

2018 – 2019
Reach Academy
ENROLLMENT CHECK LIST

- ___ Application Fee \$200
- ___ Deposit \$500
- ___ Individual Education Plan (IEP)
- ___ Most Current Report Card
- ___ Birth Certificate & Social Security Card
- ___ Emergency Contact Form
- ___ Copy of Insurance Card
- ___ Copy of Parent Identification
- ___ Signed Authorization for Exchange of Information
- ___ Transcript Release for Academic & Attendance Records from Previous School
- ___ *******Immunization DH 680 or Exemption DH 681
- ___ Health Exam DH 3040 (due yearly- provided by physician)
- ___ Signed Photo Release
- ___ Notarized Parental Choice Form (if receiving McKay Scholarship)
- ___ Notarized Financial Accountability Agreement

*** Students entering the 7th grade are required to complete one Tdap vaccine prior to entry, attendance, or transfer to Reach Academy. Students will not be allowed to begin the 2013-2014 school year without an updated immunization form (DH 680) or exemption (DH 681) on file at Reach Academy.**



FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE

IEPC - AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

Page 1 of 1

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who
being duly sworn, attests that he or she is the parent or legal guardian of _____
(Name of Student), and that the signature below is his or her true and correct signature and is the signature that
will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship
Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__, by

(Name of Parent).

Personally Known [] Or Produced Identification []

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone ____ - ____ - _____ Parent's Work Telephone ____ - ____ - _____

Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which
include, but are not limited to:

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual
school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the
account of the private school. The parent may not designate any entity or individual associated with the participating private
school as the parent's attorney in fact to endorse a scholarship warrant.

MICHAEL D. KOOI, ESQ.
Executive Director
Office of Independent Education and Parental Choice

325 W. GAINES STREET • SUITE 1044 • TALLAHASSEE, FL 32399-0400 • (850) 245-0502 • Fax (850) 245-0875

Emergency Contact and Medical Information for Student

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Alternate Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>		
()	()		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

List Current Medications

In the event of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be deemed necessary by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<p>I give permission for my child to go on field trips. I release Reach Academy, Inc. and individuals from liability in case of accident during activities related to Reach Academy, Inc., as long as normal safety procedures have been taken.</p>	
<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Witness Signature</p>	<hr/> <p>Date</p>

AUTHORIZATION FOR EXCHANGE OF INFORMATION

I authorize Reach Academy, Inc. and _____ to release/exchange information and share communication in verbal, written, and/or electronic form regarding:

_____ (Student Name) _____ (Date of Birth)

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance, and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

- Grades Report Card
- Standardized Test Results
- Health/Immunization Records
- Attendance Records
- Transcripts/Credit Data
- Discipline Records from special education)
- Other, Please Specify: _____
- Psychological/Psych educational
- Neuropsychological Evaluation
- Psychiatric Evaluation
- Special Education Data (ER, IEP)
- Gifted Education Data (if separate

_____ (Parent/Legal Guardian) _____ (Date)

_____ (Student Name) _____ (Telephone)

Requesting Records From:

Director: _____

School: _____

Request for Transfer of School Records

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

I/We _____ (Parent / Legal Guardian) do hereby give my permission for all records, attendance, transcripts, discipline, speech and hearing, psychological tests, IEP's including the student's health and immunization records for

Student: _____

Grade: _____

to be released to:

Reach Academy, Inc.

9857 Old St. Augustine Rd., Ste. 6

Jacksonville, FL 32257

By signing this request for transfer, I relieve the school, which the above named student(s) was / were attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records in compliance with the Family Educational Rights and Privacy Act of 1974, the ORC 3319.321 and P.L. 93-380

Parent / Legal Guardian

Principal

Date

Copy: Student File

Reach Academy, Inc.

Photo Release

Student Name: _____ DOB: _____

Please Initial:

____ Yes, my child's photos and projects can be displayed on the school's website (www.reachacademyjax.com), Facebook page, and in the local newspaper. I give Reach Academy, Inc., permission to use, publish, reproduce, and copyright photographs or other likenesses of my child, without compensation, for advertisement or training purposes. Photographs may be included in whole or in part in connection with the school's advertising or teacher training, such as the school's website, magazine ads, new publications, and brochures.

____ No, I would prefer not to have my child's photos or projects displayed on the school's website, Facebook page, or in the local newspaper. I ***do not*** give Reach Academy, Inc., permission to use, publish, reproduce, and copyright photographs or other likenesses of my child.

Parent Signature

Parent Name (Printed)

Financial Accountability Agreement

Group & Individual Instruction

This is a contract between Reach Academy, Inc. ("Reach Academy"), and the undersigned individual ("Parent/Guardian") regarding the tuition payment policies of this School. The words "I" and "my" refer to Parent/Guardian.

Parent/Guardian is financially responsible for all tuitions and fees payable to Reach Academy, and for all salary expenses of any teacher(s) contracted to Reach Academy on behalf of the student. This financial responsibility includes any amounts in excess of McKay, Gardiner, PLSA or any other scholarship funds. In the event McKay, Gardiner, PLSA or other scholarship funding included in the tuition schedule is not received by the school, Parent/Guardian will be responsible for the entirety of the tuition. Balances owed to Reach Academy may be paid by cash, check, credit card, or money order. Total tuition and fee amounts due are in agreement to, by, and between Reach Academy and Parent/Guardian, and communicated in writing and/or electronic communication.

I agree to pay my school bill on time. I understand the total tuition amount is divided into 10 equal payments **due on the 1st of every month**. A **\$25 late fee** applies to all late payments. In the event of a NSF payment, I understand that I will no longer be eligible to pay by check, and am responsible for all bank fees charged to Reach Academy, Inc., in addition to related administrative fees.

I understand that there will be an interruption in my child's academic schedule, should my tuition payment lapse more than one week, but may be reinstated upon payment. If my account at any time becomes delinquent by two weeks, I will receive a termination notice, and my child cannot to return to school until the balance is paid in full. Timely tuition payments guarantee my child's place of enrollment.

I understand that my child's teacher, contractors, and staff are paid from tuition money. Tuition is calculated for the entire school year. Therefore, no reductions or allowances in tuition are expected for vacations, holidays, or planned or unplanned absences.

I understand, per FLDOE School Choice policy, reimbursements or refunds of McKay, Gardiner, PLSA or any other scholarship funds are not payable to parents/guardians. Scholarship funds in excess of Reach Academy's stated tuition may be utilized for resources available at Reach Academy or miscellaneous school fees. Scholarship funds may not to be utilized for therapy or resources occurring outside of, or not contracted

through Reach Academy. End of the year funds not utilized for teacher's salary or resources will be allocated for the benefit the Reach Academy student body.

I understand fees for elective resources and therapies contracted by the school are paid in addition to tuition. Fees incurred for elective resources or additional school provided therapies are due in full at the beginning of each academic quarter.

If I withdraw my student from Reach Academy, I agree to provide a written notification to Reach Academy director(s). Any outstanding balance owed to Reach Academy for the remainder of the academic quarter is due at that time. If I elect to withdraw my child, or if my child is dismissed for any reason, no refund will be made of tuition paid to the date of withdrawal or dismissal, and the entire unpaid balance of tuition for the school quarter will become immediately due and payable.

Student(s) Name _____

Signature of Parent _____

Parent Name _____

Social Security _____

Driver's License _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

20____, by _____ (Name of Parent Signing.)

___Personally Known Or ___Produced Identification

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)



9857 Old St. Augustine Rd., Ste. 6
Jacksonville, FL 32257 - (904) 268-9111 – www.reachacademyjax.com

2018-2019 Tuition & Fee Schedule

Application Fee	\$200 (one-time fee for new students)
Re-enrollment Fee	\$100
Deposit	\$500 (deposit for new students)
Co-Op Fee	\$250 per semester for parents not active in fundraising/volunteering. **

Tuition

- Classroom \$15,500
- Individual Instruction (1:1) \$18,500 - \$30,000*

Included Electives:

Fee Based Electives:

- Guitar
- Piano
- Music
- Art
- Technology
- Life & Transition Program
- Social Skills
- Community Based Interaction

Reach Academy operates on a 10 month Academic Year. Students withdrawn prior to the end of the school year or after signing re-enrollment form will forfeit their deposit.

*Contact us for detailed information on tuition rates.

**Co-op fees waived for parents active in volunteering/fundraising.