



# VALOR ACADEMY

Valor Academy  
DBA of Harvest 61 Ministries, Inc.  
New Student Enrollment Form 2025/2026

**Students Full Name:** \_\_\_\_\_

**Gender (M/F):** \_\_\_\_\_

**Grade in fall:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parents:**

(Father) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

(Mother) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Any special needs/diagnosis:** \_\_\_\_\_

**Allergies or medical needs:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
(Other than parents)

**Phone:** \_\_\_\_\_

**Records Required:**

Immunization Form (if available), Copy of Birth Certificate, Achievement Test Scores (if available), and Transcripts from Previous Schools (if available)

**Contact Information:**

Elizabeth Headlee, Secretary, (303)263-3025, [elizabeth@valorsheridan.org](mailto:elizabeth@valorsheridan.org)

## Field Trip/Photo/Video Permission Form

\_\_\_\_\_ has my permission to participate in all field trips sponsored by Valor Academy Sheridan. Transportation will be handled by a licensed driver. I also understand that my child will ride in a vehicle which is fully insured.

### Permission for Photographs to be used on Social Media or any School Platforms:

I do or do not give permission (please circle one) for my child to be photographed and the photographs to be displayed on social media.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

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

## Public High School Activities/Athletics

If your child plans on participating in any activities at the High School there is a fee of \$75 to Valor Academy. Please indicate below what activities they may participate in:

\_\_\_\_\_

## Medical Consent and Medication

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

Parents Name(s): \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

ID#/Group #: \_\_\_\_\_

I give permission for my child to have the following medication administered at school by Valor staff :

\_\_\_\_\_ Acetaminophen

\_\_\_\_\_ Ibuprophen

\_\_\_\_\_ Other - Name and Dose \_\_\_\_\_

\_\_\_\_\_ None

I understand that I assume all financial responsibilities for any treatment or injuries sustained by my child while he/she is at school.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

How do you plan on paying?

- ☐ Check or Cash
- ☐ ACH Auto Withdrawal from bank account

## **Tuition Form:**

**Non-refundable Enrollment & Testing Fee: New Students-\$300; Returning students-\$200  
(ask us about enrollment fee sibling discount)**

**Tuition: Track 1=\$7,000/year; Track 2=\$9,500**

### **Payment Options:**

- **Full payment- 10% discount (If you have a scholarship- discount will be taken from total after scholarship deducted)**
- **Two, ½ year payments- 7% discount**
- **Monthly payments, though ½ year or full payments are preferred, will be accepted when arrangements are made in advance. In this case, an automatic monthly withdrawal from your bank account will be set up of 10 monthly payments (Aug-May)**

### **Billing Schedule:**

- **Full Payments are due no later than first day of school**
- **½ Year Payments will be due by first day of school and by January 15<sup>th</sup>**

**Scholarships: Scholarships may be available. ACE Scholarship enrollment is open from Feb-April each year. Please email amber for application. [amber@valorsheridan.org](mailto:amber@valorsheridan.org)**

**Testing: There are cases where more extensive testing is necessary. Cost of more extensive testing would be the responsibility of the family.**

**Curriculum: As a general rule curriculum cost is included in tuition. However, in certain circumstances when a specialized piece of curriculum is needed, parents may be asked to help with cost.**

**\*Failure to pay could result in a 5% late fee per month until payment is made**

**I have read and understand the terms of tuition and payment. By signing below, I agree to pay tuition payments in full and on time until full tuition is paid.**

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**Parent Signature**

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**Date**

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**Print Student Name**

**\*Track determination is based on students needing a smaller student/teacher ratio or one on one help. We place students based on their parent interview/feedback, testing results, enrollment information, school records, behavior needs/diagnosis, etc. A final track placement can be made and/or changed after 1 month of school.**