

# APPLICATION FOR SONHAVEN PREPARATORY ACADEMY 2012-2013

**Note: This contract is NOT accepted without full signature at the bottom of each page**

PLEASE PRINT ALL INFORMATION

Child's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Name of Parents/ Guardian \_\_\_\_\_

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

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

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

## Contact Information:

Home Telephone Number (\_\_\_\_) \_\_\_\_\_

Work (who) Telephone Number (\_\_\_\_) \_\_\_\_\_ Work (who) Tel No. (\_\_\_\_) \_\_\_\_\_

Alternate (who) Telephone Number (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Alt Tel No. (\_\_\_\_) \_\_\_\_\_

## General Medical Information

1. My child is currently taking the following prescribed medications \_\_\_\_\_

\_\_\_\_\_

2. My child has the following allergies \_\_\_\_\_

\_\_\_\_\_

3. My child's shot record is current and up-to-date \_\_\_\_\_ (Please attach a Xerox copy of current shot record with this application.)

4. My child is able to fully participate in a physical education program. \_\_\_\_\_

Note limitations \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Information

Father's Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Father's Email address:

\_\_\_\_\_

Work Telephone Number (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Mother's Email address: \_\_\_\_\_

Work Telephone Number (\_\_\_\_) \_\_\_\_\_

## McKay & Step Up For Student Scholars (only)

Please check the appropriate lines to indicate the type on scholarship your child receives.

1. My child is a McKay scholar \_\_\_\_\_ My child is a Step Up For Students scholar \_\_\_\_\_

2. My child is transferring from \_\_\_\_\_

(Name of School)

3. My child is a new McKay / SUFS scholar \_\_\_\_\_ (Please indicate which scholarship

4. My child is transferring from \_\_\_\_\_

(Name of School)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Information & Promissory Note

1. All tuition payments are based upon twelve (12) monthly payments commencing June 1st with the final payment due on or before May 1st of the academic year. There is no extra charge for the Summer Bridge. There is no discount if I choose to not have my child attend the Summer Bridge.
2. Each monthly payment is due on the 1st of the each month. A **Late Fee** of \$25.00 per student will be added to your account after the 5th of each month unless prior arrangements have been made.
3. The Registration fee is paid **in full** at the time of registration. Application is not accepted without accompanying registration fee. This is for both non-scholarship and scholarship recipients.
4. SonHaven is a year-round school. There is no discount if a student does not attend the Summer Bridge or if for some unforeseen reason the Summer Bridge is not held.
5. SonHaven's Registration fee includes the cost of the SAT/Terra Nova 3 test. There is no discount if your child does not take the SAT/Terra Nova 3. This test is an important tool used to chart your child's academic progress and SonHaven uses the results of the test to better serve your child's academic needs.
6. Extra Credits—Students taking extra credits will be billed \$100.00 dollars per credit and an administrative fee of \$25.00 per month per credit. See Fee Schedule upon registration.
7. Field Trips—The costs associated with a Field Trip are not included in the monthly tuition payment. Parents will be notified of the individual cost of each field trip prior to the actual event. Uniforms are always required.
8. McKay & Step Up For Student scholars—please note the yearly amount of the scholarship for each scholar is fixed by the State of Florida. Parents are responsible for the difference between SonHaven's Registration fee plus yearly Tuition plus uniforms minus the amount of the yearly scholarship. Extra credit courses are not included as part of the scholars quarterly payment and are the responsibility of the parents.
9. Parents and/or Guardians paying tuition in full at the time of registration will receive a 5% discount. Registration must be paid in full. There is no discount on Registration fee.
10. Tuition is non-refundable should you withdraw early for any reason. Children withdrawn early still owe tuition for the balance of the school year. **Please take note of this. This is a promissory note.**
11. Tuition payments may be made in cash, money order, or cashier checks. SonHaven does not accept credit card or debit card payments.
12. Payments may be made the 1st of each month in person or by mailing your payment to:  

**SonHaven Preparatory Academy, PO Box 50517, Sarasota, FL 34232**
13. Checks returned for Non Sufficient Funds will be assessed a 20% NSF charge. More than two consecutive payments marked NSF will result in CASH ONLY payments.
14. All books, learning materials, crafts, uniforms and **any** other items used in the learning process at SonHaven Preparatory Academy are the property of SonHaven Preparatory Academy. In the event of early withdrawal or in the event there are any books remaining at the end of the school year, all items must be returned. Non-return of learning materials will result in an assessment of the materials and a bill will be sent. Books and materials are not the property of the parent and may not be kept by the parent or student. This is per our agreement with each publisher.
15. Accounts must be current to receive Progress Reports on a quarterly basis.

# General Information

## Disclaimer

Attending SonHaven Preparatory Academy is a privilege not a right. Students who attend SonHaven have been enrolled based upon a personal interview between the school principal, the child(ren)'s parents/and/or/guardian and the child(ren).

SonHaven does not discriminate against any student based on race, creed, color or ethnic background.

## Communication

1. SonHaven works diligently to provide timely information to parents via letters from the Principal, notices about upcoming events and notes regarding items that require immediate and personal attention.
2. SonHaven believes that communication, to be truly effective, is a two-way street. Therefore, SonHaven trusts parents and guardians will be diligent in notifying the school of any and all appointments, illnesses, or any other situation which will affect their child's attendance at SonHaven on any given day. DO NOT CALL YOUR CHILD'S TEACHER.
3. **The school office telephone number is (863) 448-3394 in Wauchula and (941) 360-2000 in Sarasota. The school office hours are from 7:30AM until 1:30PM (Monday - Thursday) and 7:30AM until 12:30PM Friday.**
4. SonHaven periodically reviews and updates the Student Emergency Contact Information Forms. This is necessary to maintain timely and accurate contact information for parents and guardians of SonHaven students. SonHaven is required to maintain emergency contact information on all enrolled students. The information gathered on this form will not be shared. This information is vital to the health, safety and well being of your child(ren). Please keep this current.
5. SonHaven welcomes the opportunity to discuss your child's academic progress or specific needs. Parents desiring a meeting with the Teacher or Principal need to contact the school office to set up an appointment. Emergency meetings may be scheduled, but first contact the School Office to ascertain if your child's teacher and if need be the Principal are available.

# Parental Involvement Form

I recognize that it is important for parents to be involved in the educational growth of their children. To that end I will commit myself to the following area(s) this year.

Please check off the areas where you are able to commit to the support of SonHaven. We will then call on you during the year to be those hands extended to the student population at your child's school.

## Areas of Need

\_\_\_ Class room volunteers

\_\_\_ Arts and Crafts

\_\_\_ Field Trips

\_\_\_ Teach a specialized course

\_\_\_ Computer

\_\_\_ Fund Raising

\_\_\_ Yearbook / Proofreader

\_\_\_ Community Contacts

\_\_\_ Community Relations / Projects

\_\_\_ Other

For those interested in volunteering time in the classroom, please indicate the day(s) you would be available to help

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

For those interested in teaching a specialized course please indicate below the name of the course and provide a brief description of its content: \_\_\_\_\_

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

*(If more than one parent is volunteering, please place their name next to the item checked.)*

Child's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Remember our Motto:

***“One heart...one child... one life at a time!”***

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

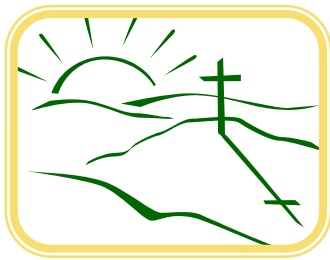
# SonHaven Preparatory Academy, Inc.

Mailing Address: P.O. BOX 50517

Sarasota, Florida 34232

www.sonhaven.com sonhaven@aol.com

Member School: ACSI, FCCPSA, FACCS



## AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

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

To: Principal's Office

Attention: Guidance Counselor

Student's Former School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Grade \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please forward the following information to **SonHaven Preparatory Academy** at the above address.

Grades at time of withdrawal from school

Transcripts of grades and test scores

Cumulative Folder

Birth Certificate

Immunization and Health Records

Results of diagnostic testing for psychological evaluations or learning disabilities, IEP.

I HEREBY GIVE MY PERMISSION FOR YOU TO FORWARD THE ABOVE RECORDS AND ANY ADDITIONAL INFORMATION TO **SONHAVEN PREPARATORY ACADEMY.**

Parent print \_\_\_\_\_ Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Wauchula (863) 448-3394 FAX: (941) 355-6127

**Student Uniform Order Form-Family Name** \_\_\_\_\_

**General Information**

SonHaven maintains a supply of school uniform shirts and hoodies and ball caps.

Uniform shirts are to be kept clean and well maintained throughout the year. Should your child arrive at school without a uniform shirt, one will be issued to them and your account will be charged accordingly. Children are not admitted without the proper uniform shirt. Only SonHaven ball caps for boys are to be worn on campus. No other caps with other logos or designs are permitted.

**Order Form** (please print family name at top of page)

Child's Name (If more than one child please indicate each name):

\_\_\_\_\_

**T-shirt Size Chart– Indicate quantity desired**

Child's size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large

Adult size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X Large \_\_\_\_\_ XXLarge

XXXL \_\_\_\_\_ XXXXL \_\_\_\_\_

Hoodies –indicate size(s) \_\_\_\_\_ \$29 for all sizes children's S-Adult L.

Plus sizes are \$32 each. \_\_\_\_\_

(Please indicate appropriate quantity)

**Pricing & Payment**

**T-shirts** are \$11 for all child sizes and Adult S,M,L. All plus sizes( XL-XXXXL) are \$13

**Hoodies** are \$29 each for all children's sizes and adult sizes S,M,L. Hoodies larger than adult L are \$32.

**SonHaven ball caps** are \$10 each and are adjustable. Quantity \_\_\_\_\_

Quantity for T-shirts \_\_\_\_\_ @ \$11 \_\_\_\_\_ @ \$13 Quantity for ball caps @\$10 \_\_\_\_\_

Quantity for hoodies \_\_\_\_\_ @ \$29 \_\_\_\_\_ @ \$32

Total for t-shirts\$ \_\_\_\_\_ Total for hoodies \$ \_\_\_\_\_ Total ball caps\$ \_\_\_\_\_

**Amount enclosed** \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**All checks payable to SonHaven.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## *SonHaven Preparatory Academy*

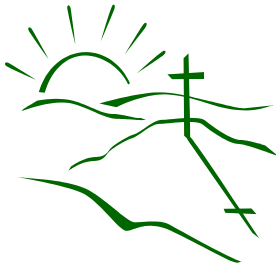
Is a proud member of the following organizations



As well as:

**Florida Association of Christian Colleges and Schools**

**Florida Coalition of Christian Private Schools Association**



*SonHaven Preparatory Academy*

**"A haven in the shadow of the Cross!"**

### **Wauchula Campus**

Physical Address

1121 Louisiana St.

Wauchula, FL 33873

Telephone: (863) 448-3394

Web site: [www.sonhaven.com](http://www.sonhaven.com)

Email Address: [sonhaven@aol.com](mailto:sonhaven@aol.com)

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

