

# Peachtree Academy Private School

1801 Ellington Rd., Conyers, GA 30013  
770-860-8900

14101 Hwy 278, Covington, GA 30014  
678-729-9111



[www.peachtreeacademy.com](http://www.peachtreeacademy.com)

## Re-enrollment Process

1. Complete and return the Re-Enrollment Application forms.
2. Submit the non-refundable \$130 registration fee by February 1. If paid after February 1, the non-refundable registration fee is \$175. Failure to enroll by February 1 revokes re-enrollment status, thus you must follow the new student application process and tuition schedule.
3. Once your application is accepted and approved by the Admissions Board, you will be notified of your child's acceptance for the upcoming school year.
4. Payment of Matriculation fees by March 1 secures your child's position within our student body for the upcoming 2012-2013 school year.

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.
- No student may re-enroll unless their account is current.
- 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.



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**LOYAL PANTHER PROGRAM**

**All applicants who are currently attending and have completed the registration process for the 2012-2013 school year by Feb. 1<sup>st</sup> will be automatically enrolled in the Loyal Panther program with a tuition rate increase of only 3%.**

**REGISTRATION FEE**

**\$130.00, non-refundable registration fee is due with the registration paperwork by Feb. 1, or fee will be increased to new student rate of \$175 per student.**

**MATRICULATION FEE** Includes: Book Rental Fee, Agenda, SMART Boards, Computer, Art, Music and Spanish

Private Pre-K	<b>\$115.00</b> non-refundable fee due by March 1
Kindergarten	<b>\$415.00</b> non-refundable fee due by March 1, includes technology fee
1 <sup>st</sup> - 5th	<b>\$450.00</b> non-refundable fee due by March 1, includes technology and SMART Board fees
Middle & High School	<b>\$480.00</b> non-refundable fee due by March 1, includes technology, SMART Board, computer lab and laptop fees

**TUITION** 10% discount for each additional student

Private Pre-K	8:15 a.m.- 2:15 p.m.	<b>\$4,250</b>
Kindergarten	8:15 a.m.- 2:30 p.m.	<b>\$4,635</b> (Any supplemental educational services may incur an additional fee up to \$3,000)*
1st-4th	8:15 a.m.- 2:30 p.m.	<b>\$5,150</b> (Any supplemental educational services may incur an additional fee up to \$3,000)*
5 <sup>th</sup> Covington	8:15 a.m.- 3:00 p.m.	<b>\$5,150</b> (Any supplemental educational services may incur an additional fee up to \$3,000)*
6th-8th	8:15 a.m.- 3:00 p.m.	<b>\$5,665</b> (Any supplemental educational services may incur an additional fee up to \$3,000)*
9th-12th	8:15 a.m.- 3:15 p.m.	<b>\$5,975</b> (Any supplemental educational services may incur an additional fee up to \$3,000)*

\*Supplemental educational services may include tutoring or any additional educational services deemed necessary for academic success

**EXTENDED CARE & SCHOOL BREAKS** (Not included in monthly tuition) Daily 10 hour max

Extended Care: Pre-K - 5th	\$60.00 weekly	<i>Students who are enrolled in the Peachtree Academy Afterschool program will be automatically enrolled in camp services for the winter, fall, spring and summer school breaks, unless a \$150 holding fee is paid in advance. Please see afterschool enrollment forms for more information.</i>
Extended Care: 6 <sup>th</sup> - 8th	\$58.00 weekly	
School Breaks: Pre-K	\$125.00 weekly	
School Breaks: K - 8th	\$120.00 weekly	
Early Release Days: K - 8th	\$5.00 per day	
Teacher Work Days: K - 8th	\$15.00 per day	

**ADDITIONAL FEES**

School Lunches (Meets USDA Guidelines)	Conyers Lunch Fees	\$3.00 per lunch / \$50.00 per month
	Covington Catered Lunch Fees	\$3.65 per lunch / \$65.70 per month
Transportation Between Campuses	\$60.00 per semester	
Late Payment Fees	\$30.00	

**TOTAL TUITION** (All tuition payments are due on or before the first day of each month)

Payment Plan 1	Payment in Full less 3%, due August 1	Parent Signature _____	Date _____
Payment Plan 2	10 monthly payments beginning August 1	Parent Signature _____	Date _____
Payment Plan 3	12 monthly payments beginning June 1	Parent Signature _____	Date _____

Campus Preference	
<input type="checkbox"/>	West
<input type="checkbox"/>	Conyers
<input type="checkbox"/>	Covington



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## STUDENT INFORMATION

This application and contract is for the 2012-2013 school year.

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

Last                                      First                                      Middle Initial                                      Nickname

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ School last attended (name and address) \_\_\_\_\_

1. Has the applicant ever repeated a grade?  Yes  No If "yes", what grade and explain: \_\_\_\_\_
2. Has the applicant ever had any discipline or emotional problems, or been suspended, expelled or withdrawn from school?  
 Yes  No If "yes", explain: \_\_\_\_\_
3. Is there any reason the applicant cannot go back to the school previously attended?  Yes  No If "yes", explain: \_\_\_\_\_
4. Has the applicant been tested for or diagnosed with any learning disabilities?  Yes  No
5. Does the applicant have a current IEP, 504 Plan, or Formal Plan?  Yes  No If "yes", explain \_\_\_\_\_
6. Food allergies or other medical or drug related concerns: \_\_\_\_\_
7. Current Medications: \_\_\_\_\_

## FAMILY INFORMATION

Parents are expected to contribute 10 volunteer hours per year. Will you be able to meet this requirement?  No  Yes  
 Parent/Guardian Marital Status (please circle): Married Separated Divorced Remarried Spouse Deceased Single  
 Resides with (please circle): Both Parents Mother Father Stepfather Stepmother Grandmother Grandfather Other

*In case of divorce or separation, please complete the following questions:*

Legal Custody:  Joint  Mother  Father  Guardian  Other \_\_\_\_\_

School Notifications should be sent to:  Mother  Father  Guardian  Other \_\_\_\_\_

Financial Responsibility will be assumed by: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Employer & Occupation:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email address: \_\_\_\_\_  
(If different than student) (Please print)

**Mother's Name:** \_\_\_\_\_ **Employer & Occupation:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email address: \_\_\_\_\_  
(If different than student) (Please print)

**Step Mother's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Step Father's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## Other Children in the family currently enrolled at Peachtree Academy Private School:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name Grade applying for Name Grade applying for

Please provide the name of a friend who shares similar educational values that you would refer to Peachtree Academy:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Please list individuals who are permitted to pick up your child in the event that the parents or guardians are unable to do so:

1) \_\_\_\_\_ DL# \_\_\_\_\_ 2) \_\_\_\_\_ DL# \_\_\_\_\_

Church Attending: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

**Individual(s) to contact if those listed above cannot be reached for a MEDICAL EMERGENCY:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize Peachtree Academy Private School to give and/or obtain EMERGENCY MEDICAL assistance for my student in the event that I cannot be reached. I assume FULL financial responsibility for any such medical service rendered. I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Peachtree Academy Private School. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment, and agree to hold Peachtree Academy and its employees harmless. Peachtree Academy will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstance allows. In the event that no one can be contacted, Peachtree Academy will contact a physician, ambulance personnel or emergency room personnel and will follow the recommendations of these persons. **I agree to pay any expenses that Peachtree Academy may incur in the emergency treatment of my child.**

Does the applicant have a current Georgia School Certificate of Immunization Form 3231? No Yes  
A copy of this form, as required by law, must be submitted to Peachtree Academy before the applicant can attend school. Peachtree Academy also requires a copy of the \_\_\_\_\_ Birth Certificate and \_\_\_\_\_ Ear, Eye, Dental Form (Form 3300). **Students entering Kindergarten and 6<sup>th</sup> grade must have current Immunization Records. Students participating in sports must have a Sports Physical on file with Peachtree Academy.**

The information provided by me in this application is to the best of my knowledge complete, accurate, and true. I understand that all students in grade K – 12<sup>th</sup> and their parents may be interviewed by the administration before final acceptance. I agree to abide by the school’s policies, procedures, and requirements contained in the Parent-Student Handbook and Tuition Agreement. I understand that Registration and Matriculation Fees are **non-refundable**. Families that do not fulfill their 10 hour per year commitment are subject to a \$100 fine, billed to their account by May 20<sup>th</sup> of the current school year.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Guardian Mother/Guardian

Father’s Social Security #: \_\_\_\_\_ Mother’s Social Security #: \_\_\_\_\_

Name of person responsible for financial contract if other than parents: \_\_\_\_\_

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

Social Security Number of Person Being Billed: \_\_\_\_\_

**TUITION AGREEMENT (Please select one)**

- \_\_\_\_\_ Plan #1 – 1 full annual tuition of \_\_\_\_\_ less 3% due by August 1<sup>st</sup> = \_\_\_\_\_
- \_\_\_\_\_ Plan #2 – 10 equal payments of annual tuition beginning August 1<sup>st</sup> to continue for the entire school year.
- \_\_\_\_\_ Plan #3 – 12 equal payment of annual tuition beginning June 1<sup>st</sup> to continue for the entire school year.

Tuition fees are due on the first of the month. I have chosen payment plan # \_\_\_\_\_ and agree to pay \_\_\_\_\_ for the entire school year in full (less 3%) on August 1<sup>st</sup>; OR \_\_\_\_\_ for 10 equal monthly payments beginning August 1<sup>st</sup> OR \_\_\_\_\_ for 12 equal monthly payments beginning June 1<sup>st</sup>. I understand that a late fee of \$30.00 will be applied to my account if payment has not been received by the 5<sup>th</sup> of the month. Peachtree Academy Private School reserves the right to terminate enrollment and the parent will remain liable for the balance due for the remainder of the contract, as well as any expense associated with recovery of said debt including court or collection costs. No school records (academic and/or health), report cards, or diplomas will be released if there is an outstanding balance on the student’s account.

Annual tuition is due for each student. Our budget is planned and carried out based on student enrollment. Students who are withdrawn for any reason are obligated to the annual tuition defined in this contract. Families relocating beyond a 30 mile radius may withdraw with 1 month’s written notice and 1 month’s payment. Verification must be provided. If this contract is broken for any other reason, Peachtree Academy reserves the right to demand and collect any legal, collection, or administrative fees which may be incurred.

Classroom concerns should initially be addressed to your child’s teacher. Administrative staff is available by appointment if additional support is needed. A concern that has not been addressed in this manner is not considered a legitimate reason for withdrawing your child and does not release you from your financial obligation.

A returned check fee of \$30.00 will be assessed on all returned checks. All returned checks must be paid in cash.

I understand that this is a legally binding contract and I agree to financially support the programs of Peachtree Academy Private School. Further, I have read the Peachtree Academy Private School Handbook that is provided online and is available at the front desk, and I agree to abide by all rules and regulations set forth. I have attached my registration fee of \$130, if paid before February 1. After February 1, please remit payment of \$175. I understand that Matriculation Fees for all students are due by March 1. Please note: all Application, Registration and Matriculation Fees are NON-REFUNDABLE.

**Fundraisers:** The school receives no church assistance, federal, state, or local funding. Fundraisers are a necessary part of the financial advancement of Peachtree Academy. All families are strongly encouraged to participate in all our fundraising projects.

Parent/Guardian (Mother) \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian (Father) \_\_\_\_\_ Date \_\_\_\_\_  
School Administrator \_\_\_\_\_ Date \_\_\_\_\_

# Vehicle Emergency Medical Information / Transportation Agreement

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_ Current Medication \_\_\_\_\_

Special needs/conditions \_\_\_\_\_

Father's / Guardian's name \_\_\_\_\_ Mother's / Guardian's name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Centers that Peachtree Academy uses:

### Conyers Campus -Rockdale Medical Center

Address: 1412 Milstead Avenue, Conyers, GA 30012 Phone: 770-918-3000

### Covington Campus - Newton Medical Center

Address: 5126 Hospital Drive NE Covington, GA 30014 Phone: 770-786-7053

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I give permission for my child, \_\_\_\_\_, to ride on the Peachtree Academy Private School bus/van to be transported to and from private school or on designated field trips.

\*My child attends \_\_\_\_\_ school and is to be transported from Peachtree Academy at \_\_\_\_\_ AM to \_\_\_\_\_ at \_\_\_\_\_ AM.

\*My child is to be picked up from \_\_\_\_\_ school at \_\_\_\_\_ PM and transported to Peachtree Academy at \_\_\_\_\_ PM as set forth in the transportation plan.

We ask that you discuss vehicle safety with your child. You must call by 1:30 PM if your child will not need to be picked up at public school on a certain day. Peachtree Academy Private School only assumes responsibility for children given to them by the school system. Failure for the school system to have children available for pick up as planned may result in the delay of your child's pick up. Please make sure school officials know your child attends Peachtree Academy Private School After School program.

In the event of an emergency involving my child, if I cannot be reached, I hereby authorize any necessary medical treatment to be given. I further agree that I will not hold Peachtree Academy Private School, or its representatives, liable in any way. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

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

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## 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, but necessary. 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 to prepare them for future success.
5. Ensure that students arrive at least a few minutes early each day to get situated and receive instruction. If visiting the school at another time during the day, please 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.
6. 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. Support the school's conduct codes and policies. Review this with your child so they can manage themselves better.
7. Encourage a minimum of 15-30 minutes of daily reading at home. Log completed books into the students' book journal.
8. 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.
9. 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.
10. Attend a minimum of two in-school parent/teacher conferences per year to discuss your student's progress.
11. Submit updated student and parent information to the office within seven calendar days of any changes.
12. 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: \_\_\_\_\_

\_\_\_\_\_  
Headmaster's Signature

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

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

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

\_\_\_\_\_  
Grade for 2012-2013 School Year

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