

# Atrium School

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4530-15 St. Johns Ave. • Jacksonville, FL • 32210  
561-247-5726 • [www.AtriumSchool.org](http://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	Credentialling Service
<b>Enrollment Form*</b>	√	√	√
<b>School Entry Health Examination</b> (DH3040) dated within 12 months of your school year start date	√	N/A	N/A
<b>Schedule of Immunizations</b> (DH680) <i>or</i> <b>Waiver</b> (DH681)	√	Entering K and Grade 7	N/A
<b>Student History*</b>	√	Updates only	√
<b>Parent-Teacher Agreement*</b> - Signed and notarized	√	N/A	√
Copy of the student's last Home Education Annual Evaluation, if your child is entering grade 1 or higher <b>and</b> 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	√
<b>Birth Certificate</b>	√	N/A	√
<b>Financial Worksheet*</b>	√	√	√

\* Asterisked items are included in this packet.

Submit required documents and payment to:

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

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
Curriculum Advice	No	Yes
Family Selected Curriculum	Yes	Yes
Recordkeeping	Limited	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.

# Atrium School

## Student Enrollment Form 2024-2025 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

<b>STUDENT INFO:</b>	
Last Name, First, MI	
Address	
City, State, Zip	
Phone:	
Date of Birth:	
Grade Level (circle)	

<b>MOTHER:</b>	
Name	
Address (if different)	
City, State, Zip	
Phone Numbers:	Work: _____ Cell: _____
Email	

<b>FATHER</b>	
Name	
Address (if different)	
City, State, Zip	
Phone Numbers:	Work: _____ Cell: _____
Email	

Student Lives With	Mother & Father	Mother	Father	Other:
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<b>PRIOR SCHOOLING:</b>	
School Name	
Address	
City, State, Zip	
Contact	
Phone	Email _____
Grade Level (circle)	
Reason for Leaving:	

<b>PHYSICIAN:</b>	
Name	
Address	
City, State, Zip	
Phone	

Please provide a legible email address and add [info@atriumschool.org](mailto: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.

# Atrium School

## 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?.....                    |     |    |
| 2. Does this student speak a language other than English at home?.....                 |     |    |
| 3. Does this student have any limitations that affect his /her ability to learn?.....  |     |    |
| 4. Has this student been diagnosed with a learning disability?.....                    |     |    |
| 5. Does this student take any prescription medicines?.....                             |     |    |
| 6. Has this student ever failed a grade in school or been retained?.....               |     |    |
| 7. Has this student ever been expelled or suspended?.....                              |     |    |
| 8. Has this student been diagnosed with any emotional or psychiatric problems?.....    |     |    |
| 9. Is this student pregnant?.....  |     |    |
| 10. Is the student participating in any kind of physical or emotional therapy?.....    |     |    |
| 11. Has the student ever been arrested?.....   |     |    |
| 12. Has the student (or family) ever been investigated for truancy?.....               |     |    |
| 13. Has the student ever been treated for substance abuse?.....                        |     |    |
| 14. Are there any special circumstances about this student we should be aware of?..... |     |    |

Please provide details of any 'yes' responses. Use another sheet 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	Annual 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	\$225 grades K-5 \$295 grades 6-8 \$445 grades 9-12	\$30 grades K-5 \$40 grades 6-8 \$60 grades 9-12
Credit Review/Diploma Credentialing	N/A	See <a href="#">credit review</a> on page 3	N/A

1. If the 9-pay plan is selected, the first monthly payment is due at registration and subsequent payments are due by the 1<sup>st</sup> 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 sheet if necessary):

\_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

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:** \_\_\_\_\_

Check     Zelle

*Check: payable to Atrium School*

*Zelle: send to [info@atriumschool.org](mailto:info@atriumschool.org)*