

**Grades 1 -12
Enrollment
Packet**



Amelia Academy *Home of the Patriots*

2020-2021 Application for Admission

(Kindergarten through Grade 12)

****This form does not ensure final enrollment, but provides information upon which a decision will be based.**

Student's Full Name: _____

Date of Birth: _____ Grade Entering: _____ () Male () Female Age: _____

Present Address: _____

Phone: _____ Email address: _____

Does the student require bus transportation? () Yes () No Miles from school: _____

Special physical disabilities: _____

School Last Attended: _____

Has the child repeated any grade? () Yes () No If so, state grade and reason: _____

Has the child had any disciplinary issues in school? () Yes () No If so, briefly explain: _____

Family information:

Father or Guardian

Name: _____

Address: _____

Phone: _____

Employer: _____

Mother or Guardian

Name: _____

Address: _____

Phone: _____

Employer: _____



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Check all that apply:

Father deceased Mother deceased Parents divorced Parents Separated

Applicant resides with:

Father Mother Both parents Stepfather Stepmother Guardian Grandparent/s

****If applicable, we ask that you please provide legal documents regarding custody.**

Name and age of siblings: _____

How did you hear about Amelia Academy? _____

Explain why you want your child to attend Amelia Academy _____

Amelia Academy admits students of any race, color, religion, national or ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to the students at the Academy. Amelia Academy reserves the right to dismiss any student in the event that he/she or members of his/her family engage in conduct deemed detrimental to the learning environment or reputation of the Academy.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth: _____ Birth date: _____ Birth certificate number: _____

Other form of proof: _____ Date document reviewed: _____ Person viewing documentation: _____



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2020-2021 Medical Data Sheet/School Closing

Date: _____ Student's Name: _____ School Year: _____

School Year: _____ Grade: _____ Teacher: _____

Date of Birth: _____ Parent/guardian names: _____

Present address: _____

Home Phone: _____ Cell phone: _____ Email address: _____

Mother Work Phone: _____ Father Work Phone: _____

Name of physician: _____ Physician's phone: _____

Address of physician: _____

Insurance company: _____ Policy Number: _____

If your child is subject to any types of illness, allergy, or seizure of which this office should be made aware, please

state: _____

In case of an emergency, do we have parent/guardian permission to have the child taken to an emergency room? () Yes () No If "YES", what is your preferred hospital? _____

In case of a sickness or emergency and NEITHER parent/guardian can be reached, please give the names of persons we may contact and their phone numbers:

Name: _____ Phone: _____

Name : _____ Phone: _____

Name: _____ Phone: _____

In case of early school dismissal, please list below what instructions we need to follow, such as with whom to leave your child until you get home, or who will pick him/her up from school.



MONTHLY PAYMENT SCHEDULE

2020-2021

K - 12 Annual Re-Enrollment Fee (per child)

| | |
|---|-------|
| Paid before or on June 1, 2020 | \$300 |
| Paid after June 1 but before August 3, 2020 | \$375 |
| Paid on or after August 3, 2020 | \$450 |

Annual Fees

(per child)

| | |
|----------------------------------|-------|
| Prekindergarten | \$50 |
| K-12 | \$400 |
| Annual Transportation Fee | |
| PreK-12 (per family) | \$650 |

*****PAY TUITION AND ALL FEES BY JUNE 1, 2020, FOR A \$300 TUITION DISCOUNT*****

| | | 10 Month (August - | Plan May) | | 12 Month (June - | Plan May) |
|----------------------------|--------------------|-----------------------|--------------------|--|---------------------|--------------------|
| | TUITION IN FULL | FINANCE CHARGE | MONTHLY PAYMENT | | FINANCE CHARGE | MONTHLY PAYMENT |
| PRE-SCHOOL (5 DAYS) | | \$115/Month | | | \$115/Month | |
| First Child | \$ 5,100.00 | | \$ 510.00 | | | \$ 425.00 |
| Second Child | \$ 5,000.00 | | \$ 500.00 | | | \$ 416.67 |
| Third Child | \$ 4,900.00 | | \$ 490.00 | | | \$ 408.33 |
| Fourth Child | No Charge | | | | | |
| PRE-SCHOOL (3 DAYS) | \$ 3,990.00 | | \$ 399.00 | | | \$ 332.50 |
| KINDERGARTEN | | | | | | |
| First Child | \$ 6,445.00 | \$ 1,150.00 | \$ 759.50 | | \$ 1,380.00 | \$ 652.08 |
| Second Child | \$ 6,345.00 | \$ 1,150.00 | \$ 749.50 | | \$ 1,380.00 | \$ 643.75 |
| Third Child | \$ 6,245.00 | \$ 1,150.00 | \$ 739.50 | | \$ 1,380.00 | \$ 635.42 |
| Fourth Child | No Charge | | | | | |
| GRADES 1 - 8 | | | | | | |
| First Child | \$ 7,350.00 | \$ 1,150.00 | \$ 850.00 | | \$ 1,380.00 | \$ 727.50 |
| Second Child | \$ 7,070.00 | \$ 1,150.00 | \$ 822.00 | | \$ 1,380.00 | \$ 704.17 |
| Third Child | \$ 6,620.00 | \$ 1,150.00 | \$ 777.00 | | \$ 1,380.00 | \$ 666.67 |
| Fourth Child | No Charge | | | | | |
| GRADES 9-12 | | | | | | |
| First Child | \$ 7,450.00 | \$ 1,150.00 | \$ 860.00 | | \$ 1,380.00 | \$ 735.83 |
| Second Child | \$ 7,170.00 | \$ 1,150.00 | \$ 832.00 | | \$ 1,380.00 | \$ 712.50 |
| Third Child | \$ 6,720.00 | \$ 1,150.00 | \$ 787.00 | | \$ 1,380.00 | \$ 675.00 |
| Fourth Child | No Charge | | | | | |

Tuition Payment Plans

1. Pay in full by August 31, 2020
2. There will be a \$30 late fee per month on late payments
3. Ten (Aug - May) or 12 (June - May) monthly installments with finance charge (see monthly Payment Schedule)
4. Personal loan through bank of your choice – the interest rate will depend on your collateral

TUITION CONTRACTS ARE TO BE SIGNED BY BOTH PARENTS IN THE OFFICE.

Amelia Academy is an approved facility to train veterans and eligible persons through the Post-9/11 GI Bill. Our facility is compliant with the VA Delayed Payment Compliance Addendum. Please refer to the Student Handbook.

Student Insurance Acknowledgement

The student insurance provided by Amelia Educational Foundation constitutes secondary insurance, meaning that it is intended ONLY to supplement and NOT replace the student's primary health care insurance (i.e. commercial, Tricare, Medicare and Medicaid). The student insurance IS NOT a replacement/substitute for individual health care coverage.

Parents/Guardians must obtain individual primary health care coverage for their student(s) so they are fully covered in the event medical attention is needed. This coverage must be maintained throughout the school year.

I hereby acknowledge my complete understanding of the above-stated limitations of the student insurance provided by Amelia Educational Foundation and accept the responsibility of ensuring primary individual health care coverage for my student(s) and my own liability for his/her health care if no insurance coverage is available.

Signature of Parent/Guardian

Parent/Guardian (Please Print)

Date

Student Insurance Information:

Insurance Provider

Name of Policy Holder

Policy Number