

STUDENT FULL NAME

Grade

School Year

By signing this agreement, I acknowledge that I have read, understand, and agree to the following policies and expectations of Flight Academy. This agreement must be signed and returned before the student may begin attendance.

## ATTENDANCE & SCHEDULE

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1. I understand that consistent attendance is essential to my child's academic progress and social-emotional growth. I will make every effort to ensure my child attends school regularly and arrives on time.
2. I will notify Flight Academy as early as possible if my child will be absent or late, via phone call or email.
3. I understand that excessive unexcused absences may affect my child's enrollment status.

## COMMUNICATION

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4. I agree to maintain open and respectful communication with Flight Academy staff regarding my child's progress, behavior, and well-being.
5. I will keep my contact information, emergency contacts, and medical records current, notifying the school within 48 hours of any changes.
6. I understand that Flight Academy will communicate updates, events, and important information via email and phone. I will check communications regularly.

## TECHNOLOGY & ONLINE LEARNING

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7. I understand that some courses may be taught online by live, experienced teachers who connect with students in real time through video. Online classes are kept intentionally small, with no more than 5 students per session when allowed.
8. I agree to review and sign the separate Technology & Online Learning Agreement form.

## BEHAVIOR & CONDUCT

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9. I understand that Flight Academy uses positive behavior support strategies and Dialectical Behavior Therapy (DBT) skills as part of its approach to social-emotional learning.
10. I will support and reinforce the school's behavioral expectations at home, including the core values of **Bravery, Kindness, and Wisdom**.
11. I understand that if behavioral concerns arise, Flight Academy will work collaboratively with me to develop a plan. In rare cases, behavior that poses a safety risk may result in suspension or dismissal after documented intervention efforts.

## HEALTH & SAFETY

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12. I will keep my child home when they are ill (fever, vomiting, contagious illness) and understand they must be symptom-free for 24 hours before returning to school.
13. I authorize Flight Academy staff to administer basic first aid and to seek emergency medical treatment if I cannot be reached in a medical emergency.
14. I will ensure my child's immunization records (or valid exemption) are on file and up to date.

## TUITION & FINANCIAL OBLIGATIONS

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- 15. I understand that tuition is \$9,890 per year (\$989 per month for 10 months) and is due on the 1st of each month.
- 16. I will complete and return the Tuition Agreement form. I understand that a separate tuition agreement outlines payment terms, late fees, and withdrawal policies.
- 17. If my family receives TEFA funding, I will ensure that all necessary documentation is submitted on time.

## ACKNOWLEDGMENT & SIGNATURE

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By signing below, I confirm that I have read, understood, and agree to abide by the policies outlined above. I understand that failure to comply with these terms may affect my child's continued enrollment at Flight Academy.

I have read and agree to the Flight Academy Parent/Guardian Agreement.

PARENT/GUARDIAN #1 SIGNATURE \*

Date \*

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PARENT/GUARDIAN #1 PRINTED NAME \*

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PARENT/GUARDIAN #2 SIGNATURE

Date

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PARENT/GUARDIAN #2 PRINTED NAME