

Flint River Academy

11556 E. Highway 85
Woodbury, GA 30293
Phone: (706) 553-2541
Fax: (706) 553-9777

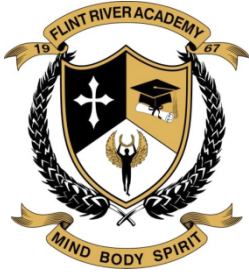
www.flintriveracademy.com

APPLICATION CHECKLIST FOR PARENT/GUARDIAN

| | |
|---|---|
| _____ Enrollment Registration Form | (3k-12 th grade) |
| _____ Personal Information and Medical Release Form | (3k-12 th grade) |
| _____ Copy of Birth Certificate | (3k-12 th grade) |
| _____ Immunization | (3k-12 th grade) |
| _____ Copy of Social Security Card | (3k-12 th grade) |
| _____ Counselor Recommendation Form | (1 st -12 th grade) |
| _____ Teacher Recommendation Form | (1 st -12 th grade) |
| _____ Transcript | (1 st -12 th grade) |
| _____ Final Grades | (1 st -12 th grade) |
| _____ Achievement Test Scores | (1 st -12 th grade) |
| _____ Discipline Record | (1 st -12 th grade) |
| _____ Psychological (<i>If applicable</i>) | (1 st -12 th grade) |

Testing will ONLY be scheduled after student records have been received by Flint River Academy.

Andrea Carroll
Guidance Counselor



Established 1967

Flint River Academy

www.flintriveracademy.com

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Student Enrollment Contract 2019-2020

(MUST BE FILLED OUT COMPLETELY BEFORE TURNING IN TO OFFICE)

(1) Student Name Birthdate Grade Level 2019-2020

(2) Student Name Birthdate Grade Level 2019-2020

(3) Student Name Birthdate Grade Level 2019-2020

(4) Student Name Birthdate Grade Level 2019-2020

ADDRESS CITY STATE ZIP

Financial Agreement:

The payment of all fees and tuition is a condition of enrollment. An account becomes past due 31 days after the 1st of each month and the following penalties will be enforced:

- 1-The student cannot return to school.
- 2-Eligibility to participate in athletics and other extracurricular activities will be suspended until the account is up to date.

Registration, New Family, and Testing Fees:

1. Non-refundable Registration Fee - \$300 per student due at registration. Registration Fee for the 1st student is **March 15, 2019**; for the 2nd student is due **by April 12, 2019**; and the 3rd student **by May 17, 2019**. **If not paid by each due date, the Late Registration Fee is \$400.00. NO EXCEPTIONS ALLOWED**
2. New Family Fee - \$200 due at registration
3. New student Application Fee/Testing Fee - \$75 due at time of application will be credited to registration fee upon enrollment.

***ALL** families **MUST** have an account set up with FACTS before a student is considered enrolled. Registration fees and full payment of tuition may be made in the FRA finance office no later than June 28, 2019, but a FACTS account is still required before enrollment is complete. Go online to www.online.factsmtg.com to register. Families with a FACTS account do not need to create a new account. There is no annual FACTS service fee if paid in full by June 28, 2019, but FACTS charges a yearly service fee for all other payment options. Once an account has been set up through FACTS Tuition Management, FACTS payment due dates may not be changed more than once a semester and cannot be changed in consecutive months.

Tuition (Table 1):

| Payment Options WITHOUT Fundraising Option Selected | | | | |
|--|---|-----------------|------------------|--------------------|
| Grade | Discounted Tuition Amount if Paid in Full by 6/28/19 | 10 Month | Quarterly | Semi Annual |
| Pre-Kindergarten (3- and 4- Year old) | \$4,180.00 | \$460.00 | \$1,150.00 | \$2,299.00 |
| Kindergarten and First Grade | \$6,200.00 | \$682.00 | \$1,705.00 | \$3,410.00 |
| Second Grade through Sixth Grade | \$7,475.00 | \$823.00 | \$2,056.00 | \$4,115.00 |
| Seventh Grade through Twelfth Grade | \$8,100.00 | \$891.00 | \$2,228.00 | \$4,455.00 |

| Payment Options WITH the Fundraising Option Selected | | | | |
|---|---|-----------------|------------------|--------------------|
| Grade | Discounted Tuition Amount if Paid in Full by 6/28/19 | 10 Month | Quarterly | Semi Annual |
| Pre-Kindergarten (3- and 4- Year old) | \$3,430.00 | \$380.00 | \$950.00 | \$1,900.00 |
| Kindergarten and First Grade | \$5,450.00 | \$600.00 | \$1,500.00 | \$3,000.00 |
| Second Grade through Sixth Grade | \$6,725.00 | \$740.00 | \$1,850.00 | \$3,700.00 |
| Seventh Grade through Twelfth Grade | \$7,350.00 | \$810.00 | \$2,025.00 | \$4,050.00 |

There will be a 10% discount on each student's tuition for families with 3 students enrolled. Tuition will be discounted at 50% for the 4th student or more who are enrolled.

Tuition Fundraising Options (Table 2):

A fundraising option is offered to assist families by decreasing tuition by \$750. Please initial by each fundraiser that you want to participate in, or initial that you do not wish to participate. If you chose not to participate, then you will pay the full tuition price in accordance with Table 1. **ANY FUNDRAISING MONEY NOT TURNED IN BY THE DUE DATE MAKES YOU INELIGIBLE TO WIN THE PRIZE. THESE FUNDRAISERS ARE PART OF YOUR TUITION.**

| Initial | Fundraiser Description | Per Student Discount | Due Date to turn in money for Fundraiser |
|----------------|-------------------------------|-----------------------------|---|
| | Fall Fundraiser – Gun Raffle | \$250.00 | October 25, 2019 |
| | Winter Fundraiser– Truck | \$500.00 | January 17, 2020 |

_____ No, I would not like to participate.

Bus Transportation Options (Table 3)- Bus service is available at several central locations. Please contact the FRA office for bus pick-up locations.

| Initial Here | Bus Transportation Fees | |
|--------------|--|----------------|
| | NO BUS TRANSPORTATION NEEDED | |
| | Ten monthly payments beginning July 1, 2019 through April 1, 2020 paid via FACTS | |
| | One student per year (\$145.00 @ month) | \$1450.00 |
| | Two or more students per year (\$180.00 @ month) | \$1800.00 |
| | One DISCOUNTED payment in FULL for 1 rider due by June 28, 2019 | \$1200.00 |
| | One DISCOUNTED payment in FULL for 2 or more riders due by June 28, 2019 | \$1545.00 |
| | Occasional rider- per way/per trip/per Student | \$15.00 |

TOTALS FROM TABLES ABOVE WILL BE FILLED IN BY THE FRA OFFICE:

Table 1 Total: _____
 Table 2 Total: _____
 Table 3 Total: _____
 TOTAL in FACTS: _____

Payment Option (Table 4)– PLEASE LIST STUDENT NUMBER FROM ABOVE:

| Place Student Number 1,2,3 or 4 beside payment | Payment Options |
|--|---|
| | Full payment MUST BE PAID IN FULL BY JUNE 28, 2019. NO EXCEPTIONS! |
| | Ten monthly payments (July 1, 2019 through April 1, 2020). Must be paid through FACTS. |
| | Quarterly payments (July 1, 2019; October 1, 2019; January 2, 2020; April 1, 2020). Must be paid through FACTS. |
| | Semi-Annual payments (July 1, 2019 and January 2, 2020). Must be paid through FACTS. |

FEES AND CHARGES TO BE BILLED SEPARATELY:

After School Care:

Flint River Academy offers After School Care for students in Pre-K through 6th grade until 6:00 p.m. **only if five full time students register.** These charges are billed separately each month and paid via FACTS. The fee for After School Care is \$10.00 per day/per student.

PLEASE CHECK BOXES ACCORDINGLY

- No After School Care Needed
- After School Care needed for _____ student(s) (Please write in the number of students needing afterschool care.)

Athletic and Academic Programs/Trips:

A varsity student must be currently enrolled with Flint River Academy to participate in any FRA athletic or academic program or trip. This includes, but is not limited to, all practices, scrimmages, games, competitions, camps, and field trips on or off campus. All financial obligations (including, but not limited to tuition, fundraisers/opt-out, bus, class dues, and all fees) must be current.

Permission is granted for the above-named student(s) to participate in all school activities and field trips during the 2019-2020 school year. I understand and agree that FRA will in no way be held liable for any accident or injury from the student(s) participation in any activity or field trip.

A breakdown of Athletic and Gear fees will be provided at each sports preseason meeting. The fee schedule is also available upon request.

Financial Commitment:

ALL financial accounts (including, but not limited to tuition/optional fundraisers, bus, class dues, and all fees) must be paid in full prior to the beginning of the academic school year in order for the student to be enrolled in class. The School reserves the right to refuse admittance to class or exams, withhold report cards and or transcripts, and refuse graduation and/or graduation activities for any student whose financial account is not current. The School reserves the right to revoke any student's enrollment contract and dismiss the student if it is determined by the Head of School that FRA is unable to meet the needs of the student or if the student's conduct or progress is unsatisfactory.

Upon execution of this contract, I understand that my obligation to pay tuition, based on my selected payment schedule, for the full academic year is unconditional and that no portion of such tuition so paid or outstanding will be refunded or cancelled. I, the parent/legal guardian, am financially responsible for the above-named student(s), have read and understand the above agreement, and will abide by the terms stated. Further, the above-named student(s) and I agree to abide by all rules and regulations stated in the Student Handbook and otherwise implemented by the School. I acknowledge that there will be a \$35 returned check fee for each occurrence and after two returned checks, I must pay all school expenses with cash, money order, or cashier's check.

Upon execution and acceptance of this contract, in the event the named child or children are voluntarily withdrawn or dismissed by reason of the student manual, any selected payment plan is accelerated and due in full prior to the release of student records or documents maintained by the school on the student's behalf.

Flint River Academy admits students of any race, color, religion, nationality, or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students at the school.

| | | |
|--|---------------------------------------|------|
| Responsible Parent/Guardian – Please Print | Responsible Parent/Guardian Signature | Date |
|--|---------------------------------------|------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | | | |
|-------------------------------|---------------------|---------------------|-------|
| Telephone (Home) (____) _____ | (Work) (____) _____ | (Cell) (____) _____ | _____ |
|-------------------------------|---------------------|---------------------|-------|

Email (REQUIRED): _____

| | | |
|---------------------------------------|----------------------------------|------|
| Second Parent/Guardian – Please Print | Second Parent/Guardian Signature | Date |
|---------------------------------------|----------------------------------|------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | | | |
|-------------------------------|---------------------|---------------------|-------|
| Telephone (Home) (____) _____ | (Work) (____) _____ | (Cell) (____) _____ | _____ |
|-------------------------------|---------------------|---------------------|-------|

Email: _____

| | |
|---|------------|
| HEAD OF SCHOOL Flint River Academy 11556 East Hwy. 85 Post Office Box 247 Woodbury, Georgia 30293 Phone: 706-553-2541 Fax: 706-553-9777 | Date _____ |
|---|------------|

Financial Officer: _____



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TRANSCRIPT RELEASE FORM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PLEASE COMPLETE THE AUTHORIZATION BELOW
AND RETURN WITH YOUR APPLICATION.
DO NOT GIVE TO YOUR CHILD'S CURRENT SCHOOL.

To the Principal, Registrar, or Guidance Counselor of:

Name of School where Currently Enrolled: _____

Street Address: _____

City, State, ZipCode: _____

Telephone: _____ Fax: _____

You are hereby authorized to release confidential information for:

Full Legal Name of Student: _____ Current Grade: _____

- Official Copy of Transcript
- Current Grades
- Standardized Test Results
- Attendance and Disciplinary Records
- Health and immunization records (State of Georgia form #3032)
- Certificate of Ear, Eye, and Dental
- Any Special Testing Results or Placement in Special Programs

Parent/Legal Guardian's Signature: _____ Date: _____

Please forward documents to:
Flint River Academy
P.O.Box247
Woodbury, GA 30293
Attention: Admissions
(706) 553-2541
Fax: (706) 553-9777

Your assistance is greatly appreciated! If you have any questions, please feel free to contact the Admissions Office of Flint River Academy.



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PERSONAL INFORMATION AND MEDICAL RELEASE FORM

Student's Name: _____ Grade: _____

Address: _____ Date of Birth: _____

_____ County: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Home Address: _____ Home Address: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Insurance Co.: _____ Policy #: _____

Medical Information: (Check all that apply, please list where applicable.)

Heart Disease Diabetes Seizure Disorder Asthma Allergies Migraines

Allergic to Medication: _____ Allergic to Insect Stings/Bites: _____

Food Allergies: _____ Skin Contact Allergies: _____

Additional Medical Information: _____

Current Medications: _____ Dosage: _____

In case of a medical emergency, I give permission to Flint River Academy personnel to call emergency medical services and allow any and all emergency medical treatment as medical personnel see fit. I accept responsibility for the cost of any and all medical treatment that might be needed should a medical emergency arise.

Emergency contacts other than Parent/Guardian:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed? _____

Parent/Guardian Signature: _____ Date: _____



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ELEMENTARY SCHOOL TEACHER CONFIDENTIAL RECOMMENDATION

PLEASE DO NOT RETURN TO PARENT.
 MAIL OR FAX DIRECTLY TO SCHOOL:

Flint River Academy
P.O. Box 247
Woodbury, GA 30293
Attention: Admissions
Fax: (706) 553-9777

Student's Name: _____

Applying for Grade Level: _____

Teacher's Name: _____

Phone #: _____

Subject Taught: _____

Grade Level Taught: _____

School: _____

School Address: _____

Please rate the student in the following areas:

| Personal and Social Development | | | | |
|---------------------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Personal Initiative | 1 | 2 | 3 | 4 |
| Integrity | 1 | 2 | 3 | 4 |
| Growth Potential | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Self-Confidence | 1 | 2 | 3 | 4 |
| Warmth of Personality | 1 | 2 | 3 | 4 |
| Concern for others | 1 | 2 | 3 | 4 |
| Sense of Humor | 1 | 2 | 3 | 4 |
| Emotional Maturity | 1 | 2 | 3 | 4 |
| Respected by Peers | 1 | 2 | 3 | 4 |

| Academic Readiness | | | | |
|------------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Motivation | 1 | 2 | 3 | 4 |
| Language Development | 1 | 2 | 3 | 4 |
| Fine Motor Skills | 1 | 2 | 3 | 4 |
| Concentration | 1 | 2 | 3 | 4 |
| Memory & Retention | 1 | 2 | 3 | 4 |
| Following Instructions | 1 | 2 | 3 | 4 |
| Writing Skills | 1 | 2 | 3 | 4 |
| Overall Assessment | 1 | 2 | 3 | 4 |
| Math Achievement | | | | |
| Reading Grade Level | | | | |

Please continue on reverse side....

Has this student been identified or recommended for testing for ADD, ADHD, speech therapy or other learning or behavior challenges? If so, please describe:

Is this student in a program for special needs such as talented, gifted, learning disabled, etc? Describe.

Does this student require accommodations to be successful? If so, please describe.

Do you have any thoughts regarding the applicant's prospects for success in a private college preparatory school environment?

Does this student have discipline problems? Yes No If yes, please explain.

Please indicate all that best describe parental involvement for this student:

- Parents are very supportive of teachers and school.
- Parents are willing to help student at home.
- Parents are available to help in the classroom.
- There is moderate or little parental involvement.
- Parents challenge policies of school and/or teacher
- Other: _____

Please comment on any outstanding talents/achievements or reservations/concerns not covered by the previous questions.

May we contact you for further information if needed? Yes No

Thank you for your time in completing this confidential recommendation.

Teacher's Signature _____ Date _____



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MIDDLE AND HIGH SCHOOL TEACHER CONFIDENTIAL RECOMMENDATION

PLEASE DO NOT RETURN TO PARENT.
 MAIL OR FAX DIRECTLY TO SCHOOL:

Flint River Academy
P.O. Box 247
Woodbury, GA 30293
Attention: Admissions
Fax: (706) 553-9777

Student's Name: _____

Applying for Grade Level: _____

Teacher's Name: _____

Phone #: _____

Subject Taught: _____

Grade Level Taught: _____

School : _____

School Address: _____

Please rate the student in the following areas:

| Personal and Social Development | | | | |
|---------------------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Personal Initiative | 1 | 2 | 3 | 4 |
| Integrity | 1 | 2 | 3 | 4 |
| Growth Potential | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Self-Confidence | 1 | 2 | 3 | 4 |
| Warmth of Personality | 1 | 2 | 3 | 4 |
| Sense of Humor | 1 | 2 | 3 | 4 |
| Emotional Maturity | 1 | 2 | 3 | 4 |
| Respected by Peers | 1 | 2 | 3 | 4 |

| Academic Readiness | | | | |
|--------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Completes Work | 1 | 2 | 3 | 4 |
| Motivation | 1 | 2 | 3 | 4 |
| Study Skills | 1 | 2 | 3 | 4 |
| Attendance | 1 | 2 | 3 | 4 |
| Overall Assessment | 1 | 2 | 3 | 4 |

Please continue on reverse side....

Has this student been identified or recommended for testing for ADD, ADHD, speech therapy or other learning or behavior challenges? If so, please describe:

Is this student in a program for special needs such as talented, gifted, learning disabled, etc? Describe.

Does this student require accommodations to be successful? If so, please describe.

Do you have any thoughts regarding the applicant's prospects for success in a private college preparatory school environment?

Does this student have discipline problems? Yes No If yes, please explain.

Please indicate all that best describe parental involvement for this student:

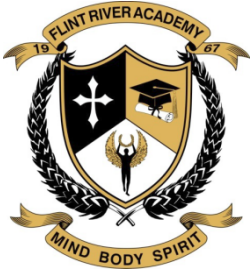
- Parents are very supportive of teachers and school.
- Parents are willing to help student at home.
- Parents are available to help in the classroom.
- There is moderate or little parental involvement.
- Parents challenge policies of school and/or teacher
- Other: _____

Please comment on any outstanding talents/achievements or reservations/concerns not covered by the previous questions.

May we contact you for further information if needed? Yes No

Thank you for your time in completing this confidential recommendation.

Teacher's Signature _____ Date _____



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PRINCIPAL/COUNSELOR CONFIDENTIAL RECOMMENDATION

PLEASE DO NOT RETURN TO PARENT.
 MAIL OR FAX DIRECTLY TO SCHOOL:

Flint River Academy
P.O. Box 247
Woodbury, GA 30293
Attention: Admissions
Fax: (706) 553-9777

Student's Name: _____
 Teacher's Name: _____
 Subject Taught: _____
 School : _____
 School Address: _____

Applying for Grade Level: _____
 Phone #: _____
 Grade Level Taught: _____

Please rate the student in the following areas:

| Personal and Social Development | | | | |
|---------------------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Personal Initiative | 1 | 2 | 3 | 4 |
| Integrity | 1 | 2 | 3 | 4 |
| Growth Potential | 1 | 2 | 3 | 4 |
| Leadership | 1 | 2 | 3 | 4 |
| Self-Confidence | 1 | 2 | 3 | 4 |
| Warmth of Personality | 1 | 2 | 3 | 4 |
| Concern for others | 1 | 2 | 3 | 4 |
| Sense of Humor | 1 | 2 | 3 | 4 |
| Emotional Maturity | 1 | 2 | 3 | 4 |
| Respected by Peers | 1 | 2 | 3 | 4 |

| Academic Readiness | | | | |
|------------------------|---------------|---|---|---------------|
| | Above Average | | | Below Average |
| Motivation | 1 | 2 | 3 | 4 |
| Language Development | 1 | 2 | 3 | 4 |
| Fine Motor Skills | 1 | 2 | 3 | 4 |
| Concentration | 1 | 2 | 3 | 4 |
| Memory & Retention | 1 | 2 | 3 | 4 |
| Following Instructions | 1 | 2 | 3 | 4 |
| Writing Skills | 1 | 2 | 3 | 4 |
| Overall Assessment | 1 | 2 | 3 | 4 |
| Math Achievement | | | | |
| Reading Grade Level | | | | |

Please continue on reverse side....

Has this student been identified or recommended for testing for ADD, ADHD, speech therapy or other learning or behavior challenges? If so, please describe:

Is this student in a program for special needs such as talented, gifted, learning disabled, etc? Describe.

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- Parents challenge policies of school and/or teacher
- Other: _____

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May we contact you for further information if needed? Yes No

Thank you for your time in completing this confidential recommendation.

Teacher's Signature _____ Date _____