



POTENTIA ACADEMY

Student Registration Form 2026-2027 Academic Year

Student Name _____ Date of Birth _____
(Last) (First) (Middle) (MM/DD/YYYY)

Place of Birth _____ Country of Citizenship _____
(City) (State/Province) (Country)

Student's Grade Level for the 2026-27 Academic Year: _____ Gender* _____
(male/female)

- Race/
Ethnicity*
- American Indian or Alaska Native Black or African American Asian
- Native Hawaiian or Pacific Islander Hispanic/Latino White
- Prefer not to answer

(*Note: the Florida Department of Education requires Potentia Academy to annually report the racial and gender demographics of its student population as a condition of participating in the School Choice Scholarships. Race, ethnicity, and/or national origin are **not** factors in or conditions for admission to Potentia Academy. Please see our statement of non-discrimination on page 5.)

FAMILY INFORMATION			
	Parent 1	Parent 2	Legal Guardian
Last Name			
First Name			
Home Street Address			
Home City/State/Zip			
Home Phone			
Cell Phone			
Work Phone			
Email			
Occupation			
Employer			
Employer's Street Address			
Employer's City/State/Zip			

Student Lives* With:

- Both parents, same home Mother only Other
 Both parents, different homes Father only

* If parents are separated or divorced, a certified copy of all custody and visitation orders must be filed with Potentia Academy before the student begins studies with the school. If the student's parents become separated or divorced after the student begins attending Potentia Academy, a certified copy of all custody and visitation orders must be promptly filed with the school. If amended at any time, a certified copy of amended orders must be promptly filed with Potentia Academy.

Emergency Contact Information		
Contact Name:	Relationship:	
Home Phone:	Work Phone:	Cell Phone:

For students new to Potentia Academy, please list the schools the student has previously attended beginning with most current:

School Name	School Address and Telephone Number	Years Attended	Successfully Completed Grade Levels

For students new to Potentia Academy, has your student been suspended or dismissed from any school?

If so, please explain: _____

For students new to Potentia Academy, has the student received any individualized educational programming?

IEP AIP 504 Plan Other _____

Please indicate which disabilities, impairments, and/or medical conditions necessitate the student's need for exceptional educational services:

Other Special Challenges		
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list:
Vision Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify:
Hearing Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify:
Medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list:
Would any of these medications need to be given at school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify, including dosage:
Please list any other conditions that might affect your child's learning:		

If your student is new to Potentia Academy, how did you find out about our school?

Documentation

Accompanying this registration form must include the following, without which students may not attend Potentia Academy:

- A non-refundable registration fee of \$200
- Copy of child's most recent report card (*required only of students new to Potentia Academy*)
- Copy of child's most recent standardized test (*required only of students new to Potentia Academy*)
- Copy of the child's current IEP, AIP or 504 Plan (*required only of students new to Potentia Academy*)

Note: Upon acceptance or renewal of your child as a student at Potentia Academy and prior to the start of the school year, you must provide Potentia Academy with the following:

- Record of child's current immunizations [Dept. of Health form DH 680] (*required of students new to Potentia Academy and returning students entering the Seventh Grade*)
- Record of child's school entry health examination [Dept. of Health form DH 3040] (*required only of students new to a school in the State of Florida*)
- Photocopy of child's birth certificate (*required only of students new to Potentia Academy*)

Schedule of Tuition & Fees

	<u>Middle/High Students</u>	<u>CCREST Students</u>
2026-27 Annual Tuition:	\$ 15,000	\$ 15,000
Registration Fee ¹ :	\$ 200	\$ 200
CCREST Program Fee ² :	<u>N/A</u>	<u>\$ 1,000</u>
Total	\$ 15,200	\$ 16,200

Notes:

¹The registration fee is due with submission of the registration form and is not included in payment options below.

²The fee only applies to registrants who are formally admitted to the CCREST Program.

Tuition & CCREST Fee Payment Options*

(In order for your registration form to be accepted, you **must** choose one of the payment options below by checking the appropriate box.)

- Lump Sum Option:
 - One payment of \$15,000 (or \$16,000 for students in the CCREST Program) due August 1, 2026. (Or, for families participating in one Florida's School Choice Scholarships, one payment of the difference of the tuition and, if applicable, the CCREST fee minus the total of the student's scholarship.)
- Ten Month Payment Plan Option:
 - 10 payments of \$1,500 (or \$1,600 for students in the CCREST Program) due the first of each month beginning August 1, 2026 through May 1, 2027. (For families participating in one of Florida's School Choice Scholarships, 10 monthly payments of 1/10th of the difference of the tuition and, if applicable, the CCREST fee minus the total of the student's scholarship.)

Note: Accounts of students who attend Potentia Academy for part of the academic year, including those who attend for a probationary period, will be assessed a prorated tuition fee by the quarter or the day. The prorated quarterly tuition fee is \$3,750 and the prorated daily tuition fee is \$89. (See page 21 of the Student & Parent Handbook for details).

I/We attest that the information provided in this registration form is complete and accurate. **I/We will abide by the provisions of the payment option that I/we have selected on page 4.**

(Signature of Mother or Legal Guardian)

(Date)

(Signature Father or Legal Guardian)

(Date)

I/We attest that we have read, understood, agree to, and will abide by the provisions set forth in this form and Potentia Academy’s Student & Parent Handbook.

(Signature of Mother or Legal Guardian)

(Date)

(Signature Father or Legal Guardian)

(Date)

(Signature of Student verifying he/she has read & will abide by the Handbook)

(Date)

Release for Request of Records

I/We hereby authorize Potentia Academy to contact schools and other sources to obtain educational records, including a transcript from the last school of attendance, and health information to support this registration form.

(Signature of Mother or Legal Guardian)

(Date)

(Signature of Father or Legal Guardian)

(Date)

Optional Photographic Release

I/We hereby authorize Potentia Academy to use photographic likenesses of my child on Potentia Academy’s website and in recruitment literature.

(Signature of Mother or Legal Guardian)

(Date)

(Signature of Father or Legal Guardian)

(Date)

Statement of Policy of Non-Discrimination

Potentia Academy does not show preference or otherwise discriminate in its admissions or scholarship policies based on race, ethnicity, national origin, gender, or religion. We believe all children are equally precious in the sight of God and have an equal right to reach their full learning potential.