

SOUTHERN ACADEMY

ENROLLMENT FOR 2026-2027 SCHOOL YEAR

STUDENT REGISTRATION FOR **NEW FAMILIES** FOR THE 2026-2027 SCHOOL YEAR WILL BEGIN MONDAY, MARCH 9, 2026. THE ACCEPTANCE OF ANY NEW STUDENT IS FOR ONE YEAR ONLY.

ENTRANCE REQUIREMENTS:

AGE REQUIREMENTS

- Pre-K-3: 3 Years old by the first day of school (must be completely potty trained)
- Pre-K-4: 4 Years old by September 1
- Kindergarten: 5 Years Old by September 1

Admission to Kindergarten of a student applicant who has **not** completed Pre-K4 at Southern Academy is contingent upon a Kindergarten readiness assessment.

DOCUMENTS REQUIRED FOR STUDENT RECORDS

(PLEASE SUBMIT DOCUMENTS FOR ALL GRADES PK3-12 UNLESS NOTED OTHERWISE)

- Consent Statement for SA Drug Policy (grades 7-12 must submit each year w/ application)
- Copy of Certified Birth Certificate
- Certificate of Immunization (not expired)
- Copy of Social Security Card
- Copy of parent/responsible party Driver License (not expired)
- Photography Consent Form
- Concussion Form
- Drug Test
- Transcript (grades 9-12) or previous report cards (grades 1-8)

GENERAL REQUIREMENTS

All transferring students must:

- Present an official transcript/report card from sending school (1st – 12th)
- Be in good standing in grades and behavior from sending school (Student in Good Standing Release Form)
- New students (grades K-12th) will be required to pass an entrance assessment before being considered for enrollment at Southern Academy. This entrance assessment will be given at Southern Academy.
- New students, grades 7-12, must have urine drug test performed at Marengo Drug Screening in Demopolis (334-289-8445) prior to application submission.

SPECIAL SERVICES

Southern Academy **does not** offer classes for students with officially diagnosed special needs including but not limited to: EMR, EC, LD, ADHD, ADD, etc. If a student has exceptional needs that may be better served in a school offering services for these needs, it might be in the best interest of the student to avail themselves of these services. Southern Academy will not be expected to alter class arrangement or course requirements/assignments for students.

If for any reason a student withdraws from Southern Academy ALL TUITION IS DUE AND PAYABLE regardless of the reason for withdrawal.

SOUTHERN ACADEMY

ENROLLMENT FOR 2026-2027 SCHOOL YEAR

I/We the undersigned do hereby agree to the terms herein and agree to fulfill all financial requirements to Southern Academy for the 2026-2027 school term. **NOTE: Tuition, annual building fee and book/school fee do not include all yearly costs including but not limited to costs of participation in sports and extracurricular activities; lunchroom meals, participation in fieldtrips; and classroom fee.**

I/We further acknowledge if for any reason a student withdraws from Southern Academy all tuition is due and payable regardless of the reason for withdrawal. Further, if the school has to hire an attorney to enforce payment of tuition or outstanding fees, you will be responsible for all attorney fees and costs incurred by the school.

THIS IS A ONE-YEAR CONTRACT. APPLICATION FOR ADMISSION TO SOUTHERN ACADEMY IS TO BE SUBMITTED EACH YEAR.

**Parent and/or Responsible Party Signature: _____ Print Name: _____
**Parent and/or Responsible Party Signature: _____ Print Name: _____

*Application MUST have the signatures of ALL responsible parties. **If there is only one responsible party** check box, sign above and below:

☐ Signature: _____ Date: _____

Signed this _____ day of _____, 2026.

APPLICATION INCOMPLETE WITHOUT THE SIGNATURE OF ALL RESPONSIBLE PARTIES

For Office Use only

Received by: _____ Date: _____

- ☐ Tuition given to bookkeeper:
Initial:/Date _____
- ☐ Board Approval
- ☐ Drug Test (7th – 12th)
- ☐ Drug Consent (7th – 12th)
- ☐ SSC
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ Entrance Exam
- ☐ Transcript
- ☐ Driver's License
- ☐ Letter of Good Standing
- ☐ Photography Consent Form
- ☐ Concussion Form

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SOUTHERN ACADEMY

ENROLLMENT FOR 2026-2027 SCHOOL YEAR

FINANCIAL OBLIGATIONS:

****Foundation fee:** A \$1,000 Foundation Fee for new families is required unless a parent of potential student(s) **graduated** from Southern Academy. Foundation fee may be paid in full with one post-dated check dated June 1, 2026 or with two \$500 post-dated checks dated June 1, 2026 & June 1, 2027. (DO NOT INCLUDE IN TUITION CHECKS).

**** Testing Fee (K-12):** A \$100 non-refundable check is required with application or no later than the day of the student's entrance assessment. (DO NOT INCLUDE IN TUITION CHECKS).

Book, school fees & building fee are included in tuition-no separate check needed.

Note: Tuition and fees do not include all yearly costs associated with sports and extracurricular activities; lunchroom meals, and participation in field trips.

In addition, a classroom account fee will be collected separately by the homeroom mom and shall not exceed \$75 per student.

TUITION/BOOK AND SCHOOL FEES/BUILDING FEE (FOR ALL AGES, THREE THRU TWELFTH GRADE)

APPLICATIONS WILL BE REJECTED WITHOUT ALL POST-DATED CHECKS

Please indicate below the number of students enrolling for the 2026-2027 school year:

_____ One child – annual tuition \$6,312.00
♦ Pay by semester: 2 checks @ \$3,156.00
♦ Pay monthly: 12 checks @ \$526.00

_____ Two children – annual tuition \$10,920.00
♦ Pay by semester: 2 checks @ \$5,460.00
♦ Pay monthly: 12 checks @ \$910.00

_____ Three children – annual tuition \$15,276.00
♦ Pay by semester: 2 checks @ \$7,638.00
♦ Pay monthly: 12 checks @ \$1,273.00

_____ Four children – annual tuition \$19,308.00
♦ Pay by semester: 2 checks @ \$9,654.00
♦ Per monthly: 12 checks @ \$1,609.00

_____ Five or more children – annual tuition \$23,064.00 (after five children a \$250 fee per additional child is required for books)
♦ Pay by semester: 2 checks @ \$11,532.00
♦ Pay monthly: 12 checks @ \$1,922.00

SELECT PAYMENT METHOD BELOW: Post-dated checks must accompany registration form

I. _____ In full – one check dated payable **June 1, 2026**

II. _____ By semester—two checks (one check dated payable **June 1, 2026** and one check dated **January 1, 2027**).

III. _____ Monthly - Twelve post-dated checks (**June 2026-May 2027**). Monthly tuition checks may be dated on the **1st or the 15th** of each month, beginning with June, 2026 and concluding May, 2027. Should the 1st or the 15th fall on a holiday or weekend then the checks will be deposited the following business day.

***If for any reason a student withdraws from Southern Academy all tuition is due and payable regardless of the reason for withdrawal.**

RETURN CHECK POLICY: Checks returned N.S.F. will be subject to a \$30 handling fee. NSF/closed account checks will be turned over to the District Attorney's worthless check unit if not paid within a reasonable time period.

SOUTHERN ACADEMY- STUDENT ENROLLMENT APPLICATION 2026-2027

Please fill out completely **(only one enrollment form per family required-list all students below).**

Have you applied for the Choose Act? ☐ Yes ☐ No (if yes, 12 monthly checks must accompany application)

Name - Last First Middle Preferred Name M F Social Security Number Grade Entering Date of Birth

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Name - Last First Middle Preferred Name M F Social Security Number Grade Entering Date of Birth

Primary Contact Person: _____ Primary Telephone/Text # _____
BEST NUMBER TO REACH YOU

Mother's Name: _____ Employer: _____ cell# _____

Father's Name _____ Employer: _____ cell# _____

Home Address _____

Email Address: _____

Parent's Marital Status: () single () married () widowed () separated () divorced

In case of emergency, if Parents are unable to be reached, list two persons to be notified:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name of last school attended _____ Address: _____

Students may be checked out by the following individuals: (include contact information/relationship) _____

Family Doctor _____ Medical problems/allergies _____

Southern Academy will only administer medication with parental consent & must be sent in the original container labeled with student's name.
Parent/Guardian consent to administer prescribed medication: _____

In the event of a medical emergency and none of the persons listed above can be reached, what do you want the school personnel to do?

_____ Seek medical help at the nearest facility needed (hospital or doctor's office and parents/guardians will be responsible for fees charged).

_____ Keep student comfortable and continue to try to reach persons listed.

References: Provide 2 references of currently enrolled or previously attended SA families.

Name: _____ Name: _____
Phone Number: _____ Phone Number: _____

PERMISSION TO USE CORPORAL PUNISHMENT (GRADES 1-12)

____yes ____no (If no, parents will be contacted to come get child for disciplinary action.)

Parent Signature: _____

CONSENT STATEMENT FOR SOUTHERN ACADEMY DRUG POLICY

REQUIRED FOR 7TH-12TH GRADE STUDENTS ONLY

I, the undersigned hereby voluntarily consent to the taking of urine or hair samples to be used for drug testing. I also authorize and give full written permission to the clinic to give the results directly to school officials of Southern Academy.

I understand that a confirmed positive result of that testing or refusal to submit to testing will result in disciplinary action from Southern Academy. I agree to abide with the policies and procedures of Southern Academy Drug Policy as explained in the student handbook and I agree to hold Southern Academy harmless for any loss, claim or cause of action that I might have arising from or relating to any such drug testing,

* Random Testing – 18 names shall be pulled for each random test. The test shall be by urine sample. (THC, Cocaine, Mamp, Opiates, PCP and K2 spice)

Student's Signature _____
(all students named on enrollment application, grades 7-12 may sign on this line)

Parents'/Guardians' Signature _____

Date _____

CONSENT FOR RANDOM DRUG TESTING ADMINISTERED TO STUDENTS GRADES 7TH-12TH

ALABAMA INDEPENDENT SCHOOL ASSOCIATION**Concussion Information Form**

(Required by AISA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |
|--|

(Continued on Page 2)

AISA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussion symptoms occur, the student athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student Athlete Name Printed	_____ Student Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date

Form does not expire & is valid the duration of school attendance.

AUTHORIZATION & CONSENT TO PHOTOGRAPH, RECORD, INTERVIEW, & PUBLISH

I authorize Southern Academy to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information or images regarding _____ obtained offsite or onsite in conjunction with Southern Academy activities.

I agree that the photographs may be used in publications or in broadcast format on the website of Southern Academy. I agree that Southern Academy may use and permit other persons to use the negatives or prints prepared from such photographs for such purpose as in such a manner as Southern Academy may deem appropriate. I understand and agree that the photographs, recording, and/or publications may reveal the subject identity.

I have entered into this agreement in order to assist educational, promotional public relations and charitable goals of Southern Academy, and hereby waive any right to compensations for such uses by reason of the foregoing authorization. I and my successor or assigns, hereby hold Southern Academy, its employees, or agents and related entities and their successors and assigns, harmless from and against any claims for injury and compensation resulting from the activities authorized by this agreement.

The term "photograph" as used in the foregoing agreement, shall mean motion picture or still photography in any format, as well as video disk and any other mechanical or computerized means of recording and producing images.

By signing below, I acknowledge that I have read and understand the above and agree to the terms of this agreement.

Dated: _____ Hour: _____

Signature: _____

Printed Name: _____

If signed by other than subject, indicate relationship:

Form does not expire & is valid the duration of school attendance.

SOUTHERN ACADEMY

407 College Street
GREENSBORO, ALABAMA 36744
(334) 624-8111 • (334) 624-3778 Fax

Student in Good Standing Release Form

Transfer student enrolling in Southern Academy must be in "good standing" with the student's previous school attended in order to be eligible for enrollment into Southern Academy.

Please indicate whether or not _____ was a student in good standing at the time of his or her withdrawal from your school. If not, please explain the circumstances that prevent this student from being in good standing.

_____ Yes, this student was in good standing in all aspects and not under any form of disciplinary suspension at the time of their withdrawal.

_____ No, this student was not in good standing at the time of his/her withdrawal. Please explain why in the space below.

_____	_____	_____
(signature of principal)	(name of former school)	(date signed)

Thank you for your cooperation with this request. Please return form to Sarah Beth Drury (registrar).

sdrury@southernacademy.net

Phone: 334-624-8111

Mail: Southern Academy

407 College Street

Greensboro, AL 36744