

THE STUDY HALL HOMESCHOOL ACADEMY ENROLLMENT APPLICATION

2018-2019 PROGRAM INFORMATION

About the Program

The Study Hall Homeschool Academy is a program formed to support parents/guardians who choose to educate their child/ren at home. **The parent/guardian must remain the teacher of record and file a letter of intent to home school with the Georgia State Department of Education at <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Pages/Home-Schools.aspx> by the time of enrollment and keep a record for their file.** The Study Hall Homeschool Academy (also known as The Study Hall Education Consulting Company, LLC) is the instructor hired by the parent/guardian to homeschool his/her child. The Study Hall Homeschool Academy will make academic and attendance records for each child and give it to the parent/guardian. It is the parent/guardian's responsibility to keep these records for a period of 3 years. **Currently our program enrolls all students in grades 4 - 9 only, adding a grade level above with each subsequent year. Please note that this is an online only program.**

Our Vision

The vision of The Study Hall Homeschool Academy is to create 21st Century Christian leaders who will stand for God though the heavens fall. We desire for students to enter to learn and depart to serve.

Our Instructor

Andrea Hall, M.Ed is a certified educator who has been homeschooling for over 3 years. In the past, she successfully homeschooled triplets bringing them up one to three grade levels as measured by the ITBS. She believes that kids learn in an enriching and stimulating environment and has received numerous awards in her tenure as a classroom teacher such as Teacher of the Month and Teacher of the Year.

2018-2019 Calendar

The 2018-2019 school year begins August 1, 2018 and ends on May 24, 2019.

Please see the 2018-2019 Calendar for Holidays: <https://thestudyhalleduc.files.wordpress.com/2018/06/traditional-homeschool-calendar-sy2018-2018.pdf>

Tuition and Fees

The registration fee is \$275 with \$75 being non-refundable. ***This is due July 13, 2018.***

Annual Tuition is \$2,000 or \$200 per month for ten (10) months, due on the first day of the month.

What You Get

- **24/7 Curriculum**
We use [Ignitia](#), as our online curriculum provider as well as SonLight Education Curriculum to provide a Bible based foundation. To view the course catalog go to <https://thestudyhalleduc.files.wordpress.com/2018/06/courseguide.pdf>. To learn more about SonLight Education Ministries go to www.sonlighteducation.com.
- **Live Learning**
In addition to 24/7 access to curriculum, your child will benefit from weekly live learning lessons via our Zoom platform featuring special topics like African American History, Work Education and Service Projects.
- **Reporting and Record Keeping**
We provide you with final reporting to help you meet your Homeschool Requirements and keep you up to date with your records.
- **Academic Support**
You get access to academic support throughout the entire school year.
- **Individualized Learning Plans**
As part of your orientation, we work together to create an individual learning plan identifying you and your child's goals.
- **Training**
Is online new to you? Don't worry, we've got you covered with our orientation course.

Parental Involvement

It is our desire to encourage family unity. God's original design was that the family to be the school and the parents the teachers. While we understand the need for parents to work, we want to encourage the family structure as much as possible. As a result, parents are required to volunteer for at least one weekly Friday Online Assembly each quarter at The Study Hall Homeschool Academy.

Materials

You will need the following:

- Reliable access to the internet
- Computer/Laptop with microphone and webcam
- Google Email
- Additional Materials List will be supplied by the instructor as necessary.

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CHILD INFORMATION

Child Name: _____		
Date of birth: _____	2018-2019 Grade Level: _____	
Allergies: _____		
Are there any emotional, social, academic or medical issues of which we should be aware? If so, please list. _____		
Any child who might require medication while attending The Study Hall Homeschool Academy must supply the following information: Name of medication: _____ Date(s), time(s), and amount of dosage: _____ I give permission for this medication to be dispensed to my child by an adult volunteer or staff member. <input type="checkbox"/> Yes <input type="checkbox"/> No I give permission to dispense Tylenol (acetaminophen) and/or ibuprofen to my child for pain or fever. <input type="checkbox"/> Yes <input type="checkbox"/> No Parent Signature: _____ Date: _____		

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____		
Parent/Guardian 2 Name: _____		
Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Parent/Guardian 1 Phone: _____	Parent/Guardian 1 E-mail: _____	
Parent/Guardian 2 Phone: _____	Parent/Guardian 2 E-mail: _____	
Who has permission to pick up your child/ren? _____		
Who does NOT have permission to pick up your child/ren? _____		

EMERGENCY CONTACT INFORMATION

Name of a relative not residing with you: _____		
Address: _____	Phone: _____	
City: _____	State: _____	ZIP Code: _____

MEDICAL AND INSURANCE INFORMATION

Insurance Company: _____	Identification #: _____
Primary Care Physician Name: Phone #: _____	
Known drug allergies and reaction: _____	
Current Medications: _____ _____ _____	
Does your child suffer from any of the following? Require Epi-Pen _____ If so, Anaphylaxis Action Plan MUST be filled out and kept on file. <input type="checkbox"/> Allergies <input type="checkbox"/> Bee Stings <input type="checkbox"/> Insect Bites <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting <input type="checkbox"/> Poison Ivy/Oak Hives <input type="checkbox"/> Foods: _____ <input type="checkbox"/> Other: _____	
If the answer to the above is yes, kindly tell us how you normally treat your child and with what medications. Please list any other special information of which we should be aware (i.e. diabetes, epilepsy, etc.): _____ _____	

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MEDICAL AGREEMENT

I understand that The Study Hall Homeschool Academy (The Study Hall Education Consulting Company, LLC) will take all reasonable steps to ensure the safety of my child, but accidents and illness do sometime occur. In the event of an injury, accident, illness or other emergency, and if myself or the above stated physician cannot be reached, I authorize my child to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment. I release The Study Hall Homeschool Academy (The Study Hall Education Consulting Company, LLC), its owners, teachers, staff members, volunteers, students from any liability related to my child or myself participating in any The Study Hall Homeschool Academy (The Study Hall Education Consulting Company, LLC) activity. My release is given on behalf of anyone with interest in my child.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in The Study Hall Homeschool Academy (The Study Hall Education Consulting Company, LLC) related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue The Study Hall Homeschool Academy (The Study Hall Education Consulting Company, LLC, its affiliated clubs, their respective owners, administrators, directors, agents, staff and other employees, volunteers, or students of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

Parent/Guardian Signature: _____ Date: _____

STUDENT CONDUCT AND CONSEQUENCES

Student Expectations

-Taken from the Adventurer Club

Because I love Jesus, I will always do my best!

Jesus can help me to: Be Obedient; Be Pure; Be True; Be Kind; Be Respectful; Be Attentive; Be Helpful; Be Cheerful; Be Thoughtful; Be Reverent

Student Consequences

1st Offense – Teacher/Adult in charge will talk with the student about his/her misbehavior.

2nd Offense – Teacher/Adult in charge will talk with the student about his/her misbehavior and parent will be notified.

3rd Offense - Teacher/Adult in charge will talk with the student about his/her misbehavior and parent will be notified. Leadership will speak/and or meet with the parent and student regarding the misbehavior and dismissal from the academy could result.

We are proud to say that we are NOT a zero-tolerance academy.

We always look at a child's heart before making any decision on the actions or behaviors of a child.

I understand that intentionally or unintentionally causing disruption or preventing a participants ability to enjoy their experience or staff's and/or volunteer's ability to conduct a program or their job duties by either a child or a parent by the use of violence, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or any other conduct, whether intentionally or unintentionally is not acceptable behavior, and is in conflict with The Study Hall Homeschool Academy values, and may result in termination from the program and future programs.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Parent/Guardian Signature: _____ Date: _____

TERMS AND CONDITIONS

Payment Options

Annual Tuition is \$2,000 or \$200 per month for ten (10) months, due on the first day of the month. Payments may be made by cash, money order or cashier’s checks. Payments may also be made via PayPal by sending payments to thestudyhalledu@gmail.com .

Were you referred to us by anyone? No Yes, please indicate who: _____

Complete your application by sending your registration to www.paypal.me/thestudyhalledu/275 .

Late Payments

Tuition not received by the 5th day of the month will incur a late fee of \$30. It is not our desire to cause any unpleasant experience for any child; however, if a student’s account remains unpaid by the 15th of the month and no arrangements have been made; the student will be dropped from school attendance until the account is made current. In such instances, it is best that you do not send your child to school to prevent embarrassment.

Refunds

If it is necessary for a student to withdraw from the homeschool academy, the following refund policy will apply:

- A. Admission and Registration fees will not be refunded.
- B. Tuition will be charged on a prorated basis.

Contact Us

The Study Hall Homeschool Academy is a home-based business located in Lithia Springs, GA

Mailing Address:

P.O. Box 31
Austell, GA 30168
Fax: 470.308.0861
Phone: 404.644.8391
Email: ahall@thestudyhalledu.com or thestudyhalledu@gmail.com

By signing below I acknowledge and agree to Medical Treatment, Release of Liability, Student Conduct and Consequences, Parental Involvement as well as the Terms and Conditions of enrollment.

Signature of Parent/Guardian 1:

Date:

Signature of Parent/Guardian 2:

Date: