4530-15 St. Johns Ave. • 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 <u>Atrium School web site</u> and review the <u>Programs</u> 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 La Torre

Elise LaTorre Director

Enrollment Checklist

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

Item	New Students	Returning Students	Credentialling Service
Enrollment Form*	√	√	√
School Entry Health Examination (DH3040) dated within 12 months of your school year start date	1	N/A	N/A
Schedule of Immunizations (DH680) or Waiver (DH681)	√	Entering K and Grade 7	N/A
Student History*	√	Updates only	√
Parent-Teacher Agreement* - Signed and notarized	√	N/A	√
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 a traditional school last year, we will request records from them upon enrollment.)	√	N/A	√
Birth Certificate	1	N/A	√
Financial Worksheet*	√	√	√

 $[\]ensuremath{^{\ast}}$ Asterisked items are included in this packet.

Submit required documents and payment to:

By Email (PDF format) Preferred Method	By Mail
Scan an email forms and payment (via Zelle) to: info@atriumschool.org . Include student name(s)	Atrium School 4530-15 St. Johns Ave., Suite 347
in memo section of Zelle payment.	Jacksonville, FL 32210 (checks only)

Be sure to keep copies for your records.

Features

	Program		
Feature/Benefit	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 (Incoming High School Students):

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): \$10 per ½ credit to be verified
- From a non-Florida public or private high school (on school transcript): \$15 per ½ credit to be verified
- From a home education program: \$40 per ½ credit to be verified

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

Credentialing/Diploma Service: For graduating high school seniors who have never been enrolled at Atrium School. We will review credits earned in accordance with the pricing listed above in Prior Year Credit Review. To earn a diploma from Atrium School, students must have at least a 2.0 gpa and have taken all required courses for a standard 24-credit diploma.

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.



Student Enrollment Form 2023-2024 School Year

Use one form for each child you are enrolling

New StudentReturning Student	Program Type: Extended Basic	School Year Start Date: Month/Year
	1	
STUDENT INFO:		
Last Name, First, MI		
Address		
City, State, Zip		
Phone:		
Date of Birth:		
Grade Level (circle)	K 1 2 3 4 5 6 7 8 9 10 11	12
MOTHER:	1	
Name		
Address (if different)		
City, State, Zip		
Phone Numbers:	Work:	Cell:
Email	WOIK.	Cell.
Linan	<u> </u>	
FATHER]	
Name		
Address (if different)		
City, State, Zip		
Phone Numbers:	Work:	Cell:
Email		
	1	
Student Lives With	Mother & Father Mother	Father Other:
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:		
	7	
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.

Student History

Stu	dent Name:	Da	ate:	
	Please answer the questions below	as honestly as possible. In	clude detail on the li	nes provided.
5. 6. 7. 8. 9. 10. 11. 12. 13.	Is the student involved in any extra-curricul Does this student speak a language other the Does this student have any limitations that Has this student been diagnosed with a lear Does this student take any prescription med Has this student ever failed a grade in school Has this student ever been expelled or susp Has this student been diagnosed with any els this student pregnant? Is the student participating in any kind of prescription Has the student ever been arrested? Has the student (or family) ever been invested that the student ever been treated for substance and the student ever been treated for substance are provide details of any 'yes' responses. Under the student ever been treated for substance are provide details of any 'yes' responses.	nan English at home? affect his /her ability to lead raing disability? dicines? ol or been retained? ended? motional or mental problem ohysical or emotional theractigated for truancy? tance abuse? this student we should be a	ms?	No Control Control



Parent-Teacher Agreement

We,	and				
being the legal parents/guardians of the student(s) ide requirements of Atrium School, namely:	entified below, agree to uphold the laws of the Star	te of Florida and the			
1. To teach the required 180 days per year and the re	equired number of hours pertaining to grade level				
	To submit a monthly written report of daily attendance to the school administration				
 To fulfill all requirements documented in the Parel To pay registration and tuition as outlined on the I 		Athum School			
To maintain records of courses taken and achiever requirement of the State of Florida as relating to t		o fulfill any other			
I/We understand that every educational institution has No educational institution, whether public or private, a instances. We release and hold harmless Atrium School	accredited or not, can guarantee that their records				
I/We agree that, if the Basic program is selected and tr years (or portions thereof) to be included on the trans					
I/We release Atrium School from any and all responsib to person or property resulting from the school progra intentional neglect or careless acts of any school perso	m. I/We also agree that Atrium School shall not b				
I/We understand that failure to comply with these poli withheld.	icies is cause for withdrawal from Atrium School a	nd for our records to be			
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 [] p	ohysical presence or [] online notarization, this _	(day) of			
(month),(year), by					
And					
(NOTARY SEAL)					
(NOTARY SEAL) Name of Notary	Signature of Notary				
Personally Known [] OR Produced Identification []					
Type of Identification Produced					

Financial Worksheet

Program	Registration	Annual Tuition	
		In Full	9-Pay Plan
Basic	\$20 first student	\$60	N/A
	\$5 each additional student		
Extended	\$50 first student	\$225 grades K-5	\$30 grades K-5
	\$15 each additional student	\$295 grades 6-8	\$40 grades 6-8
		\$445 grades 9-12	\$60 grades 9-12
Credit Review/Diploma	N/A	See <u>credit review</u>	N/A
Credentialing		on page 3	

- 1. If the 9-pay plan is selected, the first monthly 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 up to 30 days from initial enrollment; you must notify the school (email or USPS). If using email, must be from the email address on file.
- 5. No records released will be released if a student's account is not current.

Names of students being enrolled (use a second sho	eet if necessary):			
Name	Grade	Extended In Full	☐ Basic ☐ 9-Pay	
Name	Grade	Extended In Full	☐ Basic ☐ 9-Pay	
Name		Extended In Full	☐ Basic ☐ 9-Pay	
Name	 Grade	Extended In Full	☐ Basic ☐ 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 (See page 3):				
Total Enclosed with Enrollment:				

Zelle

Check

Check: payable to Atrium School Zelle: send to info@atriumschool.org