



Project Excel Academy

Application Packet

Dear Family,

Welcome to Project Excel Academy! We are so excited that you have selected our school to empower your student's academic and spiritual growth! We take the approach that all subjects should be learned using many different strategies. At PXL, we appreciate the uniqueness of each individual student and strive to assist them in finding the beauty and value they each possess within. An important part of our program is to assist students to take personal responsibility for their own learning journey and ultimately their future. To begin your student's journey we have designed several steps to make the process as seamless as possible.

Step 1: Complete the Application for Admission and Student Code of Conduct (Please sign both) and return to the PXL Program Manager.

Step 2: Include immunization & birth certificate for each student with your completed application.

Step 3: Enroll in PayPal <https://www.paypal.com> (the payment app. our program utilizes for all transactions)

Step 4: Add up your total monthly payment and schedule a tuition meeting with the PXL Program Manager at info@pxlacademy.org.

Please feel free to contact us with any questions and thank you for choosing our program. We are looking forward to an amazing year!

Blessings,

The Project Excel Academy Team

To schedule a review, visit this website <https://homeschoolscheduling.as.me/>



Application for Admission

APPLICANT INFORMATION																											
Student Name: _____																											
Last Name	First Name	Middle Name																									
Age: _____	Birth Date: ___/___/____	Sex: M / F	Current Grade Level: _____																								
Address: _____																											
Street		City	State Zip Code																								
Student Email: _____		Cell/Home Phone #: _____																									
With whom does this student reside: _____																											
STUDY SESSION: No ___ Yes ___ (If, Yes, circle session fee in right hand box)		<div style="text-align: center;">Project Excel Academy</div> <p>Hours of Operation: Monday, Wednesday, & Friday</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #4a7ebb; color: white;"> <th style="text-align: left;">STUDY SESSION FEES</th> <th style="text-align: center;">Mon/Wed/Fri</th> <th style="text-align: center;">Monthly</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 3 days 9-2</td><td></td><td style="text-align: right;"><u>\$360</u></td></tr> <tr><td><input type="checkbox"/> 2 days 9-2</td><td></td><td style="text-align: right;"><u>\$260</u></td></tr> <tr><td><input type="checkbox"/> 1 day 9-2</td><td></td><td style="text-align: right;"><u>\$160</u></td></tr> <tr><td><input type="checkbox"/> 3 half days 9-12</td><td></td><td style="text-align: right;"><u>\$280</u></td></tr> <tr><td><input type="checkbox"/> 2 half days 9-12</td><td></td><td style="text-align: right;"><u>\$160</u></td></tr> <tr><td><input type="checkbox"/> 1 half day 9-12</td><td></td><td style="text-align: right;"><u>\$100</u></td></tr> <tr style="font-weight: bold;"> <td>MONTHLY TOTAL:</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>		STUDY SESSION FEES	Mon/Wed/Fri	Monthly	<input type="checkbox"/> 3 days 9-2		<u>\$360</u>	<input type="checkbox"/> 2 days 9-2		<u>\$260</u>	<input type="checkbox"/> 1 day 9-2		<u>\$160</u>	<input type="checkbox"/> 3 half days 9-12		<u>\$280</u>	<input type="checkbox"/> 2 half days 9-12		<u>\$160</u>	<input type="checkbox"/> 1 half day 9-12		<u>\$100</u>	MONTHLY TOTAL:	\$	_____
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OVERSIGHT: Yes ___ No ___ (If, Yes, circle session fee in right hand box)																											
Three reviews each year: Nov/Mar/June																											
Please be aware that our program is not equipped to manage students with behavioral issues. Refund of tuition payments will NOT be offered if a student is withdrawn, suspended or expelled because of behavior.																											
All students are accepted on a 30 day probation period to ensure that our program is a good fit.																											
The annual cost of the study session full day program is (\$3,240) for 3 days, (\$2,340) for 2 days & (\$1,440) for 1 day. If paid in full you will receive a 10% discount at a total of (\$2,916), (\$2,106) or (\$1,296). Half day costs are: (\$2,520) for 3 days, (\$1,440) for 2 days or (\$900) for 1 half day. Paid in full discounted costs are (\$2,268), (\$1,296) for 2 days or (\$810) for 1 day. If paid in 9 monthly installments the cost can be calculated in the right hand column.																											
Whether the month is a full month of program days or only half month not the monthly payment is the same. Why is this? For ex., the monthly cost of the 3 day 9-2pm Study Session Program is really (\$442.50) but to make it more reasonable for parents we have spread the payments out over the course of the entire school year. This means that full payments for the shortened months (days program is open) of Dec & May are needed to cover the full cost of the program.																											
Sign below to acknowledge agreement that you are responsible for 9 installment payments in the amount of the FINAL TOTAL in the right column. (Aug 31 st – Apr 30 th). If withdrawing from our program one month's notice must be given.																											
PLEASE SIGN HERE: _____																											
DATE: ___/___/____																											
# of Courses _____ x 45 = _____ (monthly total)																											
MONTHLY TOTAL: \$ _____																											
OTHER FEES*																											
	Paid in Full	Monthly																									
Registration Fee	\$75	No Option																									
Oversight Fee	\$300	\$35																									
TOTAL FEES (Including Oversight Fees) _____																											
*All tuition payments are due on the 1st of the month. A \$25 late fee will be added if payment is later than the 4th. Students may be refused services if payment is not received in full.																											
Has your student ever been found responsible for a violation, whether related to academic misconduct or behavioral misconduct, which resulted in the student's probation, suspension, discipline, dismissal, or expulsion from his/her school? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
If Yes, please give a written explanation attached to this application. <input type="checkbox"/> Yes <input type="checkbox"/> No																											



PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

CIRCLE ONE: Mother | Father | Other _____ Last Name First Name

Check here if same as student's: Same Address

Address: _____
Street City State Zip Code

Primary Phone #: _____

Alt. Phone #: _____

Work Phone #: _____

Occupation: _____

Email: _____

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CIRCLE ONE: Mother | Father | Other _____ Last Name First Name

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Street City State Zip Code

Primary Phone #: _____

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EMERGENCY CONTACT:

Name:	_____
Relationship:	_____
Number:	_____

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Special Accommodations:



COVID-19 UPDATE:

*This coming school year we are offering
ONLINE CLASSES.*

Study sessions are offered 3 days a week on Monday, Wednesday & Friday between the hours of 9 am – 2pm

Individual online sessions are 1 hour, three days per week. Group sessions are 2 hours, three days per week.

PROGRAM PERMISSIONS

Liability and Medical Release

I understand that field trips, weekly classes, and other activities are organized and supervised. However, in the event of a mishap, and as a condition of my child's participation, I release Project Excel and host organizations, and their officers and agents from all liability for accidental injury to my child while attending or participating in academy functions. (Yes___ No___)

Field Trip Permission

I give consent for my child to be included in off-site group activities and when available to be transported in vehicles by authorized drivers. I understand the program will notify me of any off-site trips at least 24 hours in advance. I understand that the program will take all necessary precautions to ensure the safety of my child. (Yes___ No___).

Photograph Permission

I hereby agree to allow newspaper, magazine and TV photographers approved by Project Excel Academy to use for publication, promotion and information photographs taken of my child during the program. (Yes___ No___)

Parent/Guardian's Signature


Date

Parent/Guardian's Signature

Date

(Please read and discuss the Student Code of Conduct on the next page with your child. It also needs to be signed.)



 Goal: To conduct myself as it concerns speech and behavior in a manner that is Christ like and brings glory to God.

1. We will be kind to one another. No name-calling, joining, poking fun, or talking about one another in a negative manner.
2. We will respect each other’s privacy. No posting of any pictures of any students, staff or parents on social media.
3. We will dress in a way that doesn’t cause others to stumble. No inappropriate clothing (shirts with explicit words or images; no excessive splits, tight clothing, or pajamas).
4. We will speak to others in the way we want to be spoken to. No disrespectful speech or gestures towards authority or other students.
5. We will focus on our academics while we are in the program. No boyfriend/girlfriend love relations.
6. We will treat each other as brothers and sisters in Christ. No inappropriate touching.
7. We will learn to be patient with one another. No fighting in words or actions. No threats. Fighting will result in an automatic suspension.
8. We will treat our host site with honor. No running or loud talking in the halls.
9. We will be accountable at all times. No students on site without adult supervision
10. We will have integrity and be honest. No Cheating
11. We will not harm others by forcing them to our will or humiliating them. No Bullying.

We have discussed and explained to our children the above guidelines and agree with these Standards of Expectation.

Student’s Names _____

Parent/Legal Guardian **Signature:** _____ Date _____

Student **Signature:** _____ Date _____