



Creative Pathways Preparatory Academy Enrollment Form

Creative Pathways Preparatory Academy
4233 S. Ridgewood Ave
Edgewater, FL 32141
386)222-1888
creativepathwaysprep@gmail.com
www.creativepathwaysprep.com

One Enrollment Form per student. Please print clearly with black or blue ink:

| | | | | | | |
|------------------------------------|--------|----------------|-----|-------------------|--------------------|----------|
| STUDENT NAME (First, Middle, Last) | D.O.B. | AGE | SEX | S.S.N | GRADE ENROLLING IN | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE |
| PRIMARY PARENT NAME | | E-MAIL ADDRESS | | | | |
| SECONDARY PARENT (If Applicable) | | HOME TELEPHONE | | CELL PHONE NUMBER | | |

Last School Attended

| | | | |
|----------------|-------|-------|----------|
| NAME | GRADE | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

Your School Year

| | |
|---------------------|-------------------|
| Begins (Month/year) | Ends (Month/Year) |
|---------------------|-------------------|

I/We, the parent(s)/guardian(s) of _____ agree to uphold the requirements of Creative Pathways and the educational laws of the State of Florida, namely:

1. Complete 180 Days of instruction at CPPA
2. All students are on a 45 day probation period
3. All students must sign and return the students code of conduct
4. Payments are due in full unless arrangements have been made with administration

Allergies _____

Special Diet Restrictions _____

Notes: _____

We release CPPA from any and all liability. We assume all responsibility for compliance with all requirements with regard to education in our state. We understand CPPA is not liable for any neglect on the part of the parents. We understand, if we withdraw from Creative Pathways our financial obligations must be met and all required documentation submitted before Creative Pathways will release our student's records.

Signed: _____ Date: _____

Signed: _____ Date: _____