



# Peachtree Academy Admissions Process



**Step 1:** Schedule a tour of the Peachtree Academy campus of your choice.

Conyers Campus:	Grades Pre K – 5
Covington Campus:	Grades Pre K – 12

**Step 2:** Complete and return the Application for Admissions including the non-refundable \$50 Application Fee and \$30 Testing Fee.

**Step 3:** Complete and return the **Confidential Records Request form**, included in the Application Packet. School records/transcripts are required of all applicants for grades 1-12 and for Kindergartners who attended a Pre K program.

Send two (2) **Teacher Recommendation** forms to applicant’s previous school for completion and return to Peachtree Academy by fax 678-729-9118 or mail 14101 Hwy 278, Covington, GA 30014. A student’s application will be considered complete when it contains the following documents:

- Copies of the results of all standardized testing
- Current year’s report card
- Two current Teacher Recommendation forms
- Disciplinary records from their previous school
- Current year’s attendance record

**Step 4:** A parent/student interview and testing date will be scheduled. Students are encouraged to set a date to “shadow” a PA student which provides an opportunity for them to experience a day at Peachtree.

**Step 5:** When a student’s application file is complete it will be reviewed by the Admissions Board for acceptance. Parents are notified of an applicant’s acceptance within 1 week of receipt of school records.

**Step 6:** Registration forms are completed and submitted with payment of the non-refundable Registration Fee.

Early registration fee: \$130 (must be paid in full prior to February 1)

Registration fee: \$175 (if paid after February 1)

A student’s registration packet will be considered complete when it contains the following documents:

- **Tuition Agreement**, (completed in full with parent signatures)
- **Medical Form**
- **Parent Involvement Contract**
- Copy of student’s birth certificate
- Certificate of Immunization (Form 3231)
- Certificate of Eye, Ear and Dental Exam (Form 3300)

**Step 7:** Matriculation payments must be paid in order to secure your child’s position within our student body.

<u>Register by</u>	<u>Matriculation due by</u>
February 1	March 30
February 2- March 30	April 30
After April 1	within 2 weeks

Late registrants (after May 1): Matriculation fees are due before the student may attend school or within 30 days of acceptance to PA, whichever occurs first.

**Admissions Criteria:**

Peachtree Academy Private School seeks to enroll students with above average capability who are of good moral character. Students are admitted on the basis of academic testing, school records, teacher recommendations, and an interview. First preference is given to returning students. Currently enrolled students who do not enroll by February 1<sup>st</sup> are not guaranteed acceptance for the upcoming school year. Preference is given to applicants whose siblings attend Peachtree Academy and satisfy the above criteria. Remaining spaces will be filled during open enrollment. All candidates are carefully considered. No student has the right to re-enrollment. All applications for re-enrollment are approved at the sole discretion of the school's Admissions Board. We strive to make a fair decision based on the services that our school can provide for each child, as well as what the student can contribute to Peachtree Academy Private School.

Peachtree Academy Private School admits students without regard to sex, race, color, national or ethnic origin. We set high goals for our students, and we expect them to work hard and strive to reach their potential with the support of their parents/guardians.

All students will be admitted to the grade level according to state stipulations. Pre-Kindergarten students must reach age 4 by September 1, Kindergarten students must reach age 5, etc.

# Peachtree Academy Private School

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## Student Application 2013-2014

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Do you have any siblings at PA?  Yes  No Name(s): \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother  Other

If parents are separated or divorced, is the non-custodial parent to receive a copy of grade report? \_\_\_\_\_

Are there any restrictions on the non-custodial parent? \_\_\_\_\_ If yes, explain and include a copy of court papers: \_\_\_\_\_

Grade entering: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Was the student allowed to re-enroll in the previous school? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Did the student fail any classes the previous years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If registering mid-year, is the student failing any classes? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If registering mid-year, could the student continue at the currently enrolled school at time of withdrawal?

\_\_\_\_\_ If no, please explain: \_\_\_\_\_

Has the student ever repeated or skipped a grade? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been homeschooled? \_\_\_\_\_ If yes, what grades? \_\_\_\_\_

Does the student have any learning difficulties? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been professionally tested for one of the following: ADD/ADHD, SLD, Hearing, Vision, Speech or any other? \_\_\_\_\_ If yes, discuss the results and include a copy of the report. \_\_\_\_\_

Has the student ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been suspended from school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student ever been expelled from school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has the student had a behavioral problem? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the student have access to appropriate research materials such as an encyclopedia, CD-ROM or Internet access? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Father:**

Full legal Name: \_\_\_\_\_

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

Address if different from student's: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

College attended: \_\_\_\_\_ Degree achieved: \_\_\_\_\_

**Mother:**

Full legal Name: \_\_\_\_\_

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

Address if different from student's: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

College attended: \_\_\_\_\_ Degree achieved: \_\_\_\_\_

What is your family's church affiliation? \_\_\_\_\_

How did you hear about Peachtree Academy? \_\_\_\_\_

Name of the person(s) responsible for the student's tuition: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Emergency Contacts:** Please list two people other than parents:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Peachtree Academy**  
**MEDICAL RELEASE FORM**

Student's Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does the student have any medical conditions that would prohibit full participation in courses or athletic programs Peachtree Academy offers ? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of student's physician: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The information provided by me in this release form is, to the best of my knowledge, accurate and true. As indicated by my signature below, I authorize Peachtree Academy personnel to consent to any emergency treatment of my minor child, \_\_\_\_\_, which shall in my absence be deemed necessary. This shall include examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care of the minor child and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America. I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that Peachtree Academy does not provide health insurance to students. This authorization shall be valid during the \_\_\_\_\_ school year only.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



# Peachtree Academy Private School



1801 Ellington Road, Conyers, GA 30013  
 Phone: 770-860-8900 Fax: 770-761-0883

14101 Hwy 278, Covington, GA 30014  
 Phone: 678-729-9111 Fax: 678-729-9118

## 2013-2014 TUITION FEE SCHEDULE

New Student Application Fee		\$ 50.00	All fees are non-refundable.
New Student Testing Fee		\$ 30.00	
Annual Registration Fee		\$130.00	Registering after February 1, 2013 \$175.00
<b>ANNUAL MATRICULATION FEE</b>			The Matriculation Fee includes rental of textbooks, library, computer lab, SACS/ACSI Accreditation and membership fees. If Matriculation Fees are not received by March 1, 2013, we reserve the right to remove the student from the class roster. All fees are non-refundable. As a 21st century school, we will be utilizing the Kindle Fire tablet for instructional use with Middle and High School students. We ask students to bring the device. Please see the school supply list for specifications.
Private Pre-Kindergarten (4year)		\$130.00	
Kindergarten-5th		\$450.00	
6th-12th		\$480.00	

**ANNUAL TUITION** -10% discount for each additional student (not applicable for scholarship recipients).

New student		
Pre-K	\$4,900.00	
Kindergarten-5th	\$5,900.00	
6th-12th	\$6,900.00	

\*Supplemental educational services deemed necessary for academic success may incur an additional fee.

Student Name	Grade Level	Tuition Amount	Discounts
			-10%
			-10%
		<b>Total Tuition</b>	

### PAYMENT PLAN OPTIONS

		Initial option/date
Payment plan 1	Payment in full by August 1, deduct 3%	
Payment plan 2	10 mo. payments by ACH debit/credit or check beginning Aug. 1	
Payment Plan 3	12 mo. payments by ACH debit/credit or check beginning June 1	

My tuition for the 2013-2014 school year is \_\_\_\_\_. I understand this is a full year commitment. I have chosen payment plan # \_\_\_\_\_. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### ADDITIONAL FEES

Yearbook	\$ 40.00
Late Payment fee	\$ 40.00
School Lunches	\$ 3.50 per meal, per student
Transportation Fee	\$ 70.00 per semester

## Peachtree Academy FINANCIAL CONTRACT 2013/2014

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

### Name of Parent(s): Parties Financially Responsible for Student

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please read the following thoroughly.**

### SCHOOL TUITION:

Peachtree Academy Private School strives to keep our tuition rates low. The school does not receive governmental assistance and is not subsidized by outside organizations. Prompt payment of tuition is vital and essential to the ongoing operation of Peachtree Academy Private School. All financial transactions are to be handled directly with the Business Office.

- Twelve Month Payment Plan:** The first monthly tuition payment is due by June 1<sup>st</sup>. All subsequent payments are due on the first of the month. After the 5<sup>th</sup> of each month a late fee of \$40 will be added to each student's bill and must be paid with the next payment.
- Ten Month Payment Plan:** The first monthly tuition payment is due by August 1<sup>st</sup>. All subsequent payments are due on the first of the month. After the 5<sup>th</sup> of each month a late fee of \$40 will be added to each student's bill and must be paid with the next payment.
- Annual Payment Plan:** A discount of 3% will be given for tuition if payment is made in full by August 1<sup>st</sup>.

### WITHDRAWALS:

**Student's records will not be released until all accounting fees are paid in full. \_\_\_\_\_ initials**

### ADDITIONAL FEES:

Additional fees may be charged for field trips, sports, athletic items, uniforms, and classroom materials. These fees could be charged on your monthly statement, or you can pay when the activity occurs. Any special needs student wishing to attend Peachtree Academy may incur additional fees of up to \$3000.

### ACTION ON LATE ACCOUNT:

It is imperative that you contact the business office if a tuition payment cannot be made on time. By the end of the 1<sup>st</sup> Semester if you are more than two months behind in tuition payments the student will no longer be permitted to attend class at PA until the account is brought up to date. If a student is withdrawn from PA with an outstanding debt to the school, the student's records will not be released until all debts are paid in full.



# **Peachtree Academy**

## **ADMISSIONS AGREEMENT**

Peachtree Academy is a college preparatory, Christian school. Students and parents are also expected to conduct themselves in a Christian manner, both within school and at outside school functions. The following is a list of terms and conditions of Admission to our school.

### **Tuition Terms and Agreements**

- The matriculation fee is non-refundable.
- The parents or guardian are responsible for the total amount of tuition.
- Parents or guardians are responsible for making punctual tuition payments.
- A late fee of \$40.00 will be added to payments not received in the office by the 5<sup>th</sup> of each month.
- If an account becomes 2 months overdue, the student will be suspended from all Peachtree Academy classes and activities until the account becomes current.
- Cash, check or credit card payments are accepted.
- In order for report cards and transcript to be issued, or for students to be withdrawn, there can be NO OUTSTANDING BALANCE.
- Early withdrawal during the school year will be charged a fee of 1 month's tuition payable at the time of withdrawal. There is no exception to the withdrawal fee. (loss of job, transfer or job, etc.)
- If a student is withdrawn early the tuition is due for the remainder of the semester.

### **Parent/Guardian and Student Conduct Policy**

- All parents/guardians and students will comply with the rules and regulations set forth in the Peachtree Academy Handbook.
- Students and parents/guardians will be respectful of the teachers and administration.
- Peachtree Academy reserves the right to expel any student whose parent/guardian fail to cooperate with the administration.
- Peachtree Academy has a no tolerance policy for student mis-conduct and failure to meet academic standards.
- Students that continue to violate the conduct policies or fail to meet academic expectations of Peachtree Academy may be dismissed at the discretion of the administration.

### **Attendance Policy**

- Attendance to scheduled classes is mandatory
- Parents or guardians must contact the school office if the student is going to be absent for any reason.
- The student will be responsible for contacting all of his/her teachers in order to obtain the homework assignments for the days missed.
- Late work during the grading period is penalized.

### **Campus Arrival/Departure and Student Drivers Policy**

- Parents or guardians will pick up students on time.
- Student drivers must adhere to the following rules:
  - 5mph speed limit on school campus
  - No loud music allowed in the parking lot or on school ground.
  - All cars must be parked in a proper parking space between the white lines.

**Attorney’s Fees**

- Whenever any sums due hereunder are collected by law, or by and through any attorney at law, the prevailing party shall be entitled to recover reasonable attorney’s fees, plus costs and expenses of collection.
- In addition, if Peachtree Academy pursues an action at law or in equity, including an action for declaratory relief, Peachtree Academy will be entitled to recover reasonable attorney’s fees in addition to any other relief to which it may be entitled.
- The court may set the attorney’s fees in the same action or in a separate action brought for that purpose.

**Media Release**

- Parents/guardians and students hereby grant Peachtree Academy the right to photograph, videotape, or otherwise digitally collect student’s likeness, voice, and sounds (as “Works”) during the student’s presence at Peachtree Academy and Peachtree Academy sponsored events and assign and grant all rights in these Works to Peachtree Academy.
- This gives Peachtree Academy the right to use or sublicense the Works and student names, likenesses and biographies, in Peachtree Academy’s discretion, in all media, for the promotion of Peachtree Academy and its mission and program.
- Peachtree Academy events are semi-public events that may be attended by members of the press, business corporations, and media (“commercial guests”) not under the control of Peachtree Academy who might photograph or videotape the event.
- Peachtree Academy asks all commercial guests to comply with the Peachtree Academy policy of not printing a minor’s name with his/her picture, and Peachtree Academy asks them not to use images of the participants or attendees for the commercial purposes without obtaining specific written permission from the person or a minor’s parent or guardian.

This agreement will be governed by and construed in accordance with the laws of the State of Georgia. I have read the Admissions Agreement and agree to abide by the above-stated terms and conditions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

For Middle and High School students only:

I understand and agree to abide by the above-stated terms and conditions, as well as all policies, requirements and rules set forth.

Signature of Student(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

# Peachtree Academy Private School

## PARENTAL INVOLVEMENT CONTRACT

*We, the parents of a Peachtree Academy Private School student, commit to serve as collaborators with the faculty, administration and students to achieve excellence in the educational goals for our children through academic, social, moral, and civic engagement. I pledge to do the following:*

1. In order to stay connected with my child's school experience, I agree to log in to RenWeb and our school website twice a week for student/parent information, homework, grades, menus, announcements and upcoming school events.
2. Commit to 10 hours of service hours per year, per child for a total of 15 hours per family to be completed by the end of May. We prefer that parents be involved in the school, but if for some reason a parent cannot fulfill this 10 hour commitment, we ask for a minimum donation of \$100 be made to the school.
3. Join the PTO. A \$10 membership fee is required. Please make checks payable to Peachtree Academy PTO. Families are asked to actively support the PTO by attending meetings and being involved in school events.
4. Support the established uniform dress code as outlined in the parent/student handbook.
5. Ensure that students arrive at least a few minutes early each day to get situated and receive instruction.
6. If visiting the school, check in at the office to sign in on campus as required by Peachtree Academy policy to ensure the safety of all children and staff.
7. Facilitate the home/school communication effort by monitoring and enforcing the use of the agenda planner by the student, parent, and teacher starting in first grade.
8. Support the school's conduct codes and policies. Review this with your child so they can manage themselves better.
9. Encourage a minimum of 15-30 minutes of daily reading at home. Log completed books into the student's book journal.
10. Set the bar high for your child to reach success and communicate your clear expectations for academic success. Support the daily class work, homework, and project requirements, ensuring completeness to the best of the student's ability. Acknowledge that in order to meet the Principal's honor roll, your child must have all A's on their report card. To meet the standards for the Merit Honor roll, the student must have all A's and no more than two B's for students in first grade and older.
11. Ensure that student(s) participating in extracurricular activities is/are picked up on time, as indicated by the permission slip and acknowledge that late fees of \$1 per minute will apply.
12. Attend a minimum of two in-school parent/teacher conferences per year to discuss your student's progress.
13. Submit updated student and parent information to the office within seven calendar days of any changes.
14. Follow the Health and Safety policies of the school and keep children home until well and fever free at least 24 hours.

Please circle any areas of interest that you may have that would benefit the school:

Library	Technology	Athletics	Committee Chair	Communications	Fundraising
Special Projects	Lunch	Classroom	Science Projects	Mentor/Tutor	Chaperones
Bulletin Boards	Car Line	Birthday Club	Reading Buddy	Administrative	Drama/Wardrobe/Sets
Hospitality	Facilities	Grounds	AR Testing	Teacher Appreciation	Community Service

Other areas of interest: \_\_\_\_\_

\_\_\_\_\_  
School Representative's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade for 2013-2014 School Year

\_\_\_\_\_  
Phone Number



## Peachtree Academy Teacher Evaluation Form

Parents, please submit this form to your child's current teacher or most recent teacher with a stamped envelope addressed to:

**The Admissions Office**  
Peachtree Academy Private School  
14101 Hwy 278 NE  
Covington, GA 30014

Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission into \_\_\_\_\_ grade at Peachtree Academy Private School for the academic year \_\_\_\_\_. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in this school: \_\_\_\_\_

Please evaluate the following areas with a check mark:

	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects the Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				
Attendance				

Reading Series and present level of child – please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Math Series and present level of child – please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phonics Series (type of program) and present level of child – please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any area of academic advancement or special recognition awarded: \_\_\_\_\_  
\_\_\_\_\_

Classroom Conduct/Discipline – please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on Behavior/Attitude, Work/Study Habits, and Peer Relationships: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been so advised to participate in such a program?  Yes  No

Parent Involvement:  Very Supportive     Supportive     Average     Minimal     Adversarial

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional helpful information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions.

_____	_____
Signature of person completing report	Title
_____	_____
Telephone	Date



# Peachtree Academy Private School



## Request for Confidential Records

TO THE PARENT/GUARDIAN OF APPLICANT:

Please print or type the authorization below and return this form to the admissions office with the completed application.

### Authorization of Release for Educational Records

Student's Name	Birth Date	Grade
Most Recent School Attended		Phone
Street Address		City, State, and Zip Code
Fax number		

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Peachtree Academy of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian's Signature

To Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and latest grades
- Copy of Birth Certificate
- Standardized test results
- Any special testing results or placement in special programs
- Certificate of immunization and all health records
- All disciplinary records or official statement of disciplinary action

Please mail to: Peachtree Academy Private School  
 14101 Hwy 278  
 Covington, GA 30014  
 Attn: Admissions Office