ____ | |
| 3. Anemia | Yes ____ | No ____ | |
| 4. Meningitis | Yes ____ | No ____ | |
| 5. Tonsillitis | Yes ____ | No ____ | |
| 6. Pneumonia | Yes ____ | No ____ | |
| 7. Ear Infection | Yes ____ | No ____ | |
| 8. Hepatitis | Yes ____ | No ____ | |
| 9. Mononucleosis | Yes ____ | No ____ | |
| 10. Have you had a seizure ? | Yes ____ | No ____ | |
| 11. Has the student suffered a concussion or head injury ? | Yes ____ | No ____ | |
| 12. Does the student have frequent or severe headaches ? | Yes ____ | No ____ | |
| 13. Does the student have any current problems with his/her skin ? | | | |
| | Yes ____ | No ____ | |
| 14. Has the student ever developed hives or rashes following exercising ? | | | |
| | Yes ____ | No ____ | |
| 15. Has the student ever had an adverse reaction to anesthesia ? | | | |
| | Yes ____ | No ____ | |
| 16. Has the student ever had numbness or tingling in his/her limbs ? | | | |
| | Yes ____ | No ____ | |
| 17. Does the student have trouble breathing during or after a rigorous activity ? | | | |
| | Yes ____ | No ____ | |
| 18. Does the student have a history of an eating disorder ? | | | |
| | Yes ____ | No ____ | |
| 19. Does the student have a history of mental issues ? | | | |
| | Yes ____ | No ____ | |

20. Has the student suffered any injuries or surgeries to the following:

- | | | |
|-----------------|-----------|----------|
| a) Head | Yes _____ | No _____ |
| b) Neck | Yes _____ | No _____ |
| c) Shoulders | Yes _____ | No _____ |
| d) Chest | Yes _____ | No _____ |
| e) Arms | Yes _____ | No _____ |
| f) Wrists-Hands | Yes _____ | No _____ |
| g) Hips | Yes _____ | No _____ |
| h) Thighs | Yes _____ | No _____ |
| i) Knees | Yes _____ | No _____ |
| j) Lower Leg | Yes _____ | No _____ |
| k) Ankles | Yes _____ | No _____ |
| l) Feet | Yes _____ | No _____ |

21. List all surgeries and/or hospitalizations:

Date:	Surgery	Hospitalization



CONSENT FOR TREATMENT

This acknowledgement certifies that the staff of Florida Elite Prep & Sports School is being given the authority by me, _____.

of Student _____ for any medical or health care treatment, including immunizations and prescriptions reasonably necessary or medically advisable to maintain the life, health, and well-being of my child. This includes, but is not limited to, first aid care and prevention of injuries, mental health interventions, follow-up care and the taking of over-the-counter prescription medicines that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and conduct of legal authorization for treatment, consultations, Anesthesia, emergency examinations, consent for hospitalization, mental health treatment, treatment or surgery that may be deemed necessary by appropriate medical personnell and disclosure of all mental information, electronically, verbally or in print, related to any treatment.

Student's Address: _____ Country _____
City _____ State _____ Zip Code _____

INSURANCE INFORMATION

If you have your own medical insurance (US PROVIDER) and are providing the information below, please also provide a copy of the front and back of the insurance card.

NOTE: If your insurance is not accepted by the medical provider, medical fees will be charged to your credit card listed below.

NAME OF POLICY HOLDER: _____

DATE OF BIRTH OF POLICY HOLDER: _____

INSURANCE COMPANY NAME: _____

INSURANCE COMPANY ADDRESS: _____

INSURANCE COMPANY PHONE NUMBER: _____

GROUP / POLICY NUMBER: _____

CREDIT CARD: I hereby authorize this credit card to be used for all medical expenses.

Name as it appears on card: _____

Type of Card: Visa ___ Mastercard ___ American Express ___ Discover _____

Card Number: _____ Exp Date: _____ CVV Code _____

Billing Address: _____

Cardholder Signature: _____ Date _____



EMERGENCY CONTACT INFORMATION SHEET

CONTACT NAME _____	
RELATIONSHIP TO STUDENT: _____	
PRIMARY LANGUAGE: _____	
CELL: _____	HOME _____
WORK _____	

CONTACT NAME _____	
RELATIONSHIP TO STUDENT: _____	
PRIMARY LANGUAGE: _____	
CELL: _____	HOME _____
WORK _____	

CONTACT NAME _____	
RELATIONSHIP TO STUDENT: _____	
PRIMARY LANGUAGE: _____	
CELL: _____	HOME _____
WORK _____	

CONTACT NAME _____	
RELATIONSHIP TO STUDENT: _____	
PRIMARY LANGUAGE: _____	
CELL: _____	HOME _____
WORK _____	

AUTHORIZATION TO RELEASE STUDENT RECORDS

Dear Headmaster/Principal or School Official:

As part of the application process and in order to be considered for acceptance at Florida Elite Prep & Sports School, I authorize and request that you send copies of the following information directly to Florida Elite Prep & Sports School:

- Official Transcripts
- Current Grades For the Most Recent Grading Period
- Standardized Tests Scores
- Results of any Individual Testing
- Copies of Education Evaluations, If applicable.
- Description of any special services provided to the student.

Name of Student: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____

Please send all requested forms and/or documentation to the following:

FLORIDA ELITE PREP & SPORTS SCHOOL
Director of Admissions
Mailing Address: 13830 SW 28 Street
Miami, Florida 33175