



2026-2027 SCHOOL YEAR
Hybrid School- Full Time

PERSONAL INFORMATION

Student Name :

Parent Name : Date Of Birth :
M M D D Y Y

Full Address :

SUFS-UA Recipient? : Yes No SEF-US ID# Place of Birth:

Allergies? If yes, please list. :

IEP? : Health Concerns?

E-Mail : Race: Sex:

Grade:

CONTACT INFORMATION

Parent Name : Parent Name :

Relationship : Relationship :

Primary Phone # : Secondary Phone # :

Full Address :

Emergency Contact : Relationship :

Emergency Contact Number :

Emergency Contact 2 : Relationship :

Emergency Contact Number :

Phone : 386-873-2737

Email : admin@thesandsacademy.net



Class: _____
Student: _____

CONSENT & WAIVER

CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY

I agree and understand that my MINOR child, named on this form, has my permission to participate in the program/activity or series of programs/activities indicated on this form. I am also aware that The Sands Academy records and saves all virtual sessions for up to 1 calendar year for training and safety purposes. The Sands Academy will never share personal or recorded information that involves a minor will never share personal or recorded information that involves a minor..

Moving forward, as the Parent or Legal Guardian of the child registered in the program/activity or series of programs/activities, I and my child agree to indemnify and hold harmless, The Sands Academy, LLC, from all claims, demands, actions and causes of action, loss, costs or damages that The Sands Academy, LLC may suffer, incur, or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in the program/activity or series of programs/activities. Furthermore, I and my child hereby release, waive and discharge The Sands Academy, LLC from all liability to our heirs, executors, administrators for all loss of damage and any claim or demands for such loss or damage due to injury to person or property.

By signing this agreement, I and my child understand that my child, or I, as the legal guardian, will be assuming injury and certain legal risks if the afore mentioned conditions arise. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this Agreement prior to signing it.

Parent/ Legal Guardian Signature

Parent/ Legal Guardian Name Printed

Date

Phone : 386-873-2737

Email : admin@thesandsacademy.net



PERMISSIONS GRANTED

Is your child being dropped off and/or picked up by someone other than those listed on page 1? YES NO

Full Legal Name: Contact # :

Full Legal Name: Contact # :

Full Legal Name: Contact # :

May we have permission to take the child's photograph which may be used on the The Sands Academy's public website, in print, electronic media and/or community newspapers for the promotion of our programs and services? YES NO



2026-2027 SCHOOL YEAR
Hybrid School

Student Name : _____

PAYMENT

We require a credit card to remain on file. Please read the consent and agreement statements below.

Name on card: _____ Card #: _____

CVC on back: _____ Expiration as it appears on card : _____

Billing Address: _____

City, State, Zip _____

Phone # _____

CONSENT & AGREEMENT

CONSENT AND AGREEMENT

PLEASE READ CAREFULLY

I agree and understand that my credit card is to be held on file for any balances remaining due to The Sands Academy, LLC and The Sands Academy of Central Florida, Inc. Balances will only be for the services rendered for the student who is attending The Sands Academy. The Sands Academy will ONLY charge your credit card for the following purposes:

- Direct Payment for Tuition (only for students who are not using the SEF-UA Scholarship or 3rd party apps)
- There are insufficient funds in your SEF-UA account.
- A Parent/Guardian DENIES an invoice through SEF-UA for services already provided.
- Permission has been granted by the cardholder to use the credit card to satisfy any debt that occurs at the end of the month.

We will always give a week's notice before charging the card in order to provide families with an alternative payment option. We will also always attempt to appeal any denials from SEF-UA before charging the card on file. We will never charge the card without notifying the card holder.

By signing this agreement, I will be assuming any monetary obligations and debts accrued for services rendered at The Sands Academy, LLC and The Sands Academy of Central Florida, Inc. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this Agreement prior to signing it.

Parent/ Legal Guardian Signature

Date

Parent/ Legal Guardian Name Printed

Phone : 386-873-2737

Email : admin@thesandsacademy.net



Student Name : _____

PAYMENT

One-time Registration Fee \$250.00 (due upon acceptance)
One-time Supply Fee \$25.00 (due upon acceptance)

Payment Options (initial by choice):

-One-time payment: \$13,500.00 (full-time - Monday-Thursday) _____

-2 payments of \$6,750.00 _____

-Semester Payments \$3,375.00 (4 total payment to be made) _____ **

-Monthly Payments \$1,500.00 (9 total payments) _____ **

*Payments must be registered for automatic recurring payments. Additional processing fees may apply. SEF-UA participants may choose SEF-UA for direct billing option.

I would like to pay:

- Check
- Credit Card
- Zelle
- SUFS-UA Direct Billing Student ID#: _____

I understand The Sands Academy requires 30 day written notice of withdrawal. All and any tuition and fees due within the 30 day withdrawal window are still due to The Sands Academy, LLC and/or The Sands Academy of Central Florida, Inc. _____ (initial).

Parent/ Legal Guardian Signature

Date

Parent/ Legal Guardian Name Printed

Phone : 386-873-2737

Email : admin@thesandsacademy.net