



## University Academy of Central Louisiana Application for Admission

Please complete the following application, then submit to the University Academy Business Office (address above):

1. Transcript or report card from most recent school
2. Copy of birth certificate
3. Copy of social security card
4. Copy of current immunization record
5. Copy of ACT test scores (If available)
6. Application fee of \$25.00 (Non-Refundable) Cash Only!  
*Due at the time of the scheduled student interview.*
7. Grades 9-12 will need to apply with LSUA. \$25.00 application fee at lsua.edu

A representative of University Academy of Central Louisiana will contact the student's parent or guardian about the student's acceptance once the above items have been received and reviewed.

The application fee of \$25.00 Cash is non-refundable. Upon acceptance to University Academy, a deposit of \$575.00 will be due immediately and is non-refundable. Fees (\$400) are due within 14 days of receiving acceptance letter, but no later than June 5<sup>th</sup>. The first month's tuition is due by July 5<sup>th</sup>. All extracurricular activities, such as athletics, student council, cheerleading, etc. will have additional fees. College books are not included in tuition or fees.

Our payment options are:

1. Payment in full through FACTS
2. FACTS auto withdrawal from checking account or credit/debit cards Monthly or Quarterly

FACTS auto withdrawal payments are set up to be withdrawn on the 5<sup>th</sup> of each month for a period of twelve months beginning on July 5<sup>th</sup>. Upon receipt of acceptance letter, you must register for an account through FACTS to submit deposit and fees, as well as, tuition. Information is attached for this process.

**ALL STUDENTS MUST REGISTER FOR PAYMENTS THROUGH FACTS. NO PAYMENTS WILL BE ACCEPTED IN THE SCHOOL OFFICE!**

University Academy of Central Louisiana

141 Middleton Drive | Alexandria, LA 71302

Phone: (318) 427-0123 | Fax: (318) 427-0124



Student Data Form

Student Last Name First Name Middle Name

Preferred Name Gender Last School Attended 19/20 Gr. Level

Social Security Number Race/Ethnicity Student Date of Birth

Student Cell Phone Number Student Email Address U.S. Citizen (Yes/No)

Physical Address City State Zip Code

Mailing Address City State Zip Code

Father's Name Father's Social Security # Mother's Name Mother's Social Security #

Father's Employer Mother's Employer

Father's Work Phone Number Mother's Work Phone Number

Father's Home Phone Number Mother's Home Phone Number

Father's Cell Phone Number Mother's Cell Phone Number

Father's Email Address Mother's Email Address

Resides with: (Guardian, or Mother or Father, etc.) Relationship Responsible Party's Social Security #

Physical Address City State Zip Code

Work Phone Number Work Phone Number Cell Phone Number

School Zoned For? Has student ever been expelled or suspended from any school?

If Expelled or Suspended, please explain.



## Student Health and Accommodations Information

**Allergies: Please list any of the following that apply.**

Food Allergies?

Symptoms

Medication/Drug Allergies?

Symptoms

Other?

Symptoms

### Personal Health and Learning Accommodations:

Any Physical Handicaps or Disabilities?

Any Special Health Care Requirements?

Any Dietary Restrictions?

If Further Explanation is needed, please use this space.



## Emergency Contact and Medical Information

Emergency Contact Name (Other than Parent)

Relationship

Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Second Emergency Contact Name (Other than Parent)

Phone

Third Emergency Contact Name

Phone

Hospital/Clinic Preference

Physician's Name

Physician Phone Number

Insurance Company

Policy Number

### Allergies/Special health considerations (Parent/Guardian Please Initial)

\_\_\_\_\_ I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed, prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_ I give permission for my child to go on all field trips. I release, University Academy of Central Louisiana and individuals from liability in case of accident during activities related to University Academy of Central Louisiana, as long as normal safety procedures have been taken.



**I, the parent or guardian, agree to the following: (please initial next to each item)**

- \_\_\_\_\_ **A. Should the student withdraw before the end of the school year, tuition refunds, if any, will be made on a prorated basis. (Any refund made will be on tuition only.)**
- \_\_\_\_\_ **B. My child may participate in all school and sports activities.**
- \_\_\_\_\_ **C. I give permission for my child's teacher and/or other agent of the school, to make and enforce classroom regulations in a manner consistent with principles and disciplines set forth by University Academy administration and school board.**
- \_\_\_\_\_ **D. I agree to send my child to school dressed in compliance with the school dress code.**
- \_\_\_\_\_ **E. I give permission to University Academy to request all pertinent records regarding my child from previous school(s) via FAX. I understand all records are confidential.**
- \_\_\_\_\_ **F. I give permission for basic first aid to be administered to my child. Under emergency conditions, as deemed by school staff, I authorize that my child may be transported to a hospital, and medical treatment be administered. I assume the responsibility for all medical bills.**
- \_\_\_\_\_ **G. I will fully disclose in writing, any behavioral, neurological and physical history that may affect my child's performance. (Please attach to this application.)**
- \_\_\_\_\_ **H. I understand that parent/guardian will receive student correspondence if requested, unless University Academy is given court orders that determine otherwise.**
- \_\_\_\_\_ **I. I agree to notify the school of any information changes concerning my child, such as, contact information, custodial arrangements, medical insurance, etc.**
- \_\_\_\_\_ **J. I agree to communicate with the school by phone calls and/or conferences, to monitor my child's progress.**
- \_\_\_\_\_ **K. I understand and agree to the billing policy of University Academy of Central LA.**

**University Academy has included the most portent policies and procedures in this contract, but is not limited to those listed. For a complete list of policies and procedures please refer to the Student Handbook.**



## Extra-Curricular Activities

---

What clubs are you currently involved in?

---

What sports programs are you currently a member of?

---

Do you currently hold any offices within any school organizations?

---

If you could request ONE new club or sport to be on the University Academy campus, what would it be?



## Tuition Agreement

**Application Fee: \$25.00 CASH ONLY!** (*Non-refundable, due upon application submission or interview*)

**Application Deposit: \$575.00** (*Non-refundable, due at time of receipt of acceptance letter through Facts.*)

**Academic Fees: \$400.00** (*Due within 14 days of acceptance; no later than June 5<sup>th</sup> through Facts*)

**Tuition: \$4,960.00**

### Billing and Payment Policies:

Application fee is payable at time application is submitted.

Your child's tuition, \$4,960.00 may be applied to one of the following payment options. Please initial the option you choose.

\_\_\_\_\_ Payment in full by check or debit/credit through FACTS

\_\_\_\_\_ Four quarterly payments of \$1,240.00. First payment of \$1,240.00 will be due July 5th. The following three payments will be due in October, January, and April of the academic year. These payments will be made through FACTS; automatic quarterly withdrawal from checking account or by debit/credit. Quarterly payments will be drawn on the 5<sup>th</sup> of the above indicated months.

\_\_\_\_\_ Monthly payments of \$413.33. First payment of \$413.33 will be due July 5th. Twelve monthly payments made through FACTS. Final payment on June 5<sup>th</sup> will be \$413.37.  
(Automatic monthly withdrawal from checking account or by debit/credit) Monthly payments will be withdrawn on the 5<sup>th</sup> of each month.

\_\_\_\_\_ New or Returning Scholarship Students

We thank you in advance for keeping tuition payments current. Non-sufficient account payments will be assessed a fee of \$35.00. Assessed fees and tuition must be current before your student's grades will be released each grading period. Please remember, University Academy of Central LA tuition contract is between the registering parent and University Academy of Central LA. The registering parent is responsible for all tuition payments.

### Certification & Signature

By signing below, I certify that all the information reported within this application is complete and accurate. I agree to all terms and conditions outlined within this document as well as the fee schedule outlined on this page.

\_\_\_\_\_  
Please type your full name.

\_\_\_\_\_  
Date



## **HOW TO SET UP FACTS TUITION PAYMENTS**

Go to the University Academy website: [www.uacenla.com](http://www.uacenla.com)

Scroll over the parents' tab

Click on FACTS tuition payments tab

Create a new user account-must input banking information before account is created.



# LSUA Dual Enrollment Consent Form

To be completed each academic year.

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Academic Year: \_\_\_\_\_

To be completed by the Parent and Student:

Consent and Memorandum of Understanding:

- I understand that I/my child is enrolling as a Preparatory student at LSUA. Upon graduation from high school, if I/my child desires to enroll at a college or university, he/she will apply for admission as a regular student and must meet the college or university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I/he/she enrolls through the Dual Enrollment program will be on my/his/her permanent high school and permanent college academic records.
- I understand that the grades I/my child earns on college courses through the Dual Enrollment program will be used by other programs, including TOPS, to determine my/his/her continuing eligibility for those programs.
- I hereby authorize LSUA access to my/my child's high school records (transcript and ACT Scores).
- I acknowledge that it is my/my child's responsibility to OFFICIALLY WITHDRAW or DROP a class If/he/she decides not to complete by LSUA's official withdrawal date of each semester. (See academic calendar)
- I do hereby authorize LSUA to release my/my child's college grades to my high school upon completion of the course(s) enrolled.
- I understand that once my child/dependent enrolls at LSUA, the Family Educational Rights and Privacy Act of 1974 (FERPA), protects the privacy of student educational records. This means LSUA will not release academic information such as grades, transcripts, or academic standing to any parent without the consent of the student.
- I understand that charges for each course will apply UNLESS the course is dropped by the refund date each semester (see academic calendar)
- I understand that I am responsible for payment of any courses indicated "FAMILY" on the registration form. I have initialed next to that payment.
- I understand that a late fee of \$75 will apply to any balance still owed at the time that late fees are added in the semester (see academic calendar).
- I understand that transcripts will not be released (except to high schools) if there is an outstanding balance on the student account.
- I understand that if my child's college GPA falls below a 2.0 cumulative GPA, he/she will not be able to enroll in the next available semester.

\_\_\_\_\_  
Parent/Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**University Academy of Central Louisiana**

141 Middleton Dr.  
Alexandria, Louisiana 71302  
318-427-0123  
[www.uacenla.com](http://www.uacenla.com)



# Fax

To: \_\_\_\_\_ From: Lauren Davis - Counselor (318-427-0120)

Date: \_\_\_\_\_ Fax: \_\_\_\_\_

Pages: \_\_\_\_\_ Re: Records Request

**\*\*\*Please send records to University Academy of Central LA as soon as possible.  
Fax (318-427-0124), mail, or email (lauren.davis@uacenla.com) records to Lauren Davis \*\*\***

The following student has enrolled at University Academy of Central LA:

Name	Date of Birth	Enrollment Date
_____	_____	_____

### Parent/Guardian Authorization to Release Records

By signing below, I authorize \_\_\_\_\_ to release all academic records to  
University Academy of Central LA.

School

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