



THE ACADEMY

New Student and Parent Application

Student Information

Application for Grade K 1st 2nd School Year 2020/2021

Student's Full Name _____
First Middle Last

Home Address _____

City/State/Zip _____

Student's Date of Birth _____

Who has primary custody of the child? _____

Who lives in the household with the child? _____

What is your child's primary language? _____

Are other languages spoken in the home? Please list: _____

Are you in public housing _____

Do you receive DSS funding? _____ If not, are you willing to apply for funding? _____

How would you describe your child?

- African American White/Non-Hispanic Hispanic Asian American
 Native American Middle Eastern American Other _____

List all previous schools' student has attended.

Name of School/Preschool/Daycare	Dates Attended
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

Parent/Guardian Name _____

Relationship to Student _____ Married: Yes No Divorced

Address (if different) _____

City/State/Zip _____

Employer _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian Information

Parent/Guardian Name _____

Relationship to Student _____ Married: Yes No Divorced

Address (if different) _____

City/State/Zip _____

Employer _____

Cell Phone _____ Work Phone _____

Email _____

Residence (check one):

City of Roanoke County of Roanoke City of Salem Other _____

If selected for The Academy, will your child need transportation to school? **Yes or No**

Will your child need transportation from school? **Yes or No**

Name of your student's zoned public elementary school: _____

How did you hear about **The Academy**? Word of Mouth News HoneyTree Family Promise

Big Brothers Big Sisters CHIP Head Start/TAP Other _____

Notice of Nondiscrimination Policy

We do not discriminate on the basis of race, color, religion, nationality, gender, or ethnic origin in the administration of its educational, admission, scholarship, or employment policies or any other programs administered by the School.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Notice of Parental Involvement Requirement

The Academy enrolls families not just students. Each Parent/Guardian is required to attend and participate in a minimum of 16 hours of school events per year. Each parent is required to complete a Financial Peace University class before their child has completed their second year of enrollment. Parents/Guardians may take the class more than once if desired but are only required to take it once. Parent Teacher Conferences, Family Coach Meetings and Parent Surveys are required yearly.

Required events include:

- Parent Teacher Conferences (1 hour per semester)
- Parent and Student Coach Meetings (1 hour per semester)
- Financial Peace University (up to 12 hours)

Opportunities for additional hours include:

- Back to School Night (1 hour)
- Fall Festival (2 hours)
- Fall Festival Set Up (up to 2 hours)
- Winter Holiday Program (1 hour)
- Winter Holiday Program Setup (up to 2 hours)
- Field Trips (up to 4 hours per year)
- School Picture Day (up to 3 hours)
- School Workdays (up to 3 hours per semester)
- Classroom Guest Reader (1 hour)
- Career or Hobby Days (1 hour)
- Teacher Helper (up to 2 hours per semester)

I (We) have read and acknowledged the Parental Involvement Requirement. If my (our) child is enrolled, I (we) understand that I (we) will be required to participate in a minimum of 16 hours of Family Involvement per year. If I (we) fail to complete 16 hours, I (we) will be placed on notice. If it is not corrected, my (our) student may lose their scholarship and be asked to leave the school.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Acknowledgement

I (We) have read this application thoroughly and understand fully all the provisions contained therein. The information provided in this application is true and accurate to the best of my (our) knowledge. Further, I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

Parent or Guardian 1: _____ Dated: _____

Parent or Guardian 2 _____ Dated: _____

Return completed application by February 1st to:

Mrs. Tina Kitchens
Head of the School
2619 Belle Ave.
Roanoke, VA 24012
Tina@theacademyatbelle.org or Fax: 540-339-9347