



One of your most important decisions is to choose an education program that best suits your child. Your child is unique with special talents.

Your child deserves an environment where successful learning is the first priority. Our goal is to provide you with the opportunity to make the best educational choice for your child.

Our Philosophy

- Children have the desire to learn and learning is a continuous, unending process.
- Children must understand learning concepts in order to build learning skills.
- Learning must be concrete, relevant, sequential and reinforced meaningfully.
- Children must develop self-discipline and have positive learning experiences to build positive self esteem.
- Education should be an enjoyable experience that builds a love for learning.

Admission Procedure

Schedule a student admission interview. Submit the following prior to the student interview:

- Complete application
- \$50.00 non-refundable application fee
- Copies of birth certificate
- Social Security card
- Original DCF physical and immunization records

Elementary and Middle School Students must also submit:

- Kindergarten school entrance immunization
- 7th grade Hepatitis Series immunization
- Report cards and standardized test scores
- Recent photograph

Entrance exam will be necessary if there are no previous standardized testing scores for previous two years.

Selection Consideration

Admission is based on the admission interview, space availability, review of prior school records and standardized test results.

The Beaches School does not discriminate against students of any ethnic origin in its admission or educational policies, athletic programs or any other school administered programs.

Students who are admitted to The Beaches School must agree to adhere to the Student Rules of Conduct.

Once the student is accepted, an appointment with the business office will be scheduled to complete the registration process. The parents will enter into a tuition contract with the school.

Application for Enrollment

Instructions: Please complete all sections of the application. A \$50 non-refundable application fee is required with the completed application.

Date of application _____ Grade entering _____

Date enrollment is to begin _____ School year _____

Preschool schedule: Days _____ Hours _____

STUDENT INFORMATION

Full name _____ Name called by _____

Date of birth _____ Age _____ Social Security # _____

Sex: Male Female

Home address _____ City _____ Zip _____

Student's e-mail address _____ Home phone # _____

Previous school attended _____ Grade _____ Dates attended _____

RACE OR ETHNIC ORIGIN

Hispanic White, not of Hispanic origin Black, not of Hispanic origin American Indian or Alaskan Native

Asian or Pacific Islander Other: please explain _____

PARENT/FAMILY INFORMATION

With whom does the Student reside? _____

Relationship to the Student: Father Mother Stepfather Stepmother

Other _____ (Provide copy of legal document)

Student's parents: Married Separated Divorced Single Widowed

Parent/Guardian _____ Driver's license # _____

Employer _____ Occupation _____

Work phone _____ Cell phone _____ E-mail address _____

Spouse _____ Driver's license # _____

Employer _____ Occupation _____

Work phone _____ Cell phone _____ E-mail address _____

Non-custodial parent _____ Relationship to Student _____

Employer _____ Occupation _____

Driver's license # _____ Work phone _____ Cell phone _____

Siblings names and ages:

Brothers _____ Attends The Beaches School? Yes No

Sisters _____ Attends The Beaches School? Yes No

AUTHORIZED EMERGENCY SIGN-OUT INFORMATION

Who is authorized to sign out the Student? (other than parents)

Name _____ Relationship to Student _____ Phone # _____

Name _____ Relationship to Student _____ Phone # _____

Name _____ Relationship to Student _____ Phone # _____

Who many NOT sign out the student?

GENERAL INFORMATION

How did you find out about our program?

Religious affiliation

Other languages spoken at home

Any other extracurricular activities your child is involved in:

Field Trip Permission

PARENT RELEASE FORM

I consent to my child going on scheduled field trips with The Beaches School for supervised activities and agree to release and discharge The Beaches School, its officers, agents and employees, exercising care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the aforementioned activity or in transit to and from said activity.

The Beaches School will notify the parent in writing and in advance of any field trip as to the location, time and date.

(If neither is selected, "YES" will be used)

Yes No

Photo Release

I authorize The Beaches School to use photographs and videotapes taken of my child or family members for school literature and websites, advertisement and promotional purposes.

(If neither is selected, "YES" will be used)

Yes No

Medical Information

MEDICAL AUTHORIZATION

In my absence or in the absence of an authorized parent or guardian of _____, I hereby authorize The Beaches School, its agents, employees, or designees to administer first aid and to obtain consent on behalf of the participant and participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or medical attendant which is deemed necessary or expedient by said physician, hospital, or medical attendant as a result of involvement in the activities at The Beaches School or while on field trips. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care.

The name of my health insurance company is _____,
policy number _____.

I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information, which they require.

The medical authorization contained within this form will be valid and usable by The Beaches School during such periods of time as my child is enrolled at The Beaches School and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian _____ Date _____

Family doctor _____ Phone number _____

Any physical difficulties, allergies or other medical conditions:

Is your child taking medication? Yes No

If yes, name of medication _____

Signature

Your signature indicates that you understand, agree to and support the program and practices as set forth in this packet and the student handbook of The Beaches School.

Preschool parent's signature acknowledges receipt of written disciplinary practices and Department of Children and Families brochure.

Signature _____ Date _____

Signature _____ Date _____



The Red School House Preschool Program: 419 5th Avenue North • Jacksonville Beach, FL 32250 • 904-249-9080
Elementary Through Middle School Program: 2049 Florida Boulevard • Neptune Beach, FL 32266 • 904-249-0905

www.thebeachesschool.com