

Atrium School

4530-15 St. Johns Ave. #401 • Jacksonville, FL • 32210
561-247-5726 • www.AtriumSchool.org

Dear Parent:

Thank you for requesting information about Atrium School. I hope you will find the materials provided here to be informative and that they will address your questions. For your reference, enclosed are information about Atrium School's mission, philosophy and programs and the forms needed to enroll your student.

If you are new to home-based education, I recommend that you visit the [Atrium School web site](#) and review the [Programs](#) link. Here you'll find valuable information about home education in general and enrolling in a private school with a homeschool option in specific. This information will help you in reaching the decision that's right for your family.

Should you have any questions, please do not hesitate to contact me at 561-247-5726 or by [email](#).

I look forward to speaking with you.

Sincerely,

Elise LaTorre

Elise LaTorre
Director

Atrium School

Enrollment Checklist

Please be sure to include all requested items. We cannot enroll students whose admissions forms are incomplete.

Item	New Students	Returning Students
Enrollment Form*	√	√
HRS forms (available from your family doctor or pediatrician) <ul style="list-style-type: none"> • HRS Form 3040 (school-entry health examination) dated within 1 year prior to your start date • HRS Form 680 (schedule of immunizations) or waiver (for families for whom immunization conflicts with their religious tenets or practices). 	√ Both forms required	HRS 680 required for grade level sign-off (as per form)
Student History*	√	Updates only
Parent-Teacher Agreement* - Signed and notarized	√	√
Copy of the student's last Home Education Annual Evaluation, if your child is entering grade 1 or higher and you were registered with the school district last year. (If your child attended school last year, you will receive a <i>Request for Records</i> form from us upon enrollment.)	√	N/A
Birth Certificate - Certified copy – a copy with a watermark or raised seal – of the student's birth certificate. If you want this returned to you, please include a self addressed, stamped envelope.	√	N/A
Financial Worksheet*	√	√

* Asterisked items are included in this packet.

Submit required documents and payment to:

By Mail	By Email (PDF format)
Atrium School 4530-15 St. Johns Ave., Suite 401 Jacksonville, FL 32210 (check or money order accepted)	info@atriumschool.org (Zelle accepted using the same pay-to email address; include student name(s) in memo section)

Be sure to keep copies for your records.

Atrium School

Features

Feature/Benefit	Program	
	Basic Program	Extended Program
Grade Levels	K-12	K-12
Home-Based Program	Yes	Yes
Family Selected Curriculum	Yes	Yes
Year-Round Enrollment	Yes	Yes
Attendance Reporting (by Parent)	Monthly	Monthly
Grade Reporting (by Parent)	Quarterly	Monthly
Curriculum Review	No	Yes
Grade Review	No	Yes
Credit Verification	No	Yes
Progress Review	No	Available
Report Cards Issued	No	Yes
Diploma Issued	No	Yes
Florida Virtual School	Yes	Yes
Guidance Advisor	No	Yes
Transcript	No	Yes (see below)
Parent-Teacher Handbook	Yes	Yes

Available Options:

Transcript: High school students in the Extended Program are entitled to one free transcript per year. Additional transcripts are available at a cost of \$10 each.

Consultations: Whether to discuss a student's educational plan or to address a specific area of difficulty, consultations are available to all enrolled families for an initial minimum charge of \$75. Each additional half hour is \$40.

Prior Year Credit Review (High School only): If your student earned credits prior to attending Atrium School that you would like included on his/her official transcript, these will be certified as follows:

- From a Florida public or private high school (on school transcript): \$5 per ½ credit to be verified
- From a non-Florida public or private high school (on school transcript): \$10 per ½ credit to be verified
- From a home education program: \$30 per ½ credit to be verified

To learn more about this option, please contact the school office.

NOTICE OF NON-DISCRIMINATORY POLICY

Atrium School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, or any other school-administered programs.

Atrium School

Student Enrollment Form 2020-2021 School Year

Use one form for each child you are enrolling

New Student
 Returning Student

Program Type:
 Extended
 Basic

School Year Start Date:
_____ Month/Year

STUDENT INFO:	
Last Name, First, MI	
Address	
City, State, Zip	
Home Phone:	
Date of Birth:	
Grade Level (circle)	K 1 2 3 4 5 6 7 8 9 10 11 12

MOTHER:	
Name	
Address	
City, State, Zip	
Phone Numbers:	Work: _____ Cell: _____
Email	

FATHER	
Name	
Address	
City, State, Zip	
Phone Numbers:	Work: _____ Cell: _____
Email	

Student Lives With	<input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
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PRIOR SCHOOLING:	
School Name	
Address	
City, State, Zip	
Contact	
Phone	Fax: _____
Grade Level (circle)	K 1 2 3 4 5 6 7 8 9 10 11 12
Reason for Leaving:	

PHYSICIAN:	
Name	
Address	
City, State, Zip	
Phone	Fax: _____

Please provide a legible email address and add info@atriumschool.org to your address book. This will ensure you receive email notification of your enrollment and important updates throughout the year. If you do not receive a welcome email from us, please contact us.

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Student History

Student Name: _____

Date: _____

Please answer the questions below as honestly as possible. Include detail on the lines provided.

- | | Yes | No |
|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is the student involved in any extra-curricular activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does this student have any limitations that affect his /her ability to learn? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this student been diagnosed with a learning disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this student take any prescription medicines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student ever failed a grade in school or been retained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this student ever been expelled or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has this student been diagnosed with any emotional or mental problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is this student pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the student participating in any kind of physical or emotional therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the student ever been arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the student (or family) ever been investigated for truancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the student ever been treated for substance abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any special circumstances about this student we should be aware of? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details of any 'yes' responses. Use other side of this page if necessary.

Atrium School

Parent-Teacher Agreement

We, _____ and _____
being the legal parents/guardians of the student(s) identified below, agree to uphold the laws of the State of Florida and the requirements of Atrium School, namely:

1. To teach the required 180 days per year and the required number of hours pertaining to grade level
2. To submit a monthly written report of daily attendance to the school administration
3. To fulfill all requirements documented in the Parent-Teacher Handbook or otherwise requested by Atrium School
4. To pay registration and tuition as outlined on the Financial Worksheet
5. To maintain records of courses taken and achievement therein (including date of graduation), and to fulfill any other requirement of the State of Florida as relating to the Private School Act

I/We understand that every educational institution has the right to refuse any other educational institution's records and transcripts. No educational institution, whether public or private, accredited or not, can guarantee that their records will be accepted in all instances. We release and hold harmless Atrium School from any and all responsibility in this matter.

I/We agree that, if the Basic program is selected and transcripts are later needed, we will pay the Extended program fees for all years (or portions thereof) to be included on the transcript, and to provide documentation of courses taken and grades achieved.

I/We release Atrium School from any and all responsibility and absolve them from any claim of loss, damage, or injury of any nature to person or property resulting from the school program. I/We also agree that Atrium School shall not be liable for any loss or intentional neglect or careless acts of any school personnel.

I/We understand that failure to comply with these policies is cause for withdrawal from Atrium School and for our records to be withheld.

Students:

Printed Name - Mother

Signature - Mother

Date

Printed Name - Father

Signature - Father

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me by means of physical presence or online notarization, this _____(day) of

_____ (month), _____ (year), by _____

And _____

(NOTARY SEAL)

Name of Notary

Signature of Notary

Personally Known OR Produced Identification

Type of Identification Produced _____

Atrium School

Financial Worksheet

Program	Registration	Tuition	
		In Full	9-Pay Plan
Basic	\$20 first student \$5 each additional student	\$60	N/A
Extended	\$50 first student \$15 each additional student	\$215 K-5 \$285 6-8 \$435 9-12	\$25 K-5 \$35 6-8 \$50 9-12

1. If the 9-pay plan is selected, the first payment is due at registration and subsequent payments are due by the 1st of each month for eight (8) months, starting with the first month reported and continuing consecutively. A late fee of \$25 is applied to any payment received after the 5th of the month.
2. Registration fees are not refundable unless your child is not accepted into the school.
3. Enrollment is for one school year (180 days) or one grade level, whichever comes first.
4. Tuition is refundable for 90 days after registration as follows: Students are charged a full month's tuition per the 9-pay schedule above for each month or portion thereof they are enrolled in Atrium School. This total is then deducted from the annual (in full) tuition for the selected program and any balance is refunded. No refunds will be made nor records released if a student's account is not current.

Names of students being enrolled (use a second sheet if necessary):

Name	Grade	<input type="checkbox"/> Extended <input type="checkbox"/> In Full	<input type="checkbox"/> Basic <input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Extended <input type="checkbox"/> In Full	<input type="checkbox"/> Basic <input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Extended <input type="checkbox"/> In Full	<input type="checkbox"/> Basic <input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Extended <input type="checkbox"/> In Full	<input type="checkbox"/> Basic <input type="checkbox"/> 9-Pay

Use the chart at the top of the page to calculate registration fees and to determine tuition for the selected program(s). Payment for the first month's tuition or "in full" must accompany registration.

Registration: _____

Tuition: _____

Prior Year Credit Review (High School only): _____

Total Enclosed with Enrollment: _____

Check Money Order Zelle
Check/MO: payable to Atrium School; Zelle: send to info@atriumschool.org