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ADMISSIONS APPLICATION PACKET

ADMISSIONS

We are currently accepting Student Applications for grades K-12 for the 2021-2022 school year. Here are the steps to follow:

STEP ONE-

Student Application: Fill out the student application *completely* and turn it into the school office with application fee of \$100.00. This is a refundable* application fee (Placement Evaluation included – see below for more details).

STEP TWO-

Part A: Family Interview/Student Observation

Upon receipt of completed Student Application and Student Transcripts, the administration will call to schedule a Family Interview and Student Observation/Visit.

Part B: Placement Evaluation

As part of the admissions process, the admissions team reviews all psychoeducational, speech, and language, occupational therapy and academic evaluations. These evaluations must be current and completed within six months of the application process. If a child requires updated testing in any area, this evaluation can be completed by the staff members of PLA, or the parent can go to a provider of their choice. These assessments will be utilized to create an individualized service plan (ISP) for the child, if accepted. All applicants will be given an Achievement Based evaluation prior to being accepted to Phoenix Learning Academy. The fee for these evaluations is \$400. The first half of the payment is due upon scheduling, and the other half will be paid upon receipt of the formal report.

Please Note: It is possible that a child will not be accepted into PLA based on this evaluation because the assessment finds that the program is not appropriate for the child. However, a formal report will be given to the parents and can be shared with the school that the child enrolls. If acceptance is not granted, your \$100 Application Fee will be returned.

STEP THREE-

Once the student's records have been reviewed by the administration and step one and two are completed, the family will be notified if the student has been accepted for enrollment. To secure a spot in the desired grade level, a non-refundable Student Registration/Enrollment Fee (per student) of \$200 and a materials fee of \$300 are due.

Please Note: If a space is not available for the desired grade level and/or program, the student will be placed on a Waiting List. Steps One and Two above will need to be completed to ensure placement on the waiting list.

STUDENT APPLICATION CHECKLIST 2021-2022

(To be filled out by Office Staff only)

Student's Name: _____ Grade: _____

- I. Student Application and Fee (\$100)
Date: _____ Payment Type: _____

- II. Student Assessment and Fee (\$400)
Date Scheduled: _____
Date: _____ Payment Type: _____

- III. Family Interview/Student Observation
Date Scheduled: _____

- IV. Student Records (Completed prior to Acceptance)
 - a. Student Photo
 - b. Immunization and Health Exam Form
 - c. Copy of Original Birth Certificate
 - d. Transcript of Grades
 - e. Copies of all Standardized Testing and most recent IEP
 - f. Norm-Referenced Testing Scores
 - g. Teacher Recommendation Form
 - h. Permission to Release Records Form
 Date Completed: _____

- V. Registration/Enrollment Fee (\$200)
Non-Refundable and Due Upon Acceptance
Date: _____ Payment Type: _____

- VI. Materials Fee (\$300)
Per Year and Due Upon Acceptance
Date: _____ Payment Type: _____

The items above are the steps involved in the Application Process and must be completed in the order presented. Please complete the Student Application and return it to the main office. Additional application forms are available upon request or may be downloaded from our school website. When the Application is complete, the main office will contact the parents to arrange an interview/evaluation at the earliest possible date.

STUDENT APPLICATION

Student Information:

Please print clearly.

LAST _____ FIRST _____ MIDDLE _____
 NAME STUDENT GOES BY: _____

ADDRESS: _____

CITY _____ COUNTY _____ ZIP _____

BIRTH DATE ___/___/___ SEX: M or F

AGE ON AUGUST 1ST: ___ LAST GRADE COMPLETED: _____

SCHOOL PREVIOUSLY ATTENDED: _____

GRADE LEVEL ON AUG. 1ST: ___

STUDENT SOCIAL SECURITY #: ____ - ____ - _____

Parent Information

FATHERS NAME: _____ MARITAL STATUS: _____

ADDRESS: _____

OCCUPATION: _____ Place of Employment _____

PRIMARY PHONE _____ WORK _____

FATHERS EMAIL _____

FATHERS SOCIAL SECURITY NUMBER _____

MOTHERS NAME: _____ MARITAL STATUS: _____

ADDRESS: _____

OCCUPATION: _____ Place of Employment _____

PRIMARY PHONE _____ WORK _____

MOTHERS EMAIL _____

MOTHERS SOCIAL SECURITY NUMBER _____

STUDENT LIVES WITH _____

Medical Emergency Information Sheet

Parents' Names _____

Student's Name _____ Grade _____

Mailing Address _____

Home Phone _____ Primary Email _____

Dad's Work _____ Dad's Cell _____

Mom's Work _____ Mom's Cell _____

Any Known Illness? _____

ALLERGIES? _____

So that we may serve your family to the best of our ability, please list any physical mobility/health issues that might affect your students ability to participate in any school/field trip activities: _____

Has the student been immunized according to Florida State Law? _____

Does the student have an updated Tetanus shot? _____

If no, please explain: _____

List two people as an Emergency Backup if parents cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Relationship _____ Relationship _____

Tuition Fees

Tuition rates and payments vary based on the needs of the student as determined by assessments and parental input, as well as the possible contribution of any scholarships, and, if applicable, the ability to bill insurance for Behavior Analytic services.

Behavior Analytical services are separate fees paid directly to the service provider via medical insurance, Medicaid, or private pay to our contracted service provider. If parents pay for therapies privately, the family will be given documentation, so that they can receive a tax deduction for out of pocket medical costs.

TUITION PAYMENT OPTIONS:

PLAN A “ANNUAL PAYMENT” – Receive a \$200 discount when tuition and fees for the coming academic year are paid in full by the first day of school.

PLAN B “10 MONTHLY PAYMENTS” – Monthly payments made by the 16th of each month.*

PLAN C “QUARTERLY PAYMENTS” – Payments made on Aug. 16th, Oct. 16th, Jan. 16th, and Mar. 16th.

**A \$50 late fee will be charged if payment is made after the 18th of each month or for returned checks.*

Please Note: All associated enrollment/application fees remain due upon acceptance.

Parent Tuition Policy Agreement

Students are registered for the entire school year and, as such, the tuition is calculated for this per the payment option selected. **Parents are responsible for payment of tuition for the entire school year even in the event the student does not attend or withdraws from Phoenix Learning Academy.** The exception to this obligation is expulsion from the school, if the student moves outside of a 100-mile radius of the physical location of PLA, or with express permission from the administration. A late fee of \$50 will be charged in the event of a returned check and/or payment is two days past due. The administration and the Board have the right to suspend any student from school and/or withhold a report card if full payment is more than thirty days late. Parents are encouraged to notify the administration concerning any financial hardship immediately. Students will be readmitted to school upon full payment of past due amount.

In the event a parent voluntarily withdraws a student from PLA, each family is required to return any materials or curriculum that is the school property. The parents are reminded that in this situation, it is still the obligation of the parents to fulfill the tuition payment for the entire school year. The administration and the Board reserve the right to withhold a student's transcripts if this Tuition Policy is not honored.

In order to keep the base tuition rates at \$12,500, PLA requires a parent/family support commitment in addition to tuition. Each family is asked to contribute a value of \$150 financially or by volunteering with school activities. Families are encouraged to solicit financial contributions and/or families have the option to support in-time through attending parent workshops, chaperoning field trips, volunteering in the classroom, and/or participating in school networking/outreach events. Families can contribute in-time up to 10 hours within the school, year to earn the \$150 support commitment. These hours will be logged through the office staff. This \$150 can also be raised by selling tickets to fundraising events, getting sponsorships, selling advertisements which will be posted on the school website, and/or volunteering time. PLA relies on fundraising to help with the budget.

I have fully read the provided Parent Tuition Policy and I am in agreement. I promise to honor this Tuition Policy of Phoenix Learning Academy.

Signatures from both parents/guardians are required.

Father's Signature _____ Date _____

Father's Printed Name _____

Mother's Signature _____ Date _____

Mother's Printed Name _____

Fundraising Request Letter

It is a well-known fact that all children do not learn the same way or at the same time necessarily. Therefore, instruction should vary depending upon the needs of the individual child. With this said, we are aware of the intensive needs of a population of children that have struggled and continue to struggle in many public and private schools. These children with various levels of challenge often cannot fit into the “curriculum box” and need a school that meets their educational, developmental, social and physical needs.

The Phoenix Learning Academy Program is very unique, because it provides not only **Intensive Academic Instruction**, but also integrates **Analytical Behavior Therapy** to our students in a safe, predictable, consistent environment that will allow them to reach their potential, build self-confidence, and navigate social situations successfully. There are no other schools like this in these two counties, so many families often have to travel across town/county lines to bring their children to school each day and even then, these programs do not always offer the individualized service plans that PLA provides.

Phoenix Learning Academy’s student population consists of students in grades K-12 who present with special needs in the areas of cognitive and social development. Our students come to us with a variety of needs including diagnosis of **ADHD, Learning Disabilities, Developmental Delays, Asperger’s Syndrome, and High Functioning Autism**.

Many children and families living in this area are in desperate need of this kind of program. With your support, we can give children access to individualized instruction, technology, and therapeutic interventions that will make the learning process more effective and help these children grow to be fully functioning, independent members of our society.

PLA is a not-for-profit 501(C)(3) private school, and we are asking for the following donations to:

- Help provide these students with the **technology and educational materials** that they need to succeed.
- PLA’s **scholarship fund**, so that all children can have the opportunity to attend and receive the therapies they need, even if their families are unable to afford the tuition costs.
- **Help expand our facility**, so that we can serve even more children within the community and expand the program to take these children through high school, as well as provide a transitional living program after they graduate.

School Hours

For the 2021-2022 school year, class begins at 8:00am each day and ends at 3:00pm on Monday, Tuesday, Wednesday, and Thursday. However, class will end at 1:00pm on Friday. Teacher/Staff meetings and parent conferences will be held on Fridays from 1:00pm to 3:00pm. PLA follows a modified Santa Rosa/Escambia County Public School Calendar. The official school calendar will be provided upon enrollment to Phoenix Learning Academy.

Disclosure of Student History

We, the parents/guardians of _____, have disclosed any and all information, reports, or paperwork concerning our child in compliance with the Phoenix Learning Academy Student Admissions Packet. We have disclosed any past suspensions/expulsions at prior schools or unlawful behavior of our child to the school's administration.

Parent Signature _____

Parent Name _____

Date _____

Medical Emergency Form

Student Name _____

Father's Name _____ Phone # _____

Mother's Name _____ Phone # _____

Emergency Back Up Name _____ Phone # _____

Name of Policy Holder _____ SSN _____

Insurance Company _____ Policy # _____ Insurance Phone _____

Address of Insurance _____

Hospital Preference _____ Phone # _____

Primary Care Physician _____ Phone # _____

Primary Dentist _____ Phone # _____

I hereby give permission for my child to participate in activities with Phoenix Learning Academy in or around Pensacola, FL and to be under the supervision of a staff member or another designated adult. I also give permission for myself or my child to receive emergency medical attention from a physician or EMT in the event of an illness or injury. I absolve and hold harmless Phoenix Learning Academy Inc. and/or the owners of the school property from any injury of harm caused to myself or my child through whatever means or for whatever reason except for gross negligence of the school or its staff, employees, or designated representatives.

Signature of Parent or Legal Guardian

Print Name

STATE OF FLORIDA

COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, a officer duly authorized in the State and County aforesaid to take acknowledgements and administer oaths, personally appeared _____ who is personally known to me (or satisfactorily proven) to be the person who executed the forgoing Consent to Participate in the Phoenix Learning Academy academic and extracurricular activities, and who acknowledged before me that he/she executed the same. WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 20__.

(Place Seal Here)

Notary Signature

Permission to Release Records from Current School

Name of Student _____ Current Grade _____

Please send a copy of my child's report cards to date as well as any standardized test scores and exceptional student evaluations held in both their cumulative file and clinical file. Send these documents to:

PHOENIX LEARNING ACADEMY
9608 NORTH PALAFOX STREET
PENSACOLA, FL 32534
Phone: 850-332-7437
Fax: 850-466-2488
Email: jlundy@phoenixlearningacademy.org

Parent Signature _____ Date _____

Dear Principal or Guidance Counselor:

Please include any other pertinent materials, in addition to those requested above, that you may believe to be necessary. Thank you for your help regarding this matter.

Teacher Recommendation

Student's Name _____ Current Grade _____

The student named above has applied for enrollment to Phoenix Learning Academy. Please answer the following questions. As a former teacher of this child, your input is highly valued to us. Please complete within ten working days and return **directly** to:

Phoenix Learning Academy
9608 N. Palafox Street
Pensacola, FL 32534
Phone: 850-332-7437
Fax: 850-466-2488

Thank you for your help in this matter.

Please circle the most appropriate response:

	Usually	Sometimes	Never
Listens attentively & is not easily distracted	1	2	3
Displays self-control	1	2	3
Is able to work independently	1	2	3
Adjusts to new situations	1	2	3
Follows directions	1	2	3
Respects authority of parents, teachers & staff	1	2	3
Demonstrates respect to others' belongings	1	2	3
Finishes a task to completion	1	2	3
Responsible to bring materials to & from school	1	2	3
Consistent in day-to-day performance	1	2	3
Displays honesty	1	2	3
Interacts well with peers	1	2	3

Answer the following questions on the back of this form:

1. What are this student's greatest personal strengths?
2. Does this student have any behaviors that interfere with school and learning?
3. What is/are this student's most successful learning modalities (Auditory, Visual, Kinesthetic)?
4. What does this student value/enjoy more than anything else?
5. Are the parents supportive of your school and its policies?
6. Please describe the attendance history of this student in your class?
7. What are this student's greatest academic strengths?
8. What are this student's greatest academic weaknesses?
9. What are this student's major academic weaknesses?

Teacher _____ School _____

*Feel free to make multiple copies of this form if necessary.