

APPLICATION CHECK LIST AND PROCEDURE



A completed application consists of the following:

- ___ Admissions Application Form
- ___ Application Fee of \$200.00 (non-refundable)

Submit the completed application packet with the \$200.00 non-refundable application fee.

1. If your child has current psychological and/or educational tests, they may be submitted with the application or sent directly to Reach Academy from professionals. If you have a complete and current (within 3 years) Individual Education Plan (IEP) or Education Plan of any sort, please turn in with application.
2. Reach Academy will review the application and IEP information to determine the appropriateness of our program for each prospective student. **Directors will then be in contact with you to schedule an appointment for an assessment with the prospective student.** The results of this assessment will determine acceptance and placement.
3. Once assessment is complete, parents will be contacted with results and placement decision. At that time, a \$500 deposit, enrollment forms, and tuition agreement will be completed. Once the \$500 deposit is received, your child's spot is reserved. This deposit is nonrefundable if your child leaves prior to the end of each school year enrolled or re-enrolled.
4. Tours of Reach Academy, Inc. are scheduled by appointment by calling the school office at 904-268-9111.

Return the completed application, along with \$200 application fee to Reach Academy, 9857 Old St. Augustine Rd, Suite 6, Jacksonville, FL 32257. Paperwork can be submitted by mail at the above address, or brought to the school between 9am-2pm.

9857 Old Saint Augustine Road, Suite 6
Jacksonville, FL 32257

Reach Academy

ADMISSIONS APPLICATION FORM

Please answer all questions with complete honesty and enclose all documents requested. Reach Academy's admission process strives to ensure a balance of students, teachers, and parents that can work, grow, and learn in collaboration. Reach Academy reserves the right to deny admission or revoke admission if inaccurate or incomplete information is provided.

Reach Academy does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-administered programs.

GENERAL INFORMATION

Name of Applicant _____ Nickname _____
First Middle Last
Sex: _____ Race/Ethnicity _____ Date of Birth _____ Age _____
Social Security Number: _____ Current Grade _____
List All Previous Schools With Address, Phone, & Dates Attended:

CONTACT INFORMATION

Name of Father/Guardian _____ Date of Birth _____
Home Address _____
Home Phone _____ Primary Contact Phone: _____
Father's/Guardian's Occupation _____ Employer _____
Primary Phone _____ Email Address _____
Name of Mother/Guardian _____
Date of Birth _____
SS# of Parent that Filed McKay Intent (REQUIRED TO REGISTER STUDENT) _____
Home Address _____
Mother's /Guardian's Occupation _____ Employer _____
Primary Phone _____ Email Address _____
Primary Residence of Child:

Siblings Names & Ages:

CHILD'S MEDICAL HISTORY

Were there any medical concerns at birth? _____

Have there been any hospitalizations since birth? _____

Is your child taking any medication?

Name and dosage _____

Name and phone of prescribing/supervising physician _____

Current Medical Concerns _____

Does your child have any medical diagnosis, seizures, asthma, allergy issues? Yes No If yes, explain:

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, Behavioral, ODD, etc.)?

If yes, please describe concluded diagnosis, and approximate date of diagnosis:

PROVIDER HISTORY

Please list the types of therapies your child is currently receiving (tutoring, speech, sensory, etc.) How often?

Please attach sheets for additional information.

1. _____

2. _____

3. _____

4. _____

ATTENTION

Does your child have difficulty focusing on schoolwork? Yes No

Does your child sustain attention appropriate to his/her peer group? Yes No

SOCIAL/EMOTIONAL

Please describe any social, emotional, and/or behavioral concerns that affect your child (inside school and outside of school):

Does your child have aggressive behaviors? Yes No If yes, please describe any aggressive behaviors:

QUESTIONNAIRE

Does your child have difficulty making friends? YES NO

Does your child have trouble maintaining friendships? YES NO

Does your child have meltdowns in home or school? YES NO If yes, what typically triggers them?

Does your child seem generally happy? _____

Does your child enjoy play-dates? _____

Does your child relate better to adults than with his own peers? _____

SENSORY CHECKLIST

Has your child ever been diagnosed or treated for sensory integration/ processing disorder? YES NO

If yes, please describe: _____

Does your child shy away from loud noises, crowded rooms, etc.? _____

ACADEMIC QUESTIONS

What does your child like about school? _____

Are you interested in individual instruction or small group? _____

What is your child's greatest academic strength? _____

GENERAL QUESTIONS/COMMENTS

Does your child have any special interests? _____

What is your child's greatest strength? _____

What is your child's greatest weakness? _____

What are your child's hobbies? _____

What are your child's playtime activities? _____

What are your child's favorite TV shows/movies/books? _____

What are your child's dislikes? _____

Please make any other comments you feel would be helpful to us in knowing your child. Feel free to attach a separate sheet for this answer: _____

I submit the above information as accurate and complete.

Parent/Guardian Signature _____ Date _____

Print Name _____