



East Campus
1525 South Alafaya Trail
Orlando, FL 32828
Phone 407-382-1006
Fax 407-382-5637

West Campus
7605 Conroy Winderemere Rd.
Orlando, FL 32835
Phone 407-298-8699
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Admissions Application

Admissions

We are currently accepting Student Applications for grades K-12 for the 2009-2010 school year. Here are the steps to follow:

Step One-Student Application- Fill out the student application *completely* and turn it in to the school office. This includes a non-refundable Intent Fee of \$50.

Step Two-

2A. 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.

2B. 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 three months of the application process. If a child requires updated testing in any area, this evaluation can be completed by the Center for Health, Learning & Achievement and our contracted therapists, or the parent can go to a provider of their choice. These assessments will be utilized to create an individualized education plan for the child.

Please Note: It is possible that a child will not be accepted into Providence Academy 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 parent, and can be shared with the school that the child is enrolled in.

Step Three - Once the student records have been previewed 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 Fee (per student) of \$350 and a \$300 materials fee are due.

Please Note: If a space is not available for the desired grade level, the student will be placed on the Waiting List at this point after Step One and Step Two are completed.

If you need an additional Student Application, please stop by the school office or download a copy at Admissions forms from our website - www.theProvidenceAcademy.com

Student Application Checklist 2009-2010

Student's Name: _____

Current Grade: _____

(The following is filled out by Office Staff only)

_____ I. Student Application (must be completed before the interview) Date: _____
(with \$50.00 Application Fee)

_____ II. Family Interview/Student Observation Date: _____

_____ III. Additional Testing required by Providence before acceptance Date : _____

_____ IV. Student Records (Transcripts must be complete before acceptance) Date : _____

_____ Student Photo

_____ Immunization Form and Health Examination Form

_____ Copy of original Birth Certificate

_____ Transcript of Grades

_____ Copies of all Standardized Testing and most recent Individualized Education Plan

_____ Standardized Testing Scores

_____ Teacher Recommendation Form

_____ Permission to Release Records Form

_____ V. Registration Fee - \$350 per student (Due Upon Acceptance) Date: _____

_____ VI. Registration Fee - \$300 Materials Fee (Due Upon Acceptance) Date: _____

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 to the main office. Additional Student Application Forms are available upon request, or may be downloaded from our school website. When the Student Application is complete, the main office will contact the parents to arrange an interview/evaluation at the earliest possible date.

Student Application

I. Student Information:

(please print clearly)

Last Name _____ First _____ Middle _____

Name Student Goes By _____

Address _____

City _____ County _____ Zip _____

Birth Date ____/____/____ Male _____ Female _____

Age as of August 1st _____ Grade Level Last Completed _____

School Previously Attended _____

Grade Level to Enter _____

II. Parent Information:

Father's Name (or guardian) _____ Marital Status _____

Address _____

Occupation _____ Place of Employment _____

Home Phone _____ Work _____ Cell _____ Fax _____

Mother's Name _____ Marital Status _____

Address _____

Occupation _____ Place of Employment _____

Home Phone _____ Work _____ Cell _____ Fax _____

Student Lives With _____ Family E-mail _____

III. Medical Emergency Information:

Parents' Names _____

Student's Name _____ Grade _____

Mailing Address _____

Home Phone _____ E-mail _____

Dad's Work Phone _____ Dad's Cell _____

Mom's Work Phone _____ 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 his or her ability to participate in any school/field trip activities:

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

Does the student have updated Tetanus shots? _____

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 Number _____ Work Number _____

Relationship to Student _____ Relationship to Student _____

V: Discipline Policy: Please refer to the Providence Academy Student Handbook

VI: Tuition Fees:

Registration Fee: (non-refundable): \$350

Tuition Fee: \$17,500 for academic program and physical education each day.

Services in Speech and Language, Occupational Therapy, and Neurofeedback are separate fees paid directly to the Therapist via insurance, Medicaid or private pay.

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.

One therapy session per week will cost \$3000 per year if the therapists are utilized at the Center for Health, Learning and Achievement. Number of therapy sessions and type of therapy will be decided based on the Placement Evaluation and is mandatory for admissions into the program.

Materials Fee: \$300 (Due at formal admission into the program)

Tuition Payment Options

- I. **Payment in Full** – When the annual tuition is paid in full by September 1st there will be 3% discount on the balance.
- II. **Monthly Payment** – Payment is due on the 1st of each month. A \$50.00 late fee will be charged if payment is made after the 1st.
- III. **McKay Scholarship** will pay quarterly for qualified students and parents must pay the balance on the 1st of each month.

Parent Tuition Policy Agreement

Students are registered for the entire school year. **Parents are responsible for payment of tuition for the entire school year even in the event the student does not attend or withdraws from Providence Academy.** The exception to this obligation is expulsion from the school or if the student moves outside of a fifty mile radius of Providence Academy. A late fee of \$50 will be charged in the event of a returned check and/or payment fifteen days past due. The Administration and the Board as 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 Providence Academy, each family is required to return any materials or curriculum that are the property of Providence Academy. The parents are reminded that in this situation, it is still the obligation of the parents to meet the payment of tuition for the remainder of the school year. The administration and the Board reserve the right to withhold a student’s transcripts if this Tuition Policy is not honored by the family.

I have fully read the above Parent Tuition Policy and I am in agreement and promise to honor this Tuition Policy of Providence Academy.

Signatures from either both parent’s or guardians are required

Father’s Signature _____

Mother’s Signature _____

Date _____

Please sign and return to the office.
Thank You.

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:

Providence Academy
1525 South Alafaya Trail Suite 102
Orlando, FL 32828

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 Providence 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:

Providence Academy
1525 South Alafaya Trail Suite 102
Orlando, FL 32828

Thank you for your help in this matter.

Please circle the most appropriate response:

	Usually	Sometimes	Never
Listens attentively and 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 and 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

Please 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 major academic weaknesses?

Teacher _____ School _____

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
Providence 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.

Name: _____

Date: _____

Please sign and return to the office.
Thank you.

Medical Emergency Form

Student Name _____

Father's Name _____ Phone # _____ Cell # _____

Mother's Name _____ Phone # _____ Cell # _____

Emergency Back Up _____ Phone # _____

Name of Policy Holder _____ SSN# _____

Insurance Company _____ Policy # _____

Address of Insurance _____

Phone of Insurance _____

Hospital Preference _____ Phone _____

Doctor Preference _____ Phone _____

Dentist Preference _____ Phone _____

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

Signature of Parent of Legal Guardian

Please Print Name

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements and administer oaths, personally appeared _____ who is personally known to me to be the person who executed the forgoing Consent to Participate in the Providence 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_____

Notary Public

Print Name My Commission Expires _____

2009 – 2010 Calendar and School Hours

School starts at 8:30 each day and ends at 2:30 on Monday, Tuesday, Thursday, and Friday. School will end at 1:30 on Wednesday. Teacher staffing and parent conferences will be held on Wednesdays from 1:30 to 3:30.

Monday-Friday August 17, 18, 20, 21	Pre Planning
Wednesday August 19	Staff Development Day
Monday August 24	First Day of School
Monday September	7 Holiday
Friday October 16	Statewide Professional Day
Student Holiday	
	Teacher Non Workday
Thursday October 29	End of 1 st Marking Period (47 days)
Friday October 30	Student Holiday
	Teacher Workday
Monday November 2	Begin 2 nd Marking Period
Monday November 23	Student Holiday/Teacher Non Workday
Tuesday November 24	Holiday
Wednesday-Friday November 25-27	Thanksgiving Break
Two Weeks December 21–January	1 Winter Break
Monday January 18	Holiday
Thursday January 21	End of 2 nd Marking Period (43 days)
Friday January 22	Student Holiday
Teacher	Workday
Monday January 25	1 st day, 2 nd semester
Monday February 15	Holiday
Thursday March 25	End of 3 rd Marking Period (43 days)
Friday March 26	Student Holiday
	Teacher Workday
Monday-Friday March 29-April 2	Spring Break
Monday April 5	Begin 4 th Marking Period
Monday May 31	Student/Teacher Holiday
Wednesday June 9	Last day of school
	End of 4 th Marking Period (47 days)

Fundraising

Providence means to Provide. We know that all children do not learn the same way, on the same day, and instruction should vary depending upon the needs of the child. With this said, we also 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 Providence Academy program is very unique, because it provides not only **Intensive Academic Instruction**, but also integrates **Speech and Language Therapy, Occupational Therapy and other Therapy Services** 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 the greater Orlando area, so many families often have to travel across town to bring their children to school each day and even then these programs do not always offer the individualized education plans that this school provides.

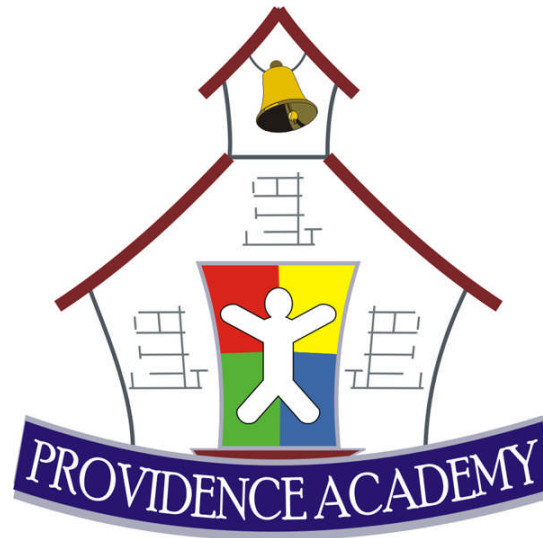
Providence Academy’s student population consists of students in grades K-12 who present with special needs in the areas of cognitive and social development. Our students come to us with a variety of needs including diagnosis of **ADHD, Learning Disabilities, Pervasive Developmental Disorders, and High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

Many children and families living in the greater Orlando 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 members of our society.

Providence Academy is a not for profit 501 (C) (3), and we are asking for the following:

- **Donations to** help provide these students with the **technology and educational materials** that they need to succeed.
- **Donations to create a scholarship fund**, so that all children have the opportunity to attend and receive the therapies they need, even if their families are unable to afford the tuition costs.
- **Donations to assist us in building a larger 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.

Contact Us



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West Campus
7605 Conroy Winderemere Rd.
Orlando, FL 32835
Phone 407-298-8699
Fax 407-293-2109

Email:

Alicia Braccia
abraccia@learningandachievement.com

Valerie Lovegreen
vlovegreen@theprovidenceacademy.com

We hope that we can count on your support; **together we can create a bright future for these children** and help them become fully functioning and valuable members of society.

I will make a tax deductible contribution of

\$20 _____

\$50 _____

\$100 _____

\$500 _____

\$1000 _____

Other _____

I will donate:

Computers, Monitors _____

School Supplies _____

Other _____

I would like to volunteer my time _____

Name

Phone #

We thank you and the children thank you for your support!