SHERIDAN ACADEMY

2273 E. Gala Street Suite 120, Meridian, Idaho 83705
(208) 331-2044 Office
Website: www.sheridanacademy.org
Email address: sheridan.academy@gmail.com

Student / Parent Information

Today's Date:_____

Student's Name:_____

Date of Birth: _____Age: _____ Grade Level: _____

Birthplace: _____Social Security Number: _____

Father's Name:_____ Occupation: _____

Social Security Number: _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ E-Mail: _____

Other: _____

Mother's Name: _____ Occupation: _____

Social Security Number: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ E-Mail: _____

Other: _____

With Whom Does The Student Live? _____

Address and phone if different than above:_____

Brothers (Names and ages) _____ Sisters _____

How did you learn about the Sheridan Academy/Sheridan Learning Center?_____

In case of emergency, contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

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Allergies: _____

Medications (Past/Present): _____

Glasses? _____ Hearing Aide? _____

Past Surgeries: _____

Has the student had normal growth and developmental milestones? Please explain.

_____

_____

How does the student interact with father? _____

With mother? _____

With brothers/sisters? _____

Student Interests/Hobbies: _____

Past Behavioral/Academic Concerns: _____

Police Record? Please Explain: _____

Psychological Testing? Type, dates, results? _____

Academic Testing? Type, dates, results? _____

Was the student ever on an IEP?_____

Does the student have access to the Internet at home?_____

Does the student have a library card for the Boise Public Library? _____

Past Schools Attended: _____

Person completing this form: _____ Relationship: _____

The above information is confidential and will be seen only by qualified staff.

Signed: _____ Date: _____

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Rules and Regulations

The Sheridan Academy is an accredited private school providing a safe and nurturing environment in which students will develop their personal, academic, and social needs. In order to maintain this atmosphere and foster positive growth, the following has been incorporated into our school:

- The Sheridan Academy has the right to determine the severity of any misconduct and deem it "not acceptable behavior" and may therefore suspend a student, generate a Behavioral Contract, expel a student, or any combination of the above.

- All students enrolled at the Sheridan Academy or the Sheridan Learning Center will be held accountable to know and adhere to the "No Tolerance" Rules and Regulations and related consequences for violation of the below standards.

Attendance:
Students must be present for 90% of scheduled classes. Students with attendance less than 90% for enrolled classes may not receive credit for that class.
Students must be in their assigned seat with all necessary materials at the start of class.
Five tardies to a class equal one absence.

Students in violation of the below policies may receive:

- A verbal warning of the infraction,
- A telephone call/letter to parent or guardian,
- Suspension,
- Expulsion

ANY STUDENT COULD FACE EXPULSION FOR THE FOLLOWING:

1. Willfully causing destruction of, or defacing any school property at the Sheridan Academy or in the surrounding neighborhood.
2. Bringing or concealing any type of weapon (e.g., knife, firearm. razor, stun gun, aerosol can, etc.) on their person, their property (including automobiles), or the property of a friend/guest.
3. Trafficking, concealing, carrying any type of prescription, over-the-counter, or illegal drugs (including tobacco).
4. Qualified staff will distribute over-the-counter and prescribed medicine only.
5. The Sheridan Academy will prosecute drug possession, trafficking, and usage to the fullest extent of the law.
6. Causing injury to another student or staff member on school property or in the surrounding neighborhood.
7. Being insubordinate to a staff member.

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8. Leaving school property or school functions without permission from a staff member.
9. Touching, hitting, pushing, and taunting, etc., another student or staff member.
10. The Sheridan Academy has a “NO TOUCH” policy.
11. Using profanity directed towards a student or staff member in an abusive manner.
12. Damaging (to include “tagging” or graffiti) to any school property (the student or parent/guardian is responsible for appropriate compensation for the damaged property within one week of the incident).
13. Willfully not participating in the school academic or social programs.
14. Lying to a staff member.
15. Attending any school activity under the influence of illegal or non-prescribed drugs or alcohol.
16. “Borrowing” or taking any property not belonging to a student (food, school materials, etc.).
17. Cheating on assignments, helping another student cheat, plagiarism.
18. Carrying a cellular phone, pager, gaming device, or personal stereo.
19. Carrying any item that would not pass through airport security (pen knives, scissors, nail clippers, etc).
20. No gum is allowed.
21. Downloading or viewing inappropriate material on the Internet.

Dress Code

22. Clothes must be sized to fit.
23. Clothes must be clean and whole, no holes.
24. Shirts are polo-style and hunter green in color and tucked into pants.
25. Pants, capris, shorts are khaki in color and appropriate length-no cargo pants/shorts.
26. Shoes must be closed toes, no plastic slides or flip-flops.
27. Belts are simple and appropriate length- no studs.
28. Pants are to be worn at the waist-no sagging.

Any student not dressed appropriately (as per Director’s discretion) will be assessed a $2.00 penalty per day.

I have read and agree to the above terms and conditions.

Signed (student) _____ **Date**_____

Signed (parent) _____ **Date**_____

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Tuition Contract/Promissory Note

"My child, _____ , will attend the Sheridan Academy for _____ Semester, and I agree to pay tuition fees of $_____. (May be prorated).

In the event that I voluntarily withdraw my student, I agree to pay the balance of the month's tuition plus any late or additional fees.

If my child is expelled from the Sheridan Academy, I will be liable for the full tuition (plus any late or additional fees) up to and including the month in which he/she was expelled. I also agree to pay the tuition and fees in full before my student's records are released. Tuition Payments are due on the 5th of each month. A 2% late fee of balance owed will be assessed to you account if payment is not received on the 5th of each month. I understand that accounts were no payment has been received for 60 days will be turned over to a collection agency for recovery.

A $250 (Domestic) / $600 (International) registration fee (non-refundable) is due on the first day of enrollment.

Please select your payment schedule (full-time enrollment):

(In-State students only are eligible for payment option.)

Two Semester Payments of $2,500.00 _____

Nine monthly payments of $555.55 _____

Ten monthly payments of $500.00 _____

Twelve monthly payments of $416.66 _____

Signed _____ Date _____

Relationship to student _____

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Field Trip Authorization

Student participation on field trips will depend on previous academic and social performance. Please complete the following:

_____ has/have my permission to accompany the Sheridan Academy and its staff on scheduled field trips for the 2013-2014 school year.

I, _____absolve the Sheridan Academy and staff of all liability related to off-site field trips.

My student(s) and I understand that all Sheridan Academy Rules and Regulations apply to field trips.

We further understand the behavior policy related to participation on field trips.

Student signature _____ Date _____

Parent signature _____ Date _____

Medical Authorization

Authorized personnel may administer to the above named student the medications checked below for complaints of headache, for pain due to musculoskeletal injury orthodontic procedures, and/or menstrual cramps, and for upset stomach and/or indigestion.

Tylenol _____

Ibuprofen _____

Pepto-Bismol _____

Tums _____

Other _____

Comments:

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Student Enrollment Checklist

Name _____ Date of Birth _____

Grade _____ Start Date _____

For school use only	Date Verified _____

- ☐ Parent Information form completed
- ☐ Non-refundable $250 / $600 Registration Fee collected _____
- ☐ Rules and Regulations form completed _____
- ☐ Tuition Policy form completed _____
  - ☐ Copy to parents _____
  - ☐ Copy to school accountant _____
  - ☐ Copy to school attorney _____
- ☐ Immunization Records submitted _____
- ☐ Medication Authorization/Field Trip Permission signed _____
- ☐ School transcripts received _____
- ☐ Graduation Plan completed (8th-12th grade only) _____
- ☐ I.E.P. form completed _____
  - ☐ Copy to parents _____
- ☐ Copies of all documents stored in office _____
- ☐ Copies of all documents stored offsite _____

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Committees for Parents

As our school is growing, we are requesting that a parent of each enrolled student participate in one or more of the committees listed below.

Meeting times and specific duties will be established by each committee.

1) **Facilities Maintenance**:
   - Members of this committee are responsible for assisting in the maintenance of the Sheridan Academy building. Members will assist in cleaning, repairing and maintaining a healthy, aesthetically appealing school. Possible time commitment: 5 hours per month.
2) **Fund-Raisers**:
   - Members of this committee are responsible for generating funds through student-oriented fundraisers. Possible time commitment: 5 hours per month.
3) **School Newsletter**:
   - Members of this committee are responsible for writing, printing, and mailing a student-oriented monthly (?) newsletter. Select high school students are to participate with this committee for school credit. Possible time commitment: 8 hours per month.
4) **Donations**:
   - Members of this committee are to develop a program for soliciting donations from local businesses and community members. Possible time commitment: 8 hours per month.
5) **Grant Writing**:
   - Members of this committee are responsible for writing grants to foundations and corporations for funds necessary for specific projects and daily operations of the school. Possible time commitment: 8 hours per month.
6) **School Improvement Program**:
   - As part of our accreditation, we have implemented a School Improvement Program. This looks at ways to improve our school and is an ongoing process interfacing with the Department of Education. Possible time commitment: 5 hours per month
7) **Field Trips**:
   - We need field trips scheduled throughout the school year. This committee will arrange places, dates, time and transportation appropriate for our students. Possible time commitment: 5 hours per month.

Please sign and return:

"As a parent of student _____ I agree to participate on the

_____ committee for the duration of my

student's enrollment at the Sheridan Academy."

Signed _____Date_____