

## Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

---

# Enrollment Information

Enrollment for students begins March 15, 2024

To help you prepare for the enrollment process you will need:

- AOE Application: Updated phone numbers and addresses for emergency contacts and pickup permissions.
- Scholarship Award Letter
- (www.AAAScholarships.org), (www.StepUpForStudents.org)
- Verify that you have read/reviewed the following documents:
  - Pledge of Cooperation
  - Parental Consent for Release of Student Photograph and Information
  - Financial Policies and Procedures
  - AOE School Calendar
  - Dress Code Guide 2024-25

## Discounts & Late Fees

Enroll by April 1st and receive a \$25 loyalty discount

Refer a friend and receive a \$25 discount. Referral name: \_\_\_\_\_  
(The new student must list the referring family on the application)

**Enroll after June 1st - late fee of \$100 (for returning students only)**

**Early Withdrawal before end of school year fee of: \$500**

**Enrollment Fees due at the time of application for ALL NEW Students: \$300**

## TUITION RATES

---

Address: 8601 Youngerman Ct Jacksonville, Florida 32244 Website: TheAOEJax.com  
Phone: 904-779-0177 ext. 3 Fax: 904-423-3599 Email: LKee@TheAOEJax.com

# Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

---

## \*NON-REFUNDABLE ENROLLMENT FEE:

K - 12TH \$300

Tuition includes but not limited to:

- Application
- Technology/Materials
- Computer/Laptop
- Resource Individualized Curriculum
- P.E. Uniform
- Student Planner
- Parent Portal
- Testing
- Yearbook
- (2) Field Trips

## PAYMENT PLANS:

	Annual Tuition	1 Payment	2 Payment	10 Payments
K - 12	\$8990	\$8665	\$4495	\$899

## ENROLLMENT DISCOUNTS:

OLDEST CHILD:

FULL ENROLLMENT FEE - \$300

ADDITIONAL CHILD(REN):

10% DISCOUNT (for 2nd child) - \$270

20% DISCOUNT (3 or more children) - \$240

4 OR MORE CHILDREN - FLAT FEE - \$900

(orig. total enrollment for 4 or more is \$1200 but after \$300 discount flat rate is \$900 for total family)

## CHECKLIST

Student Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

---

Address: 8601 Youngerman Ct Jacksonville, Florida 32244 Website: TheAOEJax.com  
Phone: 904-779-0177 ext. 3 Fax: 904-423-3599 Email: LKee@TheAOEJax.com

# Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

---

Parent Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

- AOE Application
- Scholarship Award Letter
- Previous Schools Information
- Form DH3040 School Entry Form
- Form 680 Certification of Immunization
- Birth Certificate
- Pledge of Cooperation
- Parental Consent for Release of Student Photograph and Information
- Financial Policies and Procedures
- AOE School Calendar
- Dress Code Guide 2024-2025

## **Application for Enrollment Previous School List**

Student Name: \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Parent Phone: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

**Please list all previous schools' students that have attended.**

# Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

---

School Name: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Grade: \_\_\_\_\_

School Name: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Grade: \_\_\_\_\_

School Name: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Grade: \_\_\_\_\_

School Name: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Grade: \_\_\_\_\_

School Name: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Grade: \_\_\_\_\_

## THE ACADEMY OF EXCELLENCE

### APPLICATION FOR ENROLLMENT

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Child's Physical Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Family Information:** Child Lives With: \_\_\_\_\_

---

Address: 8601 Youngerman Ct Jacksonville, Florida 32244 Website: TheAOEJax.com  
Phone: 904-779-0177 ext. 3 Fax: 904-423-3599 Email: LKee@TheAOEJax.com

# Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Custody: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_  
 \_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

Child(ren) will be released only to the custodial parent, legal guardian or the persons listed below for daily pickup. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached: **Initial:** \_\_\_\_\_

Name	Address	Cell#	Work

# Academy of Excellence Christian College Preparatory School

*But earnestly desire the higher gifts. And I will show you a still more excellent way. - 1 Corinthians 12:31*

---

Name	Address	Cell#	Work

Your signature below indicates that you have completed the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_