



Project Excel Academy

Application Packet

Dear Parents,

Thank you for applying to Project Excel Academy! We are so excited that you have selected our program to empower your student's academic growth! We believe that classes should be taught using many different learning strategies because we appreciate the uniqueness of each student and strive to assist them in discovering their strengths. A distinctive part of our program involves assisting students to take personal responsibility for their own learning journey and ultimately their future. Below are the steps to the application process:

Step 1: Complete the Application for Admission and Student Code of Conduct (**BOTH must be signed**) and return to PXL Program Manager. It's a fillable form. Once it's completed, please print and bring with you to enrollment meeting.

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

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

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

Please feel free to contact us with any questions. We are looking forward to an amazing school year!

Blessings,

The Project Excel Academy Team

Anita Gibson

President

301 485-9634

anita@anitagibson.com

2503 Belair Drive
Bowie, MD 20715
www.pxlacademy.org



**(\$75 Annual Application Fee
waived for enrollments
completed & returned with a 1st
mo. \$180 deposit by 7/31/19**

Application for Admission

Project Excel Academy
2503 Belair Drive
Bowie, MD 20715
www.pxlacademy.org

APPLICANT INFORMATION

Student Name: _____			
Last Name		First Name	Middle Name
Age: _____	Birth Date: ____/____/____	Sex: <input type="checkbox"/> M / <input checked="" type="checkbox"/> F	Current Grade Level: _____
Address: _____			
Street		City	State Zip Code
Student Email: _____		*Cell/Home Phone #: (____) _____ - _____ *Phone usage for students is limited to breaks	
With whom does this student reside: _____			
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 Refund of tuition payments will NOT be offered if a student is withdrawn, suspended or expelled because of behavior.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 an up to 60 day probation period to ensure that our program is a good fit.			
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, removal, dismissal, or expulsion from his/her school? <input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text. If Yes, please give a written explanation attached to this application.			

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____			
MARK ONE: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Last Name First Name	
Check here if same as student's: <input type="checkbox"/> Same Address			
Address: _____			
Street		City	State Zip Code
Primary Phone #: _____		Alt. Phone #: _____	
Work Phone #: _____		Occupation: _____	
Email: _____			

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____			
MARK ONE: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Last Name First Name	
Check here if same as student's: <input type="checkbox"/> Same Address			
Address: _____			
Street		City	State Zip Code
Primary Phone #: _____		Alt. Phone #: _____	
Work Phone #: _____		Occupation: _____	
Email: _____			

EMERGENCY CONTACT:

Name:	Click or tap here to enter text.
Relationship:	Click or tap here to enter text.
Number:	Click or tap here to enter text.

EMERGENCY CONTACT:

Name:	Click or tap here to enter text.
Relationship:	Click or tap here to enter text.
Number:	Click or tap here to enter text.



EMERGENCY MEDICAL RELEASE FORM

Student Name: _____		
Last Name	First Name	Middle Name
Age: _____	Birth Date: ____/____/____	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Parent/Guardian's Name: _____		
MARK ONE: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Last Name		First Name
Primary Phone #: _____		Alt. Phone #: _____
Emergency Contact Name: Click or tap here to enter text.		Relationship: Click or tap here to enter text.
Primary Phone #: _____		Alt. Phone #: _____

Does the student have any handicaps, illnesses, or other conditions? YES NO
 If yes, please describe: _____

Does the above restrict any activities? YES NO
 If yes, to what extent? _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Allergies: _____

Medication (on presently): _____

Is the student covered by accident/hospital insurance? YES NO

Insurance Company: _____ Phone: _____

Policy ID #: _____ Group #: _____

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, _____ participation, I release Project Excel, 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

 Parent/Guardian's Signature

 Date



PROGRAM ORIENTATION



SAVE THE DATE: Wednesday, September 4th at 6:30pm for our Orientation meeting for parents and students. It is **MANDATORY**. Please initial to acknowledge you are aware.



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

Project Excel Academy Student Code of Conduct

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

1. I will be kind to others. No name-calling, joining, poking fun, or talking in a negative manner.
2. I will respect other's privacy. No posting of pictures of any students, staff or parents on social media without their permission.
3. I 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).
4. I will speak to others in the way I want to be spoken to. No disrespectful speech or gestures towards authority or other students.
5. I will focus on academics while I am in the program. No boyfriend/girlfriend love relations.
6. I will treat others as brothers and sisters in Christ. No inappropriate touching.
7. I will learn to be patient with others. No mean words or actions. No threats. Fighting will result in an automatic suspension.
8. I will treat our host site with honor. No running or loud talking in the halls. No dropping trash or defacing property.
9. I will always be accountable. No students should on site without adult supervision.
10. I will have integrity and be honest. No Cheating.
11. I will not harm others by harassing or humiliating them. No Bullying.

We have discussed with our child the above guidelines and agree with these Standards of Expectation.

Student's Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____



Project Excel Academy Program Fees

Days/Hours of Operation: Monday, Wednesday, & Friday | 9am-5pm | September-May

MONTHLY STUDY SESSION FEES Mon/Wed/Fri	Monthly Total	YEARLY STUDY SESSION FEES Mon/Wed/Fri	Yearly Total	Paid in Full Discounts
<input type="checkbox"/> 3 days 9am-2pm	\$360	<input type="checkbox"/> 3 days 9am-2pm	\$3,240	\$2,916
<input type="checkbox"/> 2 days 9am-2pm	\$260	<input type="checkbox"/> 2 days 9am-2pm	\$2,340	\$2,106
<input type="checkbox"/> 1 day 9am-2pm	\$160	<input type="checkbox"/> 1 day 9am-2pm	\$1,440	\$1,296
<input type="checkbox"/> 3 half days 9am-12pm	\$280	<input type="checkbox"/> 3 half days 9am-12pm	\$2,520	\$2,268
<input type="checkbox"/> 2 half days 9am-12pm	\$160	<input type="checkbox"/> 2 half days 9am-12pm	\$1,440	\$1,296
<input type="checkbox"/> 1 half day 9am-12pm	\$100	<input type="checkbox"/> 1 half day 9am-12pm	\$900	\$810

MONTHLY TOTAL: Click or tap here to enter text.

YEARLY TOTAL: Click or tap here to enter text.

MONTHLY ELECTIVE FEES Wed 10am-5pm		YEARLY ELECTIVE FEES Wed 10am-5pm	
		<i>If paid in full you will receive a 10% discount</i>	
<input type="checkbox"/> Art	\$45	<input type="checkbox"/> Art	\$405
<input type="checkbox"/> Cinematography	\$45	<input type="checkbox"/> Cinematography	\$405
<input type="checkbox"/> Computer Basics	\$45	<input type="checkbox"/> Computer Basics	\$405
<input type="checkbox"/> Cooking Class	\$45	<input type="checkbox"/> Cooking Class	\$405
<input type="checkbox"/> Career Planning	\$45	<input type="checkbox"/> Career Planning	\$405
<input type="checkbox"/> Science Experiment Club	\$45	<input type="checkbox"/> Science Experiment Club	\$405
<input type="checkbox"/> Spanish Basics	\$45	<input type="checkbox"/> Spanish Basics	\$405
<input type="checkbox"/> Piano Keyboard	\$45	<input type="checkbox"/> Piano Keyboard	\$405
<input type="checkbox"/> Photography	\$45	<input type="checkbox"/> Photography	\$405

of Courses _____ x 45 = _____ (monthly total)

of Courses _____ x \$350 = _____ (yearly total)

*MONTHLY TOTAL: \$ _____

YEARLY TOTAL: \$ _____

**Please note that whether the month is a full month of program days or only half month, the monthly payment remains the same. For example: The monthly cost of the 3 day 9-2pm Study Session Program is (\$442.50) but to make it more affordable for parents we have spread the payments of (\$360/ p/mo.) out over the course of the entire school year. This means that full payments for the shortened months (Dec & May) of the program are needed to cover the total cost of the program.*

OTHER FEES*

	Paid in Full	Monthly
Registration Fee	\$75	No Option
Oversight Fee <i>Three reviews each year: Nov/Mar/June</i>	\$300	\$35

*FINAL TOTAL (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 5th. Students may be refused services if payment is not received in full.**

Sign below to acknowledge agreement that you are responsible for 9 installment payments that equal the amount of the FINAL TOTAL in the right column. (Aug 31st – Apr 30th). If withdrawing from our program one month's notice must be given.

PLEASE SIGN HERE: _____

DATE: ___/___/___