Lubbock Learning Difference Center
8315 Indiana Ave
Lubbock, Texas 79423
Ofc 806-747-4277
Fax 806-577-4067

Educating Sharp Kids Differently

SUMMER PROGRAMS APPLICATION

Application Fee $25

Cash, check or Credit Card on-line at www.paypal.me/sharpacademy

Student Information

Name _____ Social Security _____

First Middle Last

Date of Birth _____Grade_____ **Learning Disability** _____

Address_____ ALLERGIES _____

City_____ State/Province_____ Zip/Postal Code_____

Cell Phone _____ E-mail_____

Medication_____Dosage_____How long_____

Family Information

Name of Father_____ **Name of Mother**_____

Address (if different from above) _____

Home phone_____ Business Phone _____ Cell Phone _____

E-mail_____ Occupation _____

Referral Information Who referred you to Sharp Academy or how did you learn about the testing?

Person_____ □ Website □ Advertisement □ Radio □ TV □Newspaper

Educational Information

Name of present school_____ Grade (at time of application)_____

School contact_____

Reason for requesting diagnostic testing?_____ Have you asked your child's school to test?_____

School's Response?_____ *More documentation may be required to make an appropriate testing plan.*

APPLICATION STATEMENT

Sharp Academy admits students with specifically, professionally diagnosed Learning disabilities: dyslexia, ADHD, and Language Processing Disorders. Our campus standards are designed to provide successful academics to these students who are at average or above intelligence and preforming at grade level that need accommodated delivery of core subject material. We are not a special education campus. Students with developmental deficits, behavioral/emotional and developmental disorders combined with the above learning disabilities require other specified educational assistance not provided at our campus.

Parent/Guardian _____DATE_____

Student (18 or older)_____DATE_____

Financial Information **All payments will be paid upon arrival. Cash, Check, or Credit Card**

PAYMENT_____DATE_____INITIALS_____

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Medical and Liability Release

Self or Parent : Name_____ Telephone # 1. _____2._____

_____ _____ _____
(Address) (City/State/Zip) (Email)

Agree:

1. I agree to release the School, Sharp Academy and its representatives, from any claim for personal injury or damages resulting from my or my student's participation in any and all activities and classes.

2. I give my permission for my child's participation all activities.

3. In the event of emergency or medical need, I give permission for medical treatment.

4. I give permission for my primary care doctor or my child's pediatrician or specialist to release any and all medical information and records to Sharp Academy to assist in best meeting academic, social and behavior intervention:
   Pediatrician or Family Physician Name:_____ Telephone_____
   Specialist Name: _____ Telephone_____
   For Medical Records Child Full name _____Social Security Number_____

I release the following information about my child:

A. Physical problems or limitations or past physical injuries that may limit participation activities:
_____

B. Current Medication_____

C. Drugs or other allergies_____

D. Name and phone # of physician_____

E. Emergency Contact other than parents: Name_____ Telephone_____

6. The above named student is covered by medial/liability insurance circle: YES NO
Policy#_____Group#_____(include COPY of insurance card)
Emergency Room Preference_____Tele#_____

7. As the applicant or parent/legal guardian of the above named student, I am authorized to sign this Medical/Liability Release form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT SHARP ACADEMY IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY or MY CHILD'S PARTICIPATION IN ANY SCHOOL FUNCTION.

I GIVE PERMISSION FOR MY DOCTOR OR MY CHILD'S PEDIATRICIAN AND/OR FAMILY DOCTOR TO RELEASE MEDICAL RECORDS TO SHARP ACADEMY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEEDS DURING SCHOOL HOURS OR ACTIVITIES, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE. I AM RESPONSIBLE FOR ALL ASSOCIATED COSTS FROM ANY INJURY OR TREATMENT OF SUCH INJURY INCURRED BY THE SCHOOL TO BE REIMBURESED WITHIN 30 DAYS OF INCIDENT.

_____ _____
(Parent or Guardian/Student (if over 18) Signature) (Date)

Sharp Staff initials: _____ Date: _____

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RELEASE OF LIABILITY

The following Release of Liability applies to your student being on our premises, off premise during a any/all school activities, during any time frame.

I/we _____, as the parents or legal guardians, of _____, we hereby agree that we shall defend, indemnify and **hold harmless** Lubbock Learning Difference Center (LLDC) dba Sharp Academy and its Executive Board, Advisory Board, educators, administration, and any other employees or representatives from any and all claims, causes of action, demands, costs, damages including both direct and consequential damages, specifically including attorney(s) fees and costs, expert fees and cost and mediation and/or arbitration fees and costs incurred, arising in any loss, damage, dissatisfaction of services, or injury, declared by myself or my student's while on the premise, under the control and supervision of LLDC dba Sharp Academy representatives, or caused by the actions of myself or my student. We further agree that at our own expense, to defend any suit or action brought against LLDC dba Sharp Academy founded upon the claim of such damage to persons or property. This indemnity agreement applies to both active and passive negligence on the part of LLDC dba Sharp Academy and its representatives to the fullest extent permissible under law. Choice of counsel remains solely that of LLDC dba Sharp Academy.

DISCLAIMER OF NO GUARANTEE

The Executive Board of Lubbock Learning Difference Center dba Sharp Academy makes no guarantee of educational outcome or results for any student. The student solely holds the personal responsibility to utilize and implement the knowledge and strategies of education in his/her daily life experiences, today and every day in the future.

WITHDRAWAL

Upon withdrawal, the tuition is due for the full school year, effective up the signing of the enrollment contract date. Withdrawal payments not paid in full will be reported to a collection agency after 10 days of the student's last day of attendance. Any and all legal fees, including the schools legal fees, incurred in the delay or dispute of this collection process will be the parents' responsibility. Withdrawals are not complete and the enrollment contract not terminated until all documentation and final payments are received in the school office. Students will be inactive and no records will be released.

I HAVE READ AND UNDERSTAND THIS LEGAL NOTICE OF DISCLOSURE TO INCLUDE: RELEASE OF LIABILITY, IDEMNIFY & HOLD HARMLESS, DISCLAIMER OF NO GUARENTEE, AND WITHDRAWAL CONTRACT CLAUSE FROM LLDC DBA SHARP ACADEMY.

Parent/Guardian Date

Sharp Academy Administrator Date

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Media Release Form

Staff, parents and local media cover Sharp events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website.

By signing below, you agree that you have been notified of the possibility that yourself or your son / daughter may be included in photographs or video and authorize the use for public print, display or broadcast while on our campus for testing.

_____ I give permission for my or my child's name, video image, or photograph to be used for Sharp-related public media and the school's website

_____ I give permission for my or my child's artwork to be displayed at competitions and exhibits.

By leaving the above statement unchecked I do not give permission for my name or my child's name or photograph to be used for Sharp-related public media or the school's website. (Student will still be allowed to attend the activity or program.)

_____ _____
Parent/Student (if over 18) Signature Date

_____ _____
Sharp Academy Representative Date

Sharp Staff initials: _____ Date: _____

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Confidential Request for School Transcript & Records Release

Applicant/Student Full Name _____Telephone_____
Birthdate_____ Social Security Number_____ Student ID_____

REQUEST TO BE SUBMITTED TO THE FOLLOWING SCHOOL(S) & DOCTOR(S):

1. School Name _____ Date Attended_____
   Address _____ Telephone _____
   City _____State___ Zip_____

2. School Name _____ Date Attended_____
   Address _____ Telephone _____
   City _____State___ Zip_____

3. School Name _____ Date Attended_____
   Address _____ Telephone _____
   City _____State___ Zip_____

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1. Physician Name _____
   Address _____ Telephone _____
   City _____State___ Zip_____

2. Physician Name _____
   Address _____ Telephone _____
   City _____State___ Zip_____

3. Physician Name _____
   Address _____ Telephone _____
   City _____State___ Zip_____

TO THE SCHOOL/DOCTOR

The above named applicant is scheduled for diagnostic assessment. Please submit all medical, lower school, middle school, high school or college records including the following information:

- Any diagnostic testing from occupational or speech pathologist or physician
- Standardized test results
- Report cards
- Transfer records
- Guidance counselor or other staff comments
- Medical Records
- Disciplinary records
- Behavior Modification Plan
- Individual Education Plan
- Immunization Records

PLEASE SEND RECORDS TO:
Attn: Kathleen Heyd
8315 Indiana Avenue
Lubbock, TX 79423
Office 806-747-4277
Fax 806-577-4067
Email ***kheyd@sharpacademy.net***

I consent to the release of any/all of my or my child's records to Sharp Academy.

Printed Name of applicant or parent/guardian_____
Signature _____ Date_____