ENROLLMENT FORM

All applications are subject to SAE approval.

Complete the form below and return to SAE office or email to, info@smithacademyga.org.



Applicant Information	Applying for		lemic year -2025	Academic year 2025-2026	
Child's nameLast	First		Application	on Date	
Child's DOB	Current age		Last 4 SSN	N	
Current school	Grade level		Gender	Male Female	
Address		City		Zip	
Parent 1		Home/C	Cell		
Email		Work nu	umber		
Parent 2		Home/C	Cell		
Email		Work nu	Work number		
Marital Status Single Marrie Does child live with both parents?		Other	parent?	Parent 1 Parent 2	
MEDI	CAL HISTORY AN	ID DIAGNOS	SIS		
Child's Diagnosis					
Date of Diagnosis					
Diagnosing Physiciar	า				
Name	F	hone Number			
Address	E	-Mail			

NOTE

Please provide accurate information when completing this enrollment application. The information provided assists us with determining eligibility, enrollment status and developing an individualized plan for your child.

MEDICAL HISTORY AND DIAGNOSIS Allergies Prescription medications (Please only include medications to be dispensed at school.) Medication **Dosage Time** Medication **Dosage Time** Medication **Dosage Time** Any psychological issues or concerns? Any other health concerns that SAE should be aware of? Has your child received any of the following services? Speech/ Language **ABA Therapy** Occupational Physical Therapy Therapy Therapy

Previous schools attended? School Address Dates

SCHOOL		
Any major disciplinary action (suspension or dis	missal) at any school?	
Any behavioral issues or concerns?		
Does your child require any special accommodate	tions (wheelchair, communication	device, etc.)?
Has your child undergone any visual, hearing, ed		ment? her
EMERGE	NCY CONTACT	
EMERGEN Child's pediatrician?	NCY CONTACT	
Child's pediatrician?	Phone Number	
Child's pediatrician? Name Address	Phone Number E-Mail	
Child's pediatrician? Name Address If we are unable to reach a parent in the event of	Phone Number E-Mail of an emergency, who should we co	ontact?
Child's pediatrician? Name Address	Phone Number E-Mail	
Child's pediatrician? Name Address If we are unable to reach a parent in the event of	Phone Number E-Mail of an emergency, who should we co	ontact?
Child's pediatrician? Name Address If we are unable to reach a parent in the event of	Phone Number E-Mail of an emergency, who should we co	ontact?
Child's pediatrician? Name Address If we are unable to reach a parent in the event of	Phone Number E-Mail of an emergency, who should we co	ontact?

Please return the following items with your completed application. Copy IEP or 504 School records (report card and transcript) Proof of diagnosis (doctor's evaluation, etc.) Therapy records (Speech, OT, ABA and Education Evaluations) Copy of SB10 Scholarship award amount for 2023-2024 school year Parent's drivers license/government issued ID Copy of GA Dept. of Health Form 3300 Vision, Hearing, Dental Screening Copy of GA Dept. of Health Form 3231 Certificate of Immunization \$50 application fee (non-refundable) Applications will not be processed until the \$50 non-refundable application fee and documents listed above have been provided. Applications can be paid online or in person. ONLINE: via our website, www.smithacademyga.org. Select the DONATIONS page, then select

TUITION, then select APPLICATION FEE. Follow the prompts to process your transaction.

order, check and credit card payments via our website.

IN PERSON: At Stockbridge First United Methodist Church, 4863 N Henry Blvd, Stockbridge, GA 30281. Enrollment applications are accepted Monday through Friday 8:30 am to 3:30 pm. **We accept money**

SIGNATURES		
We request that each parent/guardian who will be responsible for decisions and financial obligations for the student, sign and date below. In the case of separation or divorce, please submit this information on a separate sheet of paper if necessary. If not available, please provide an explanation.		
By signing below, you agree to the stipulations and conditions list certify that the information provided is accurate.	ted in this enrollment package and	
Signature of Parent/Guardian	 Date	
Signature of Parent/Guardian	 Date	

FEE SCHEDULE

Application Fee

\$50.00

Non-refundable

Due along with completed application

Matriculation Fee

\$300.00

Non-refundable

Due at time of acceptance

Annual Tuition \$15,000

Monthly Tuition Payment Options

12 months	Sep - Aug	\$1250 per month
10 months	Sep - Jun	\$1500 per month

Smart Start and After Academics

Smart Start: 7:00 am - 8:00 am \$10/day or \$40/week or \$150/month

After Academics: 3:30 pm - 6:00 pm \$25/day or \$100/week or \$300/month

Both Smart Start and After Academics

\$140/week or \$450/month

After Academics Late Policy

After 6:05 pm - \$30 Late Fee (Due upon arrival) At 6:30 pm - \$30 Late Fee plus \$1.00/minute

Example: A parent who comes at 6:50 pm will be expected to pay the initial \$30 plus \$20 (\$1 per minute for 20 minutes) for a total of \$50 **DUE UPON ARRIVAL**

FINANCIAL AGREEMENT

Monthly Payment Plan:

At the beginning of the semester, the first payment will be due on September 1. If you are on a 12-month payment plan your last payment for the present school year will be August 1 of the following year. If you are on a 10-month payment plan your last payment for the present school year will be June 1. All subsequent payments are due on the 1st of each month. After the 5th of each month a late fee of \$25 will be added to each student's bill and must be paid with the next payment.

Withdrawals:

If it becomes necessary for parents to withdraw a student, tuition is due through the end of the current month the student attends. In addition, a withdrawal fee of **\$500** will be due at the time of withdrawal along with the current month's tuition. Students' records will not be released until the check has cleared the bank.

Additional Fees:

Additional fees may be charged for field trips, school activities, etc.

Lunch: At this time, we are not serving students lunch so we ask that you pack your child a lunch and snack each day. If your child is participating in After Academics, you will want to pack an extra snack.

Action on Late Accounts:

It is imperative that you contact the business office if a tuition payment cannot be made on time. When tuition payments or fees fall two months behind, the student will no longer be permitted to attend classes until the account is brought up to date. If a student is withdrawn from SAE with an outstanding debt to the school, the student's records will not be released until all debts are paid in full.

Action on Insufficient Returned Checks:

A charge of **\$30.00**, plus any charge the bank assesses the school, will be collected for any checks returned to SAE by the bank. After two insufficient funds checks have been received, all subsequent payments will need to be made in cash, cashier's check, or money order.

Responsibility for Students Records:

SAE assumes the responsibility for making available only two copies of any student's records, such as progress reports, etc. Students will not be able to begin another semester, transfer permanent records or graduate until ALL accounts with the school are paid in full.

*By signing below, you agree to all financial responsibility for your student's tuition and fees.

Name of Financially Responsible Party:		
Signature:		Date:
Relationship to Student:	Student's Name: _	
Parent's Name:	Email:	·
Home Address:		
Home #:	Cell#:	

SUMMER ENRICHMENT PROGRAM

All applications are subject to SAE approval.



Complete the form below and return to SAE office or email to, info@smithacademyga.org.

Applicant Information

Child's name Last	First	Арј	plication Date		
Current school	Grade level	Ge	nder Male Female		
Address		City	Zip		
Parent 1		Home/Cell	Home/Cell		
Email	Email		Work number		
Parent 2	Parent 2		Home/Cell		
Email	mail		Work number		
Marital Status Single Ma Does child live with both parents?	rried Divorce Yes No If n	Other ot, custodial pare	nt? Parent 1 Parent 2		
ME	DICAL HISTORY ANI	D DIAGNOSIS			
Child's Diagnosis					
Date of Diagnosis					
Diagnosing Physicia	an				
Name	Pr	one Number .			
Address	E-	Mail			

NOTE

Please provide accurate information when completing this enrollment application. The information provided assists us with determining eligibility, enrollment status and developing an individualized plan for your child.

MEDICAL HISTORY AND DIAGNOSIS Allergies Prescription medications (Please only include medications to be dispensed at school.) Medication Dosage Time Medication Dosage Time Medication **Dosage Time** Any psychological issues or concerns? Any other health concerns that SAE should be aware of? Has your child received any of the following services? ABA Therapy Speech/ Language Occupational Physical Therapy Therapy Therapy **EMERGENCY CONTACT** Child's pediatrician? Phone Number _____ Name E-Mail Address If we are unable to reach a parent in the event of an emergency, who should we contact? **Contact Name** Phone Number Relationship

FEES AND FINANCIAL AGREEMENT

Summer Enrichment Camp Fees

Non-Refundable Application Fee \$25

Regular Hours: 8:00 am to 3:00 pm **\$200** per week <u>or</u> **\$50** per day

Extended Hours: 3:00 pm - 6:00 pm **\$10** per hour per day

> Supply Fee **\$35**

*** Late Policy ***

After 6:05 pm - **\$30** Late Fee (Due upon arrival)

At 6:30 pm - **\$30** Late Fee plus \$1.00 per minute

Weekly Tuition

Tuition payments of \$200 are due every Monday. <u>After Monday, you will incur a late fee of \$25.</u>
This fee will be added to each student's bill and must be paid with the next payment.

Enrollment Fee

The Summer Enrichment Camp enrollment fee is \$25. This fee is NON-REFUNDALBE and must be paid with your completed application.

Additional Fees:

Parents will be required to pay the Supply Fee, any field trip fees and any late fees incurred.

Action on Insufficient Returned Checks:

A charge of **\$30.00**, plus any charge the bank assesses the school, will be collected for any checks returned to SAE by the bank. After two insufficient funds checks have been received, all subsequent payments will need to be made in cash, cashier's check, or money order.

*By signing below, you agree to all financial responsibility for your student's tuition and fees.

Name of Financially Responsible Party: _		
Signature:		Date:
Relationship to Student:	_ Student's Name: _	
Parent's Name:	Email	:
Home Address:		
Home #:	Cell#:	