



THE PLAZA ACADEMY 2025-2026 ENROLLMENT FORMS

The Plaza Academy, 3930 Broadway Boulevard, Kansas City, Missouri, 64111
(816) 561-0770 www.plazaacademy.org
A Missouri Approved Private Agency
Accredited by Cognia©



Instructions

1. There is a \$200.00 Registration fee due with the enrollment forms before a student may be officially enrolled.
2. Read and complete all forms.
3. Include your student's most recent school records.
4. Your student must have their immunization record included with the enrollment forms.
5. Read the attached policy statements with your student and sign and date where directed.
6. Other policy letters are available in the administrative office.

General Policies

1. Students who are in possession of weapons of any kind on school property will be expelled.
2. Students who use, or are in possession of alcohol or illicit drugs on or near school property will be suspended.
3. Damages to school property will result in suspension and the damages will be billed to the students account.
4. Students are not permitted to smoke on school premises, doing so will result in suspension.
5. Electronic devices of all kinds, must not be displayed, played, answered, or heard in a classroom.

Attendance Policies

1. Student's will be recorded as unexcused if the student fails to attend class without prior notice.
2. Attendance is taken every day. If your student is late, leaving early or will not be able to attend school, please call the office directly at 816-561-0770.
3. All academic work and class time must be made up within the next ten school days.
4. Make-up times are before school, during the lunch hour, and during after school tutoring.
5. Inclement Weather Closures will be announced via email, on local news stations and our Plaza Academy Facebook page.

Parent: _____ Date: _____

Parent: _____ Date: _____

Student: _____ Date: _____



PLAZA ACADEMY

**Enrollment Form
2025-26 School Year**

Date _____

Student's Legal Name _____

Grade _____ Social Security Number (Required) _____

DOB _____

Address _____ County _____

City, State and Zip Code _____

Telephone _____ (Cell)

Email _____

Parent/ Guardian 1 Name: _____

Occupation _____

Home Address _____

City, State and Zip Code _____

Telephone _____ (Cell) _____ (Work)

Email _____

Parent/ Guardian 2 Name: _____

Occupation _____

Home Address _____

City, State and Zip Code _____

Telephone _____ (Cell) _____ (Work)

Email _____

Names and ages of Siblings _____

Referred by _____

Emergency Contact Information

Name _____ Phone Number _____



**The Plaza Academy
Transcript Release**

Date _____

Please forward transcript and all student records for the following student to:

The Plaza Academy

3930 Broadway Boulevard

Kansas City, MO, 64111

(816) 561-0770

(816) 561-2530 (fax)

kerstin@plazaacademy.org

Student Name _____

School Transferring From _____

School Address _____

School Phone Number _____

School Fax Number _____

Authorized by: _____

Title: (circle one) Parent, Guardian, Counselor, School Administrator



Commitment Statement from The Plaza Academy Students

Please write a statement to your commitment to the mission of The Plaza Academy. Be sure to include your intentions regarding attendance, punctuality, lesson completion, community service, and classroom deportment. Also, in the second paragraph, tell us why you want to be a Plaza Academy student, why you think you can succeed here and what will help you in your endeavors to prepare for college and good citizenship. Sign and date your statement below.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student Signature _____ **Date** _____

The Plaza Academy, 3930 Broadway Boulevard, Kansas City, Missouri, 64111
(816) 561-0770 www.plazaacademy.org
A Missouri Approved Private Agency
Accredited by Cognia©



Confidential Family Health History

- 1. History of psychological evaluation or counseling that would help us understand your child:**

- 2. Please list any special needs that we should know about your child:**

- 3. History of hereditary or contact diseases:**

- 4. Is your child taking any prescribed medication? Please note here if we are to administer doses during school hours.**

- 5. Every student must have on file a “Statement of Good Health” signed by an attending physician or to undergo a complete physical examination prior to enrollment. Please provide this statement or health records to complete enrollment.**



Civility Contract

I, _____, understand that uncivil behavior, whether verbal, physical, or otherwise implicit in my behavior, is not in the spirit of best interest of The Plaza Academy.

I also understand that my behavior is public, amenable to view and comment by anyone and that the Plaza Academy staff are privy to said behaviors through various means.

I agree that if my uncivil behaviors are the subject of observation, complaint or conversation, that I will accept a suspension from The Plaza Academy, until I can conduct myself in the spirit and best interest of The Plaza Academy.

Lunch Policy

Plaza Academy does not provide lunch service. During lunch the campus is open, and students may leave for lunch. It is the student's responsibility to eat lunch within this time, and to be punctual to their class after lunch.

Student Signature _____ Date _____

Witness _____ Date _____



Agreement

This agreement, made and entered into this _____ day of _____ by and between THE PLAZA ACADEMY, a 501 (C) 3 educational organization, (hereinafter “School”) and _____ (hereinafter “Parent”) who is/are the parent(s) or guardian(s) of, _____ (hereinafter “Student”).

WHEREAS, School is a not-for-profit corporation located in Kansas City, Jackson County, Missouri and engaged in the business of providing to enrolled and qualified students a high school equivalent education, counseling and testing services; and

WHEREAS, Parent desires to enroll Student at the school to receive the benefit of the various services offered by the said School; and

NOW THEREFORE, in consideration of the mutual promises and agreements given one to the other, the parties hereto set forth their understanding and agreement as follows:

1. The School agrees to enroll Student and provide such educational services, counseling and testing services to said Student as the School may, in it’s sole and absolute discretion, determine to be appropriate and proper.
2. Parent agrees to pay Plaza Academy \$_____ in monthly tuition.
3. Tuition is due at the beginning of each month. If payment is not received by the end of that month for which payment is due, a student may be suspended until the tuition payment is received. Additionally, student records (including transcripts and/or credits earned) will not be released until all outstanding tuition is paid.
4. The parties agree that once Student begins a month at the School, charges will be assessed for the full months even though the Student may not ultimately complete the full month.
5. Both parties herein agree that in the event Parent defaults under any of the obligations for payments to School of the tuition and fees as outlined on Schedule A, then the school may immediately terminate Student’s enrollment at the School without further notice.



6. Both Parent and Student agree to obey and abide by all rules and regulations set forth by the School in the School's sole and absolute discretion, which shall include but not be limited to the Student's conduct and dress code.
7. Should there be a default by the Parent in payment of any of the obligations herein agreed to, then it is further agreed that in addition to any other amounts due and owing the School, the School shall be entitled to all and shall receive reasonable attorney's fees and expenses incurred in collection of any such past due obligations provided for in this Agreement.
8. This Agreement contains all of the terms and conditions agreed to by the parties hereto and may not be amended or changed without said amendment to change being in writing and signed by the parties hereto.
9. This Agreement shall be construed and enforced under the laws of the State of Missouri.

The Plaza Academy

By _____ Date _____

Parent _____ Date _____

Parent _____ Date _____

Student _____ Date _____



School Calendar

First Semester	August 13, 2025- December 18, 2025
Student's First Day	August 13, 2025
First Quarter	August 13, 2025- October 9, 2025
Labor Day	September 1, 2025
Second Quarter	October 13, 2025- December 18, 2025
Professional Development/ No School for Students	August 29 th , October 10 th , October 24 th , November 7 th , December 19 th
Thanksgiving Break	November 24, 2025 – November 28, 2025
Winter Break	December 19, 2025- January 2, 2026
Second Semester	January 5, 2026- May 21, 2026
Third Quarter	January 5, 2026- March 12, 2026
Holiday Martin Luther King Jr.	January 19, 2026
Holiday Presidents Day	February 16, 2026
Spring Break	March 13, 2026 – March 20, 2026
Fourth Quarter	March 23, 2026- May 21, 2026
Professional Development/ No School for Students	February 13 th , March 13 th , April 10 th , April 20 th , May 15 th ,
Last Day of School	May 21, 2026

Staff Report

August 11, 2025

Graduation

May 14, 2026

The Plaza Academy, 3930 Broadway Boulevard, Kansas City, Missouri, 64111
 (816) 561-0770 www.plazaacademy.org
 A Missouri Approved Private Agency
 Accredited by Cognia©



Plaza Academy Photo and Video Release

I hereby authorize the Plaza Academy publish photographs taken of me and/or the undersigned minor children, and our names, for use in the Plaza Academy printed publications and website or social media sites. I release the Plaza Academy from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Plaza Academy to use their photographs, videos and names.

I acknowledge that since participation in publications and website produced by the Plaza Academy confers no rights of ownership whatsoever. I release the Plaza Academy, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____



2025-26 School Supply List

- 6 Single subject notebooks
- 2 Three ring binders
- 2 Graphing notebooks
- 3 Styluses
- 1 Geometry Set (Protractor, Compass, Triangle Ruler, Straight Ruler)
- 24 Black Pens
- 2 Packs of Post It Notes
- Adult Scissors
- TI84 Plus Graphing Calculator
- 5 Reams of copy paper
- 1 Set of over ear Headphones
- 12 Rolls of paper towels
- 12 Rolls of toilet paper
- 1 Clear Backpack