

2009-2010 School Year

Dear Prospective Home School Family,

It is exciting that God may be calling you to become actively involved in the daily education of your son(s) and/or daughter(s). Psalm 127:3 proclaims that *children are a heritage from the Lord*. Each year more and more parents are becoming serious about the training and education of their children. Our children are gifts from God, and the preservation of the family unit is one of our highest priorities.

Current estimates indicate that the number of families who are choosing home schooling is growing, with current estimates in the United States at over two million. Homeschooled children are demonstrating extraordinary success academically as well as socially. In the fall of 1999, Stanford University began admitting 20% of all home school applicants while maintaining an admission of 10% of other applicants.

The First Academy home school program uses the Classical Approach. For more information on this approach you may read these books by Douglas Wilson: *Repairing the Ruins* and *The Case for Classical Christian Education*.

To proceed with registration, please complete the application process and include your child's most recent standardized test scores. If you do not have scores, or if they are more than one year old, please call the office at 407-206-8762 to schedule taking a math and reading placement test. Upon approval, a letter of acceptance will be sent home. Enrollment is considered complete once all the paperwork is turned in to the office and a payment schedule has been established.

If God directs you to The Classical School, we look forward to partnering with you in the education of your child.

Serving Him,

Bonnie Ward, Ph.D.
The Classical School Principal

The Classical School

of The First Academy
(Home School Division)

2667 Bruton Boulevard · Orlando, Florida 32805

(407) 206-8762

(407) 206-8722 (fax)

HomeSchoolAdmin@TheFirstAcademy.org

A ministry of First Baptist Church, Orlando

Admissions Application

Student's Name _____

Grade _____ School Year _____

Academic _____ Basic _____ Wednesday Enrichment _____



" Train up a child in the way that he should go, and when he is old he will not depart from it." Proverbs 22:6

"And He shall turn the heart of the fathers to the children, and the heart of the children to their fathers . . . Malachi 4:6

Since God's love extends equally to all people, The First Academy welcomes and encourages any of His children regardless of race, color, or nationality to apply for admission, scholarship and any/all programs of the school and does not discriminate on the basis of race, color or nationality in the administration of any program of the school.

Today's date _____ Applying for 20 ____ - ____ School Year

APPLYING FOR (circle grade): PK K 1 2 3 4 5 6 7 8 9 10 11 12

Academic _____ Basic _____ Wednesday Enrichment _____

STUDENT INFORMATION

Student's Full Name _____ Current Grade _____

Name Student Uses _____ Date of Birth _____ Age _____

Sex: ___ M ___ F Student's Social Security Number _____

Student's Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Cell Phone (____) _____

Has this student ever attended The First Academy before? _ No _ Yes If Yes, when? _____

**All correspondence about this student will be sent to the name and address on the Reservation and Enrollment agreement. If you prefer that another address be used to receive correspondence, please call the office.

PARENT(S) WITH WHOM CHILD LIVES

Student's mother and father are: ___ Married and living together ___ Separated ___ Divorced
___ Other (Explain) _____

If separated or divorced, who has legal custody? _____

Father

Father's Full Name _____

Stepfather's Name _____

Address _____

City _____ State _____

Zip _____ Home Phone _____

E-mail Address _____

Occupation _____

Name of Firm _____

Business Address _____

City _____ State _____

Zip _____ Work Phone _____

Church Affiliation (Name) _____

Address _____

Member ___ No ___ Yes

Mother

Mother's Full Name _____

Stepmother's Name _____

Address _____

City _____ State _____

Zip _____ Home Phone _____

E-mail Address _____

Occupation _____

Name of Firm _____

Business Address _____

City _____ State _____

Zip _____ Work Phone _____

Church Affiliation (Name) _____

Address _____

Member ___ No ___ Yes

EDUCATIONAL BACKGROUND INFORMATION

Name and address of school(s) student has attended:

Current School	City	State	Attended:	From	To	Grades
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Previous School	City	State	Attended:	From	To	Grades
-----------------	------	-------	-----------	------	----	--------

Has this student ever repeated or been held back in any grade? No Yes If Yes, which grade?

Please explain _____

Has this student ever been suspended, expelled, or asked to withdraw from another school? No Yes

If Yes, give the name of the school and details _____

Has this student ever been evaluated or referred for evaluation for learning difficulties or school adjustment problems by a school official, psychologist, or other professional? No Yes Please give details or attach a copy of the evaluation.

At what level of academic performance do you feel this student *has achieved* in the last year or so?

High Above Average Average Below Average

In your opinion, at what level of academic performance do you feel this student *should be* achieving?

High Above Average Average Below Average

Please explain your reasons for feeling as you do on the above two questions. Explain any difference between your ratings on the two questions. _____

Why do you want to home school your child?

What expectations do you have for your child as a home school student?

STUDENT REFERENCES (Past Teacher, Guidance Counselor, Principal):

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

NOTE: All first time students need a current physical and immunization record that is within 12 months of the first day of school. Both must be on Florida forms.

OTHER INFORMATION

Please relate parents' current personal walk with the Lord (use additional paper if needed).

(Step)brothers and/or (step)sisters of this student:

Name _____ Age _____ Gr _____ School Attending _____

Name _____ Age _____ Gr _____ School Attending _____

Name _____ Age _____ Gr _____ School Attending _____

PARENTS' AFFIRMATION OF AGREEMENT

By signing below, we the parents or guardians of this student affirm that we have given completely truthful information herein.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____



The Classical School of The First Academy 2009-10

Parent Enrollment Check List

(Please keep this page for your records)

Child's Name _____ Grade _____ Start Date _____

The enrollment process involves completion of the following items:

- _____ The Classical School Application with new student application fees (or Re-Enrollment Form for returning students)
- _____ Family Registration Fee
- _____ Signed Requirements for Legal Covering
- _____ Class Fee/Selection form
- _____ Completed Health Clinic/Medical Emergency form. (Note: This form *no* longer needs to be notarized.)
- _____ Student Health Examinations (HRS 3040) signed by a physician. Physical required within 12 months prior to enrollment. Students may not be in school without this form.
- _____ Florida Certificate of Immunization (HRS-680), signed by a physician. (Note that a new Immunization Card is required for rising 7th graders.)
- _____ Parents of new students must sign a Records and Release Form for the transfer of records from previous school.
- _____ Worldview Survey form
- _____ ACH Withdrawal form
- _____ Pick up Getting Started Packet from the office, if not yet received.

The tuition payment schedule is based on attendance for an entire school year.

- Students withdrawing or changing programs before the end of the year must do so in writing to The Classical School office. Their remaining tuition will include the current quarter and one additional quarter. All changes incur a change fee of \$250, including changes made before school begins.
- All monthly payments will be made through automatic bank withdrawals from June 2009 through April 2010. For families enrolling after May 31, 2009, monthly payment amounts will be calculated by the months remaining before May 1, 2010; therefore, the monthly payments will be higher.
- Students enrolling after the start of school will be required to pay for the full quarter in which they are enrolling.
- Students enrolling in the Basic program, including those enrolling late, will be responsible for the entire year's fee upon acceptance.
- All changes must be made in writing to The Classical School office at www.homeschooladmin@TheFirstAcademy.org

NOTICE OF NON-DISCRIMINATORY POLICY TO STUDENTS

Since God's love extends equally to all people, The First Academy welcomes and encourages any of His children regardless of race, color, or nationality to apply for admission, and any and all programs of the school and does not discriminate on the basis of race, color or nationality in the administration of any program of the school.

The Classical School of The First Academy

A Ministry of First Baptist Church/Orlando

Telephone: 407-206-8762 Fax: 407-206-8722

Email: HomeSchoolAdmin@TheFirstAcademy.org



WORLDVIEW SURVEY

Because our success as a school is dependent on the values and investment of the home and the church, we desire to enroll families with a worldview that complements the student's classroom experience. All incoming faculty, staff and students (grades 6 – 12) will complete this survey in the application process.

1. Which statement comes closest to what you believe?

- God is the Creator of the universe. He has concern for and is closely involved with His creation
- God is a being who designed the universe and "set it in motion" but who remains uninvolved or, at best, a distant observer
- God exists in the minds of some individuals only for the purpose of creating meaning and value

2. Which statement comes closest to what you believe?

- I believe that the Bible is a great piece of literature written by men, not inspired by the Holy Spirit
- I believe that the Bible is the infallible, Word of God and is accurate in all of its teachings
- I believe that the Bible is open for interpretation and contains some discrepancies

3. Which statement comes closest to what you believe?

- I believe that Jesus Christ was a real person, but not the Son of God
- I believe that Jesus Christ is the Son of God and lived a sinless life on earth
- I believe that Jesus Christ was simply a great teacher

4. Which statement comes closest to what you believe?

- I believe that morality is relative to each individual and situation – what may be wrong for one person may not be wrong for another
- I believe that there are no absolute standards, therefore, each person develops their own moral standard
- I believe that there is a set of absolute moral guidelines established by God that applies to all cultures and times

5. Which statement comes closest to what you believe?

- I believe that eternal salvation can be earned through belief and good works
- I believe that salvation is a free gift from God through Jesus Christ and cannot be earned
- I believe that salvation is granted by God to those who achieve a certain level of perfection

6. Which statement comes closest to what you believe?

- I believe that I am a product of evolution and God did not create mankind individually
- I believe in the story of creation and rely on God to work out His plan for mankind
- I believe that our origin is a mystery and we won't ever know our true source of existence

7. Which statement comes closest to what you believe?

- I am not sure whether there is a heaven or hell
- At death, one will spend eternity in either heaven or hell
- At death, one ceases to exist – there is no life after death, no heaven or hell

8. Which statement best describes your personal faith?

- I have accepted Christ as my Lord and Savior and believe He is the only way to heaven
- My faith is a personal matter and does not necessarily include a belief in Jesus Christ
- I don't know exactly how to describe my faith, but I want to know more about being a follower of Jesus Christ

I have answered honestly and forthrightly this worldview survey as part of the application process at The Classical School of First Academy.

Signature _____ Date _____
Print Name _____ Child's Name _____
Relationship to Student _____



The Classical School of The First Academy 2009-10

Requirements for Legal Covering

- Register for Tuesday and/or Thursday Program (K-2nd), Tuesday and Thursday (3rd-11th), Basic Program (K-8th), or Wednesday Enrichment (K-6th).
- Complete a portfolio and have it checked two to three times a year, depending on the need and at the discretion of The Classical School.
- Complete Stanford Achievement Testing in the spring of the school year. Requests for individual testing must be received in writing no later than November 1, 2009.
- Keep your monthly report forms and report cards in your portfolio for your records. These reports are legal documentation of your child's school attendance.
- Must have four parent-in-service credits for the year, and summaries must be placed in portfolio.
- Volunteer for a minimum of two hours during the academic year. Please be sure to sign-in on the volunteer log in the office. Parents who choose not to volunteer will be asked to pay \$75 to offset additional administrative costs incurred. This fee is automatically added to the family account on April 1st, if volunteer hours are not completed or signed up for by then.
- Comply with The Classical School dress code.
- Make all tuition and fee payments for the program/classes to which application is made. **Written notification** must be made to The Classical School office of any requested change or withdrawal. Appropriate change fees apply.

Recommendations

(These recommendations are particularly needed by first- year home school parents).

- Read two or more books on home schooling each year. See website for list.
- Find a friend who home schools to be your encourager, accountability partner, and mentor.
- Attend the FPEA conference in May 2010
- Involve the entire family in the home school process. Home schooling is not 9-12, Monday-Friday, but all day, seven days a week.

I have read the above and agree to comply with the requirements for my child.

Student Name _____ Grade _____

Parent Signature _____ Date _____

The Classical School of The First Academy
Projected Course of Study 2009-2010
Classes subject to change based on enrollment and teacher availability.

All grade level academic skills will focus on evaluation and communication with parent and student progress. Critical thinking and a Biblical World View approach will be components of each class.

Kindergarten – 2nd Grade Self Contained Classes - Subjects

Reading, math, writing, phonics

The focus in these core academic subjects is to instruct, evaluate, and then communicate progress to help parents be better informed of student's academic performance.

Music, art , drama/literature, history, science, gymnastics, grammar memory work (see reverse side), Latin/Shurley English (2nd grade only)

The focus in these units is to provide developmentally appropriate units to increase knowledge, creativity, thinking skills. Biblical Christian World View will be a focus theme in all subjects.

3rd-4th Grade Self-Contained Classes - Subjects

Language Arts: reading, writing, spelling, vocabulary, Shurley English
Math, history, Latin, and science

These core academic subjects will continue to focus on the grammar stage of knowledge while building on thinking skills. Grammar memory work will be encouraged (see reverse side).

Speech/drama, art, music, and Biblical World View

These classes provide active participation to develop creativity and thinking skills needed in the grammar stage.

5th-8th Middle School Rotation - Subjects

Language Arts: reading, writing, spelling, vocabulary, Shurley English
Math, history, Latin, and science

These core academic subjects will build on the grammar/knowledge skill stage and focus more on the logic stage, which develops thinking skills.

Speech, drama, art, music and Biblical World View

Students will have the opportunity to participate in one or more of these subject areas to develop logic stage skills.

9th-11th High School Rotation - Subjects

English I, II, III, IV*

Algebra I, Algebra II, Geometry, Trig/Pre-Calculus*

Biology , Chemistry, Physics*

World History, American History, American Government / Economics*

Logic, Rhetoric

Bible/Christian World View, life management skills , physical fitness, art, music, drama

Latin, French, Spanish

Courses offered on campus will depend on the number of students registered. Limited openings will be available through the 5-day TFA school, the Florida Virtual School and other options. Following registration in February/March, a time will be scheduled by the family to develop a schedule for the fall term.

* Honors available

MEMORY WORK

Kindergarten

- Bible memory work
- Identify upper and lower case letters
- Articulate consonant and vowel sounds
- Count by 5s and 10s to 100; count by 2s to 10
- Recall and locate the seven continents and oceans
- Alphabet forward and backward
- Identify consonants and vowels
- Recite numbers to 100 forward and backward
- Recite days of the week and months of the year

First Grade

- Review Books of the Bible
- Bible memory work
- The Ten Commandments
- 1 Corinthians 15:3-5 and Psalm 23
- Know that a sentence begins with a capital, makes a complete thought and ends in a period.
- Identify four directions: north, east, south and west
- Shurley English
- Count by 2s to 100
- Recite sums of all numbers adding to 18
- Pledge of Allegiance

Second Grade

- Review Books of the Bible
- Books of the Bible spelled correctly
- Count by 3s, 4s and 5s to 100
- Pledge of Allegiance
- Recite and label the continents and oceans
- Bible memory work
- Shurley English
- Count to 1,000, identify before and after numbers
- First ten Presidents and know two events about each
- Identify and label 24 of the 206 bones of the body

Third Grade

- Review Books of the Bible and Ten Commandments
- Review skip counting by 3s, 4s, 5s, and 6
- Review continents and oceans
- Define/identify nouns, verbs, adjectives, prepositions, prepositional phrases, helping verbs, conjunctions, compound subjects and verbs, interjection, direct and indirect objectives
- Shurley English
- First 20 Presidents and know two events about each
- Identify and label 24 of the 206 bones of the body
- Recite two facts about each state

Fourth Grade

- Bible memory work
- Mentally solve math problems (0-12) with addition, subtraction, multiplication and division
- Review counting by 3s through 9s
- Draw Western Hemisphere; label countries and capitols
- The Declaration of Independence and the Preamble to US Constitution
- Shurley English
- Name first 30 US Presidents and two events about each one
- Define and use synonyms, homonyms and antonyms

Fifth Grade

- Bible memory work
- Draw Asia, labeling countries
- Quickly and mentally solve math problems using 0-12 (addition, subtraction, multiplication and division)
- Shurley English
- Review History cards
- Recite all US Presidents, knowing two events about each one

Sixth Grade

- Bible memory work
- Draw the world, labeling countries, rivers and major geographical features
- Review and identify the four hemispheres, seven continents, oceans, equator and tropic lines
- Shurley English
- Quickly and mentally solve math problems using 0-12 (addition, subtraction, multiplication and division)
- Review History cards



**The Classical School of
The First Academy
2009-10**

FEE INFORMATION SHEET

(Please keep this page to refer to for financial information)

Family Registration Fee: \$225 per family due at registration/re-enrollment

New Student Application Fee: \$125 due with each NEW application

This application fee applies to all **new** students. It also applies to students enrolling after a break in attendance or to 2008-09 students who re-enroll after April 5, 2009.

The **non-refundable** registration fee and new student application fee (if applicable) are due at time of enrollment or re-enrollment.

Families purchase their own books and supplies.

Short Day Tuesday or Thursday Program (Kindergarten)

\$1,584 annual tuition per program – 11 payments of \$144

Full Day Tuesday or Thursday Programs (Kindergarten – 2nd Grade)

\$1,980 annual tuition per program – 11 payments of \$180

Full Day Wednesday Enrichment (K-2nd students, or Basic K-6th)

\$1,980 annual tuition per program – 11 payments of \$180

Full Day Tuesday & Thursday

\$3,575 annual tuition for K – 8th - 11 payments of \$325

\$4,488 annual tuition for 9th – 11th - 11 payments of \$408

Enrollment for this program is for the full day unless specific arrangements are made with Administration based on class offerings and student needs.

Basic Program (K-8th only)

\$515 per child

Students enrolling in the Basic Program must pay the entire year's fee as well as applicable fees.

There will be no pro-rating for late enrollment or early withdrawal.

Single Classes

Students (K-8th) may enroll for single classes based on availability. The cost for any single class is \$800/year, plus a \$30 materials fee. Services (testing, library use, records, etc.) are not available for students enrolled in single classes only. Registration and application fees are applicable.

* All monthly payments will be made through automatic bank withdrawals from June 2009 through April 2010. For families enrolling after May 31, monthly payment amounts will be calculated by the months remaining before May 1; therefore, the monthly payments will be higher.

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Services

All services (Standard Achievement Testing, library use, records, transcript preparation, field trips, academic counseling, etc.) are available to all students enrolled in The Classical School.

Payment Schedule

- Families enrolling after the start of school begin payment for the quarter in which they enroll. If there are any questions regarding payments, please call 407-206-8762.
- Fees are due at registration or re-enrollment and are non-refundable.
- Tuition payments are due monthly by automatic bank withdrawal arrangements.

Summary

Enrollment is for the entire school year. Any changes in student schedules made after June 1, 2009 will incur a fee of \$250. When a student withdraws during the school year, payment will be for the current quarter and one additional quarter. If an enrolled student withdraws after June 1, 2009 but before school begins, the family will be charged the first quarter tuition. Students that enroll after the beginning of a quarter pay tuition payments for the full quarter for which they are enrolling.

All payments should reference the student's name, assuring proper credit, and be mailed to:

The Classical School of The First Academy
2667 Bruton Blvd.
Orlando, FL 32805

A Ministry of First Baptist Church/Orlando
Telephone: 407-206-8762 **Fax:** 407-206-8722
E-mail: HomeSchoolAdmin@TheFirstAcademy.org



Class Selection Form 2009-2010

Please fill out one form per child.

Child's Name _____ Grade _____

I wish to register my child for:

Tuesday

_____ Full Day (8:15 – 3:00) Fee \$1,980 (K- 2nd)

_____ Short Day (8:15 – 12:00) Fee \$1,584 (kindergarten only)

Wednesday Enrichment

_____ Full Day (9:00-2:00) Fee \$1,980 (Any K- 2nd student or K-6th Basic student)

Thursday

_____ Full Day (8:15 – 3:00) Fee \$1,980 (K- 2nd)

_____ Short Day (8:15 – 12:00) Fee \$1,584 (kindergarten only)

Both Tuesday and Thursday (8:15 – 3:00)

_____ K – 8th Fee \$3,575

_____ 9th – 11th Fee \$4,488

_____ Basic Program – K-8th only, Fee \$515

_____ Single-Class Plan (List requested classes and they will be honored as space allows.) Fee \$800 plus \$30 material fee

Please see reverse side for tuition calculation and payment plan.

Check your choice of payment plan:

_____ Full payment on or before August 1, 2009

_____ Monthly Payments beginning June 2009

The school fiscal year begins June 1

Parent signature: _____

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**The Classical School of The First Academy
ACH Authorization Form
(Automatic Checking Account Withdrawal)**

Name on Account: _____

Address: _____

(Attach Voided Check)

ABA Routing Number*: _____

Account Number*: _____

Bank Name: _____

Bank Account Type (Circle one): **Checking** **Savings**

Email Address: _____

Phone Number: _____

Total Tuition Due: \$ _____

I agree to pay my tuition by ACH withdrawal in the amount shown below:

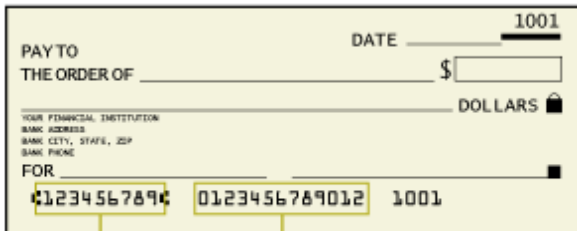
_____ **No. of Monthly Withdrawals** \$ _____
(11 months June - April)

Date choice of Withdrawal (circle one) **5th** **20th**

Signature: _____

*

U.S. Checks



Date sent to business office _____



The Classical School of The First Academy

RECORDS RELEASE FORM

STUDENT'S NAME _____ DATE OF BIRTH _____

Present Grade _____ Enrollment Date _____

Please release the following records:

1. Former and current grades
2. IQ and Achievement Test scores
3. Psychological evaluations (if applicable)
4. Health records
5. Other pertinent information

Please release to: The Classical School of The First Academy
 2667 Bruton Blvd
 Orlando FL 32805

NAME AND ADDRESS OF SCHOOL LAST ATTENDED:

Permission is granted to release the above information. This form may be sent to the above school on or after _____ .

Parent's Signature

Accredited by
The Southern Association of Colleges and Schools

Immunization And Physical Requirements
For School Attendance
2009-2010

Physical Exam With in One Year of Entry
Valid Florida DH 680 Immunization Form

All Grades Require
DTP Series
Polio Series
Measles, Mumps, Rubella (MMR)
#2 Measles prefer (MMR)

PRE Kindergarten
H. Influenza Type B (HIB)

PRE K, K and 1st, 2nd, 3rd, 4th, 5th, 6th
Varicella (chicken pox)

All grades
Hepatitis B

Tetanus Diphtheria (Td) Booster
7-12

For further information contact
Orange County Health Department
407-836-2502



THE FIRST ACADEMY

School year 2009 - 2010

HEALTH CLINIC/MEDICAL EMERGENCY

Student's Name: _____ DOB _____ Grd _____

Address _____ HomePhone: _____

Zip: _____

Mother: _____ Cell Ph: _____ Pager: _____

Employer: _____ Occupation: _____ Wrk Ph: _____

Father: _____ Cell Ph: _____ Pager: _____

Employer: _____ Occupation: _____ Wrk Ph: _____

Siblings: Do any brothers and/or sisters attend The First Academy? If so, please list names and grade levels.

Name _____ Grade _____

Name _____ Grade _____

Medical Information:

Physician _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Explain, in detail, any health considerations: (medical conditions, medications and/or history (i.e. previous surgeries, chronic conditions, etc.) _____

Medications _____

Specify allergies _____

If your child has a chronic medical condition or a condition that might lead to a potential medical emergency, please make an appointment to see the school nurse before your child enters school. Please update information throughout the school year.

INSURANCE INFORMATION:

Company: _____ Policy # _____ Group# _____

Insurance preferred hospital:

(Responding medical unit will make final determination as to the appropriate facility for the injury)

Persons who will care for your child in case parent cannot be reached:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

SCHOOL HEALTH SERVICE CONSENT

- I hereby give my consent for this child to participate in the School Health Services Program. This means my child will receive emergency care in school, if needed, and health appraisals at school that may include screenings such as vision, pediculosis, hearing and growth development.
- In case of an accident or illness where treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached.
- In the event of a serious accident or illness, I request the school to contact me at the phone numbers listed on this form. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact the physician or dentist, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child.
- In the event of a life threatening accident or illness, I understand that the school may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

SIGNED: _____ Parent (or guardian) Date: _____

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06/02/09

STUDENT'S NAME: _____

Please complete the following by checking the appropriate choice:

Does your child have a history of Asthma? Yes No

If yes, does your child need an inhaler at school? Yes No

If yes, where do you want the inhaler kept? Backpack _____ Other _____

Does your child have a history of insect allergy? Yes No

If yes, what type of insect? Ant Bee Wasp Other: _____

If yes, does your child need Benadryl? Yes No Other: _____

If yes, does your child need an Epi Pen at school? Yes No

If yes, where do you want the Epi Pen kept? LS US Both

Does your child have a history of food allergy? Yes No

If yes, what type of food is your child allergic to? _____

If yes, does your child need Benadryl? Yes No Other: _____

If yes, does your child need an Epi Pen at school? Yes No

If yes, where do you want the Epi Pen kept? LS US Both

Do you want to have an "Over-the-Counter medication form" kept in your child's file that authorizes clinic personnel to administer OTC medications through-out the school year for minor physical complaints? Yes No

PLEASE NOTE: School based emergency medications do not leave the school for field trips or after school activities. Parent has the responsibility of making arrangements with his/her child's teacher or after school personnel supervising your child in providing emergency medication, from home, for each field trip or after school activities. The clinics are closed at 3:00 p.m.

ALL SCHOOL MEDICAL EMERGENCY

PERMISSION TO TRANSPORT STATEMENT

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes of this information in writing.

SIGNED: _____ Parent/guardian Date: _____

PERMISSION TO TREAT STATEMENT

I/We, _____

of _____, City of _____

Street and Mailing Address

County of _____, State of _____

and/are the parents/have legal custody of _____

a minor, age _____ born _____ who resides with me/us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of The First Academy, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible.

Signature of Parent/Guardian

Date

Are you interested in homeschooling?

- What type of program does The First Academy offer for homeschooling?
- What do I need to do now to investigate the possibility of homeschooling?
- How do I know if I can home school?

Please attend one of the Prospective Parent Meetings listed below to find out about our program and to receive answers to questions you may have.

DAY	DATE	TIME
Wednesday	February 18, 2009	11:00 am
Monday	March 23, 2009	12:00 noon
Wednesday	April 29, 2009	3:00 pm
Wednesday	May 6, 2009	2:00 pm
	June-July 2009	TBA
Thursday	August 6, 2009	12:00 noon
Tuesday	August 25, 2009	2:00 pm
	September 2009	TBA
Thursday	October 15, 2009	10:00
Tuesday	November 17, 2009	12:00 noon
Tuesday	December 8, 2009	3:00 pm
Tuesday	January 5, 2010	11:00 am
Thursday	February 18, 2010	1:00 pm
Wednesday	March 17, 2010	3:00 pm
Tuesday	April 6, 2010	12:00 noon
Wednesday	May 5, 2010	10:00 am

All meetings are in E-1, room 315

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ENROLL A FRIEND

(Earn Tuition Dollars)

Would you like to have a portion of your tuition credited to your account?

_____ recommends that _____
(Your family) (New family)
consider The Classical School Program of The First Academy.

If your family attends 2-days/week and your recommendation leads another family to enroll for 2-days/week, then \$100 will be credited to your last payment in April. There is no limit to how many families you can recommend, but both you and the new family must complete the year to receive this credit toward your tuition.

Please consider sharing our program with your home school friends. It is our hope that with a little growth, a large tuition increase may not be necessary in the future.

This form must be signed and returned at the time the application is submitted by the new family.

Date received: _____ for year: _____