



10512 Lake St. Charles Boulevard
Riverview, FL 33578
Phone: (813) 447-7900
www.cuttingedgelearningacademy.org

NEW STUDENT REGISTRATION FORM

ACADEMIC YEAR 2025-2026

(Please fill in all the blanks)

DATE: ____/____/____ GENDER: _____ (F/M) RACE: _____ (Optional)
CURRENT GRADE: _____ GRADE STUDENT WILL BE ENTERING: _____
STUDENT'S LEGAL NAME: _____

First Middle Last

ADDRESS: _____

No Street Apt# City State Zip Code

BIRTHDATE: _____ BIRTH PLACE: _____ SSN: _____

RELIGION: _____ BAPTISM DATE: _____

1ST PENANCE DATE: _____ 1ST COMMUNION DATE: _____

Please answer the following questions. If your answer is "YES" or if you check any of the diagnoses, please provide a copy of the evaluation with this application

Has your child ever been retained for any reason? YES___/NO___ If so what grade? _____

Has your child ever been evaluated for any special needs? (IEP's, 504's, etc) YES___/NO___

Has your child ever been diagnosed for ___ADD ___LD ___ADHD ___Dyslexia

___Speech Impairment ___Hearing Impairment___ other

CURRENT SCHOOL TRANSFERRING FROM: _____

PRINCIPAL_____COUNSELOR_____PHONE_____

REASON FOR LEAVING: _____

ADDRESS _____

No Street City State Zip Code

MOTHER'S NAME: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

No Street City State Zip Code

EMAIL: _____ C/PHONE: _____ H/PHONE: _____

FATHER'S NAME: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

No Street City State Zip Code

EMAIL: _____ C/PHONE: _____ H/PHONE: _____

STEPFATHER'S NAME: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

No Street City State Zip Code

EMAIL: _____ C/PHONE: _____ H/PHONE: _____

STEPMOTHER'S NAME: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

No Street City State Zip Code

EMAIL: _____ C/PHONE: _____ H/PHONE: _____

PLEASE CHECK AS APPLICABLE: The student:

☐ Lives with both parents ☐ Lives with Mother ☐ Lives with Father

☐ Mother deceased ☐ Father is deceased ☐ Mother remarried

☐ Father remarried ☐ Lives with Guardians ☐ Parents divorced

☐ Parents separated ☐ Lives with Grandparents ☐ other

UNLESS WE HAVE COURT RECORDS (CUSTODY AGREEMENT) ON FILE THAT STATE OTHERWISE, BOTH PARENTS OR LEGAL GUARDIAN(S) HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.

I attest that the information provided on this application form is true and accurate. I understand that any willful omission or untrue statement could result to the termination of my child's enrollment into CuttingEdge Learning Academy. In such an event, tuition paid is NOT refunded.

Parent Signature: _____ **Date:** _____

For Office use only: _____

Admin Sign: _____ Check #: _____ Non Refundable Enrollment Fee Paid (_Y/_N)

School hours are 7:55 am to 2:30 pm



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2025-2026 ACADEMIC FINANCIAL OPTIONS

SELF PAY FINANCIAL PLAN OPTION (Please initial your choice plan)

___ **Plan A:** Total amount of the tuition is paid in full to CuttingEdge Learning Academy before August 1, 2025. Payment received after August 1, 2025 is not eligible for the 2% discount.

___ **Plan B:** Two equal payments made payable to CuttingEdge Learning Academy on or before August 1 and November 1, 2025. Half of the tuition is to be paid on or before August 1, 2025 and the other half is to be paid on or before November 1, 2025. Payment made under this option receives 1% discount.

___ **Plan C:** Ten equal payments made payable to CuttingEdge Learning Academy on the 1st of the months of August 2025 to May 2026.

SCHOLARSHIP PLAN OPTION (Please initial your choice plan)

Scholarships are payable quarterly per their schedule. Please initial the scholarship your child participates with.

_____ Step up for Students **FES-EO** Educational Options
_____ Step up for Students **FES-UA** Unique Abilities
_____ PEP Scholarship
_____ HOPE Please Specify

I(we) the undersigned fully understand and agree to the terms of the financial obligation of CuttingEdge Learning Academy, including but not limited to tuition, registration, book/curriculum fee, development fee, morning and afterschool fee, and mentoring fee.

Parent Signature: _____ Date: _____



PICTURE, FILM, AND VIDEO PERMISSION RELEASE FORM

Dear Prospective Parents,

Thank you for choosing CuttingEdge Learning Academy. CELA will fully utilize available technology to enhance our students learning experiences as well as market our programs. Therefore, most of our programs will be photographed, videotaped, and/or filmed for newspaper articles, brochures, television, slide presentations, publications, CELA website, and/or displays, flyers, etc.

The security of our students is our top priority. For this reason, CELA will surely protect the identity of our students. **OUR STUDENTS' NAMES AND/OR ADDRESSES WILL NOT BE USED UNLESS PERMITTED IN WRITING BY THE PARENTS.** Also, because the reputation of our school, students and parents is important to us, we will not take any picture or video that will bring negative publicity to our school, students and parents.

Please sign below if you permit the school to use your child's picture in our school website, displays, newspaper articles, brochures, slide presentation, publications, and if you permit the school to video, film, or participate in CELA televised programs. Be advised that the information is strictly for CELA-related purposes and will be used accordingly as permitted by you.

Please be advised that if we did not receive this form checked and signed with other enrollment forms, we will consider it as permission. May God continue to bless, provide, and protect your family!

Sincerely,
Rev. Mother Carina M. Okeke, PhD
Principal

I (we) _____ undersigned parent(s)/legal

guardians of _____ (student name) give my/our permission to CELA to involve my/our child in the following checked areas: *Please check the areas that are approved by you.*

1. ☐ Photograph
2. ☐ Videotape
3. ☐ Filmed
4. ☐ Newspaper Article
5. ☐ Brochures
6. ☐ Website
7. ☐ Televiser
8. ☐ Slide Presentation
9. ☐ Display
10. ☐ Flyer

Signature of Parent(s)/Legal Guardian(s)

Date



2025-2026 ENROLLMENT CHECKLISTS

Dear Prospective Parents,

Thank you for your interest in CuttingEdge Learning Academy. We are honored to be considered for the education of your child(ren). As a new educational institution, we are committed to provide quality, cuttingedge education for your child(ren). The checklist below highlights the required items necessary for easy and successful enrollment into CELA. Please be advised that letter of acceptance will be issued when these items listed below are reviewed and accepted by the Administration. Also, only completed applications will be considered. May God bless you!

Step One

1. Completed Registration Form
2. Emergency Contact Card (Yellow)
3. Registration Fee (Non- Refundable fee of \$350)
4. Tuition Payment and Financial Commitment Form
5. Record Release Form
6. Standardized Test Scores (ITBS, Terra Nova, etc.)
7. Most Recent Report Card
8. Letter of Recommendation from previous school
9. Psychological/Educational Evaluations—IEP's, 504 Plans, any/all support plans, recommendations, etc. (if applicable)

Step Two: Upon Receiving the Acceptance Letter

The following documents are required in order to finalize the enrollment process.

1. **DH-680 Form (Immunization Records)**
2. **DH-3040 Form (Physical/School Entry Form)**
3. **Birth Certificate (Original to be copied)**
4. Social Security Card (Original to be copied)
5. Baptismal Card (Original to be copied), if applicable
6. Custody Agreement (if applicable)
7. Before and After school Program Agreement (if applicable)
8. Picture Permission Release Form

General Information

1. Please be advised that only an original document or notarized copies will be accepted. Original documents will be copied during enrollment and the original will be returned to you.
2. Because the security of our students is VERY important to us, anyone wishing to volunteer at the Academy is required to complete a Level II background screening.
3. Check the website regularly for more information about the latest updates.



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PREPAID EXTENDED SCHOOL CARE PROGRAM REGISTRATION

Extended Care is available to all enrolled CuttingEdge Learning Academy students in K-12 grades. Morning Care Program is from 7:00-7:45 AM.

	Weekly Rate
Before Care ONLY	\$25.00

*All fees are to be **prepaid** on the first day of the week with either cash, personal check or through Paypal. No services will be provided unless payment has been received.*

Agreement:

I (we) the undersigned fully understand and agree to CELA's Before Care Program financial obligation for my child/children.

Parent sign: _____ Print: _____

Date: _____

Child's/Children's Name: _____