



STUDENT REGISTRATION

School Year _____

STUDENT INFORMATION

Student name _____

Male

Female

(Underline name preference or nickname)

Birthdate _____ Age (as of Sept. 1) _____ Last grade/class completed _____

Home Address _____

(Street)

(City)

(Zip)

Subdivision _____

Previous school attended _____

Has your child received any special services (504, IEP, etc.) or been diagnosed with any learning or behavioral disabilities? If so, please give details. _____

How did you hear about Abercrombie Academy? _____

FAMILY INFORMATION

FATHER:

Name _____

Home Address _____

Home Phone (____) _____

TDL number _____

Occupation/Employer _____

Business Name _____

Business Phone (____) _____

Cell Phone (____) _____

Email _____

MOTHER:

Name _____

Home Address _____

Home Phone (____) _____

TDL number _____

Occupation/Employer _____

Business Name _____

Business Phone (____) _____

Cell Phone (____) _____

Email _____



Check if appropriate:

- Parents separated Mother remarried
- Parents divorced Father remarried

Student lives with:

- Father Father and Mother
- Mother Family members

If parents are divorced, to whom should correspondence be mailed? _____

**All email correspondence will be sent to BOTH parents, unless otherwise advised.*

If divorced, who has primary legal and physical custody? _____

Please list names and ages of other children in the family: _____

HOME LANGUAGE SURVEY

What languages are spoken at home? _____

If your child has lived outside of the U.S, did he/she attend school regularly?

- Not Applicable Yes. Please list country where school is located. _____
- No. Please specify details. _____

SCHOOL HOURS AND EXTENDED CARE

Check the appropriate boxes:

- | | | | |
|--|---------------|---------------------------------------|--------------|
| <input type="checkbox"/> Three-Day Preschool(M,W,F) | 9:00-1:00 PM | <input type="checkbox"/> Kindergarten | 8:30-2:00 PM |
| <input type="checkbox"/> Three-Day Pre-Kindergarten(M,W,F) | 9:00-1:00 PM | <input type="checkbox"/> First Grade | 8:30-3:00 PM |
| <input type="checkbox"/> Five-Day Preschool | 9:00- 1:00 PM | <input type="checkbox"/> Second Grade | 8:30-3:00 PM |
| <input type="checkbox"/> Five-Day Pre-Kindergarten | 9:00- 1:00 PM | <input type="checkbox"/> Third Grade | 8:30-3:00 PM |
| | | <input type="checkbox"/> Fourth Grade | 8:30-3:00 PM |
| | | <input type="checkbox"/> Fifth Grade | 8:30-3:00 PM |

Before and After School Care:

Students may stay for extended care. Drop-in care is available to all students. The fee is \$5.00 per half hour. A special rate is available for students with a sibling in the elementary building. Please check with the office for details.

- Full-Day Extended Care 6:45 AM - 6:15 PM
- Partial Extended Care (*pick up with older sibling in Abercrombie*)
- Carpool (*half hourly drop-in charge rate applies 15 minutes after car pool completes*)



HEALTH AND FIELD TRIP PERMISSION

A current immunization record must accompany this form.

List any allergies _____

- I give permission for my child to have Tylenol for a high fever. Yes No
- Permission is given for my child to be transported to and from the school and/or on excursions or other planned trips.
- I hereby authorize the staff member/s at Abercrombie Academy to consent to emergency medical treatment of my child.
- I will be responsible for all expenses incurred by virtue of the emergency medical treatment of my child and for the transportation to the emergency medical treatment facility.
- I release Abercrombie Academy staff members from any and all claims or actions from liabilities for the injury that may occur to my child as a result of his or her receipt of emergency medical care.
- I understand and consent to the responsibilities outlined in the Abercrombie Academy school handbook.

In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize a member of the Abercrombie staff to take my child to the nearest emergency facility.

Emergency contact: _____ Phone: _____

Relationship with student: _____ TDL number: _____

Insurance Provider _____

Insurance Policy Number _____

MEDIA PERMISSION

I understand that my child will use the Internet in a supervised classroom setting as part of the computer education program at Abercrombie Academy. I understand that my child may appear in photographs used as part of the presentation for Abercrombie Academy's web site on the Internet or for advertising purposes. School projects, art work, community service and awards may also be featured.

Yes

No

- | | | |
|-------|-------|---|
| _____ | _____ | Use photos (no names) on Abercrombie web page and social media. |
| _____ | _____ | Use student photo and name in Abercrombie Academy annual yearbook. |
| _____ | _____ | Submit student photo (with name) to local newspapers, subdivision newsletters, etc. for special events and publicity. |



Application Process for New Students:

All students new to Abercrombie Academy are required to fill out the appropriate paperwork and submit the application and registration fees. We are unable to consider a student for placement without the full registration fee. All new students are required to complete our screening process before acceptance. These fees are non-refundable and non-transferrable. Returning families must be current in ALL financial accounts for registration to be valid.

Tuition Information:

Tuition payment options are listed on the Fee Schedule. Parents are required to create an account with SMART Tuition. All tuition and fees will be paid through SMART Tuition. Tuition may be paid in full with a one-time payment (3% discount) payable by July 1st. The oldest student in each family will pay full price. Second and additional siblings will receive a 10% discount. No student may receive more than one discount. Tuition payments will be due the 1st or 15th of each month and will be the same regardless of absences or holidays. Students whose accounts are delinquent may not be permitted to return to school until the account is current.

School Records and Student References:

By signing this application form, I give permission to Abercrombie Academy to obtain school records and references from my child’s previous school.

Email Correspondence:

By providing my email address, I give consent to be contacted by school faculty and staff members by email. I understand that my email address will remain confidential and will not be given out or used for any purposes other than for school-related information.

Signature of Parent or Guardian

Date of application

Signature of Parent or Guardian

Date of application

APPLICATION CHECKLIST (office use only)		Class Placement _____
<input type="checkbox"/> Application _____ (date submitted)	<input type="checkbox"/> Registration Fee _____ (date & amount)	
<input type="checkbox"/> New Student Screening completed by _____	<input type="checkbox"/> Mailing list update	
<input type="checkbox"/> School records received	<input type="checkbox"/> Copy of current immunization record	
<input type="checkbox"/> Smart Tuition enrollment	<input type="checkbox"/> School Database Update	
<input type="checkbox"/> Parent/Student Handbook acknowledgement form		
<input type="checkbox"/> School references received () Administrator () Teacher (2)		