Bezos Academy Registration Checklist

New families are required to submit the following information as part of their registration to attend Bezos Academy. This process ensures we capture information to provide students with a safe learning environment as well as comply with all licensing requirements. Failure to submit the required documentation by the requested deadline will result in the loss of your offer of admission. State specific checklists will be provided at the time of offer.

Required for ALL students	
	Completed registration form submitted in Avela
	Proof of student's age – Birth certificate or passport/visa/government identification with name and date of birth displayed
	Income verification – Most recent tax return (Form 1040) or W-2 wage statement, or two most recent
	consecutive pay stubs, OR proof of participation in government programs such as Food Assistance
	Program (FAP); Women, Infants and Children (WIC) Program; Temporary Assistance for Needy Families
	(TANF) Program; or Supplemental Security Income (SSI) benefit
	Updated immunization records – Students entering Bezos Academy must have updated immunizations according to your state's vaccine schedule or a certified exemption.
	Health Exam Form – A completed School Entry Health Exam Form DOH 3040 signed by a healthcare provider (Florida only)
	Health Statement – Confirmation that a healthcare professional has examined your child within the past
	year and your child is able to participate in the program, or that medical diagnosis and treatment conflict
	with the tenets and practices of a recognized religious organization that you are an adherent member
	(Texas only)
	Family Handbook acknowledgement
	Attendance Agreement
Requi	red for students with certain medical conditions, if applicable
	Individual Care Plan (ICP) or Emergency Care Plan (ECP) – Signed by a health care provider, if your child has an allergy, food intolerance, or other medical condition that could require care while attending Bezos Academy
	Medical Authorization Form – If your child has any prescribed medications that will need to be administered during the school day
	AAP Allergy and Anaphylaxis Emergency Plan – If your child has a life-threatening allergy
Requi	red for students with certain educational needs, if applicable
	Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) – If your child receives education intervention services or support
Requi	red forms based on school specific participation, if applicable
<u> </u>	Child and Adult Care Food Program (CACFP) Application Proof of application to local subsidy program