Origins Academy for Healing Arts

Enrollment Application 2026–2027 School Year

Rooted in Culture. Driven by Excellence.

Thank you for your interest in Origins Academy for Healing Arts. We are honored that you are considering our school community for your daughter. Origins Academy is an African-centered, all-girls learning environment designed to nurture the mind, body, spirit, and leadership of each student through academic excellence, healing arts, STEM innovation, cultural identity, and village-centered care.

Please complete this application in full. Submission of an application does not guarantee enrollment. Families may be contacted for a family interview, student visit, records review, and/or placement conversation.

Section 1: Student Information

Student's Full Legal Name: _____

Preferred Name/Nickname: _____

Date of Birth: ____ / ____ / _____

Age: _____

Current Grade: _____

Grade Applying For: _____

School Year Applying For: 2026–2027

Student's Gender: _____

Home Address:
Street: _____
City: _____ State: _____ Zip Code: _____

Primary Language Spoken at Home: _____

Does the student speak any additional languages?
☐ Yes ☐ No
If yes, please list: _____

Section 2: Parent/Guardian Information

Parent/Guardian 1

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Home Address, if different from student:

Employer/Occupation: _____

Preferred Method of Communication:
☐ Phone Call ☐ Text Message ☐ Email ☐ School App/Platform

Parent/Guardian 2

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Home Address, if different from student:

Employer/Occupation: _____

Preferred Method of Communication:
☐ Phone Call ☐ Text Message ☐ Email ☐ School App/Platform

Section 3: Emergency Contacts

Please list at least two emergency contacts other than the parent/guardian listed above.

Emergency Contact 1

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student?
☐ Yes ☐ No

Emergency Contact 2

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student?
☐ Yes ☐ No

Section 4: Current School Information

Current School Name: _____

School Address: _____

Current Teacher or Advisor: _____

School Phone Number: _____

Reason for Leaving Current School or Seeking a New School Environment:

_____

_____

_____

Has the student ever repeated a grade?
☐ Yes ☐ No
If yes, please explain:

_____

Has the student ever skipped a grade or received advanced placement?
☐ Yes ☐ No
If yes, please explain:

Section 5: Academic Information

Please describe your child's academic strengths:

Please describe any academic areas where your child may need additional support:

Does your child currently receive or has your child ever received any of the following?

☐ IEP
☐ 504 Plan
☐ Speech/Language Services
☐ Occupational Therapy
☐ Reading Intervention
☐ Math Intervention
☐ Gifted and Talented Services
☐ Counseling or Social-Emotional Support
☐ English Language Learner Services
☐ Other: _____
☐ None of the above

Please provide any additional information that will help us support your child:

Section 6: Social, Emotional, and Behavioral Information

Origins Academy for Healing Arts is committed to restorative practices, emotional wellness, sisterhood, and community accountability. Please answer honestly so that we can understand and support your child with care.

How would you describe your child's personality?

How does your child respond to structure, correction, or redirection?

How does your child build friendships or interact with peers?

Has your child ever experienced challenges with behavior, suspension, expulsion, bullying, or school conflict?
☐ Yes ☐ No

If yes, please explain:

What strategies work best when supporting your child emotionally or behaviorally?

Section 7: Health and Wellness Information

Does your child have any allergies?
☐ Yes ☐ No
If yes, please list: _____

Does your child have any medical conditions we should be aware of?
☐ Yes ☐ No
If yes, please explain:

Does your child take any medication during the school day?
☐ Yes ☐ No
If yes, please explain:

Does your child have dietary restrictions?
☐ Yes ☐ No
If yes, please list: _____

Does your child require an inhaler, EpiPen, or other emergency medical support?
☐ Yes ☐ No
If yes, please explain:

Primary Doctor/Pediatrician: _____

Doctor's Phone Number: _____

Health Insurance Provider, optional: _____

Section 8: Family and Village Partnership

Origins Academy believes that education is a village partnership. Families are expected to support attendance, communication, home enrichment, school culture, and volunteer participation.

Why are you interested in Origins Academy for Healing Arts for your daughter?

What are your hopes for your daughter's academic, cultural, emotional, and leadership growth?

How do you currently support your child's learning at home?

What values are most important for your family in a school community?

Are you willing to participate in the Ujima Parent Volunteer Commitment of 45 service hours and/or a $450 family contribution?
☐ Yes
☐ No
☐ I would like to discuss this with the school

Areas where you may be able to support the school community:

☐ Classroom Support
☐ Reading with Students
☐ Field Trip Chaperone
☐ Gardening/Agriculture
☐ Arts, Sewing, Music, or Dance
☐ Administrative Support
☐ Fundraising or Grants
☐ Marketing or Social Media
☐ Facilities/Beautification
☐ Career Day or Guest Speaking
☐ Community Clean-Up
☐ Other: _____

Section 9: Student Interests and Strengths

Please check any areas your child is interested in:

☐ Reading/Writing
☐ Math
☐ Science
☐ STEM/Robotics/Coding
☐ Art
☐ Music/Piano
☐ Dance
☐ Martial Arts
☐ Theater/Performance
☐ Gardening/Herbology

☐ Leadership
☐ Community Service
☐ Entrepreneurship
☐ History/Culture
☐ Wellness/Healing Arts
☐ Other: _____

What gifts, talents, or strengths do you see in your child?

_____
_____
_____

What activities make your child feel confident, joyful, or proud?

_____
_____
_____
_____

Section 10: Transportation

How will your child usually arrive to school?

☐ Parent/Guardian Drop-Off
☐ Authorized Adult Drop-Off
☐ School Bus, if available
☐ Public Transportation
☐ Other: _____

Will your child need bus transportation, if available?
☐ Yes ☐ No ☐ Maybe

Who is authorized to pick up your child from school?

_____
_____

Are there any custody, pick-up, or safety concerns the school should be aware of?
☐ Yes ☐ No
If yes, please explain privately below or request a confidential meeting:

_____
_____
_____

Section 11: Required Documents

Please submit the following documents with this application or before enrollment is finalized:

☐ Birth Certificate
☐ Immunization Record
☐ Most Recent Report Card
☐ Transcript or Progress Report, if applicable
☐ IEP or 504 Plan, if applicable
☐ Standardized Test Scores, if available
☐ Proof of Address
☐ Parent/Guardian Photo ID
☐ Custody Documentation, if applicable
☐ Health Forms or Medication Authorization, if applicable

Section 12: Enrollment Agreements

Please initial each statement.

_____ I understand that submitting this application does not guarantee enrollment.

_____ I understand that Origins Academy may request school records, academic information, and/or a family interview before making an enrollment decision.

_____ I understand that my child is expected to follow the school's values, uniform policy, attendance expectations, and community agreements.

_____ I understand that family partnership, communication, and participation are important parts of the Origins Academy model.

_____ I understand that Origins Academy uses restorative practices, cultural grounding, healing arts, and accountability to support student growth.

_____ I understand that accurate health, emergency contact, and pick-up information must be provided before my child begins school.

_____ I understand that tuition, fees, volunteer expectations, and enrollment requirements must be completed according to school policy.

Section 13: Parent/Guardian Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, incomplete, or withheld information may affect my child's enrollment status.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

Section 14: Student Statement

To be completed by the student, if age appropriate.

Why would you like to attend Origins Academy for Healing Arts?

What do you want your teachers and school community to know about you?

What kind of leader, sister, healer, or future creator do you want to become?

Student Signature: _____

Date: ____ / ____ / _____

For Office Use Only

Date Application Received: ____ / ____ / _____

Application Received By: _____

Documents Received:
☐ Birth Certificate
☐ Immunization Record
☐ Report Card
☐ IEP/504
☐ Proof of Address
☐ Parent ID
☐ Other: _____

Family Interview Date: ____ / ____ / _____

Student Visit/Assessment Date: ____ / ____ / _____

Enrollment Decision:
☐ Accepted
☐ Waitlisted
☐ Not Accepted
☐ Pending Additional Information

Grade Placement: _____

Start Date: ____ / ____ / _____

Notes:

_____

_____

_____

Administrator Signature: _____

Date: ____ / ____ / _____