

# **Windsor Academy**

## **Application for Admission**

### **Campus Tours**

You may schedule a tour during a school day, and we invite applicants in all grades to shadow a day in the classroom. Please email or call Haylie Sellers in the Admissions Office at [hsellers@waknights.com](mailto:hsellers@waknights.com) or 478-781-1621 ext. 1102 for an appointment.

Please complete all portions of this application, along with a \$50.00 non-refundable application & testing fee. The following required documents will need to be submitted before an admissions decision can be made:

- a copy of the child's birth certificate, a copy of his/her social security card, Form 3231 Certificate of Immunization and Form 3300 Certificate of Vision, Hearing, Dental, and Nutrition Screening
- copies of most recent report card and/or last year's final report card and conduct records if applicable

### **As the Parent/Legal Guardians, I submit the following information concerning my child as complete and accurate:**

Applicant's Full Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying for Admissions to Grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_ to \_\_\_\_\_

### **School History**

Has student ever repeated a grade: Yes No If yes, what grade(s) \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your child ever been suspended (ISS/OSS) at any school? Yes No If yes, please explain:

Students' extracurricular activities/interests (church, sports, clubs, community service) \_\_\_\_\_

### **Physical/Mental/Medical History**

Does applicant have any diagnosed physical or psychological disabilities? If yes, a copy of the psychological evaluation must be turned in with this application.

Explain: \_\_\_\_\_

Does applicant have any learning disabilities? If yes, a copy of the most recent IEP or 504 must be turned in with this application.

Explain: \_\_\_\_\_

Is the applicant on any daily medication for a psychological difficulty or learning disability? If yes, please specify.

Does the applicant have any allergies and/or allergic to any medications? *If yes, please specify.*

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Does the applicant have any medical diagnosis? *If yes, please explain and include treatment plan and medication.*

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### **Parental/Legal Guardian Information**

Mother's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Child's Legal Guardians: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

This child and/or children may be released to the person(s) signing this agreement or to the following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*Driver's license or proof of identification is needed for child and/or children to be released

People to contact in case of an emergency when parent or guardian cannot be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Other

If student's parent(s) graduated from Windsor Academy, please indicate below:

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

Were you referred by a current Windsor Academy family? Yes No

Referring parent name: \_\_\_\_\_ Referring student name: \_\_\_\_\_

Will you be using or applying for one of the following:

Georgia Promise Scholarship

Georgia GOAL Scholarship

Financial Aid

None of the above

The Parent or Guardian executing this application certifies they are authorized to execute on their behalf and on the behalf of all others having a parental relationship to student.

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Conditions for Admission

The application for the student is subject to the stated conditions herein and to any changes that may hereinafter occur as determined by the Board of Directors to be in the best interest of Windsor Academy and those in attendance.

1. **Age Requirement:** Proof of age must be verified by a copy of a birth certificate (certified if requested). Student must meet the age requirements for the school year they are applying:
  - K4 must be 4 years of age on or before September 1
  - K5 must be 5 years of age on or before September 1
2. **Assessment Test:** An assessment test for any student applying for grades 1<sup>st</sup> through 8<sup>th</sup> will be administered and reviewed prior to acceptance. Students in grades 9<sup>th</sup> through 12<sup>th</sup> may be tested but is not always required.
3. **Physical Exam:** The parent, which term is defined herein as to include any guardian of the applicant, is responsible for providing written documentation from the family physician or Heath Department verifying completing all required immunizations for school and is screened for possible problems with their vision, hearing, teeth and nutrition. A completed School Certificate of Immunization (Form 3231) and Certificate of Vision, Hearing, Dental, and Nutrition Screening (FORM 3300) is required for all students. The parent is responsible for keeping the above documentation true and accurate through the student's enrollment.
4. **501(c)(3):** Windsor Academy, Inc is a 501(c)(3) non-profit organization and depends on contributions and outside monetary support to keep tuition cost low and maintain levels of quality education. Upon acceptance of admission, you agree to participate in Windsor Academy's Capital Campaign fund raising activities, including (but not limited to) the Annual Giving Campaign, Fall Raffle and Spring Auction. Windsor's Annual Raffle is an annual major fund-raising campaign for the school. Each family is responsible for the sale of \$400 worth of tickets in the Fall and Spring. In lieu of the required sale of tickets, it is understood and agreed upon by the Parent(s), that Windsor may initiate an assessment against the student's account up to the required \$400 monetary sale of tickets in the Fall and Spring.
5. **Special Need Services:** Windsor Academy is not set up to provide special need services in accordance with an RTI plan, 504 plan, and/or Individualized Education Plan. We will review these plans on a case-by-case basis and determine what modifications, if any, we can service.
6. **Enrollment Review and Determination:** Completing all enrollment and tuition paperwork does not complete the registration process for enrollment into Windsor Academy. The final decision for enrollment will not happen until all academic, disciplinary and any physical/mental health records have been received and reviewed by the Windsor Academy administrative team. Final acceptance or denial of acceptance will be determined within three business days of receiving all the appropriate records for admission to Windsor Academy
7. **Non-Refundable Fees:** Windsor Academy will NOT refund any testing, enrollment, or matriculation fees that have already been paid, either directly to the school or otherwise. If you choose to withdraw your child/children from Windsor Academy, you will be responsible for the full amount of the current school year's tuition before any records are forwarded to another school. Hardships and appeals will be by writing the Windsor Academy Finance Committee an explanation of withdrawal, where their considerations will be determined in a timely manner.
8. **Handbooks:** Students and Parents acknowledge and agree to read and abide by the policies and procedures listed in the Student Handbook and the Athletic Handbook. Signature sheets from both must be turned into the student's homeroom teacher during the first full week of school. They can be found on our website: [waknights.com](http://waknights.com)

**Windsor Academy is a non-profit organization and does not discriminate because of race, creed, color, or national origin.**

I have read all the above conditions. I understand the intent and I agree to follow each expectation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER TERMS AND CONDITIONS OF ADMISSIONS

The \$50.00 application & testing fee must accompany this form. A seat will not be reserved for any student whose Parent(s)/Legal Guardian(s) have not signed an Enrollment and Tuition Contract and paid the required registration fee.

The Parent, as described above, agree(s) and understand(s) that tuition is for an entire school year. By signing the Enrollment Contract, she/he is obligated to pay the full year's tuition. If your child does not complete the school year, the school is entitled to the payment of liquidated damages. In cases of absence, withdrawal, disciplinary dismissal, or removal for tuition indebtedness, the Parent is/are responsible for the full year's tuition. The administration retains the right to make exceptions when appropriate.

The parent agree(s) and understand(s) that if all financial obligations are not met, the student will not be permitted to take mid-term or final exams until tuition is paid. If exams are not taken, and a student leaves the school, the released transcript will reflect grades of incomplete. If a student's tuition account is more than one month in arrears, the student may not be permitted to return to school after the 5<sup>th</sup> (or nearest school day after the 5<sup>th</sup>) of the following month. In the event of continual non-payment, the administration reserves the right to remove the child from school.

The Parent understand(s) that in the event of non-payment of school fees and tuition, the school shall have the right to proceed with any legal remedy available for collection, including the recovery of interest and reasonable attorney's fees. The Parent agree(s) and understand(s) that by signing this Contract, she/he agree(s) to accept rules and regulations established by the school.

Parent agree(s) and understand(s) that in choosing this school for his/her child, as parent(s) or legal guardian(s), she/he hereby waive(s) and release(s) any and all rights and claims for damages, injuries, loss or illness she/he may have against the administration, faculty, staff, and volunteers of Windsor Academy, except those arising out of gross negligence of volunteers or school employees acting within the scope of their employment.

Parent attest(s) that his/her child is physically fit to participate in Physical Education classes. Written medical documentation must be provided, by the Parent(s)/Legal Guardian(s), for any student unable to participate in Physical Education classes.

Parent grant(s) permission for the above-named student to participate in school sponsored events. Parent grant(s) permission to the school to use photographs, videotapes, motion pictures, recordings, and other records of the child for legitimate purposes.

**Windsor Academy admits students of any race, creed, color, or national origin.**

The Parent certify(ies), under penalty of perjury, that I/we am the Parent(s)/Legal Guardian(s) of the above-named student and that all the information contained in the Application for Admission is true and correct.

Parent(s)/Legal Guardian(s)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Head of School or Designee:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_