



High Achievers Education Center

www.highachieversec.org

939 Bank Street NE Conyers, GA 30012

Phone/Fax: 678.806.5578

Email: haec@highachieversec.org

Family/Student Handbook 2018-2019

OFFICIAL WELCOME LETTER

Dear HAEC Parent(s) and Guardian(s):

Welcome to the High Achievers Education Center! Here we are dedicated to providing the best academic foundation for your high achiever. HAEC offers a dynamic learning environment focused helping students achieve great levels of academic success and high expectations. *Our Mission:*

“To inspire each high achiever to become lifelong learners by providing an enthusiastic and challenging learning environment that cultivates and encourages each individual learners to achieve at their greatest potential.”

In order to help your child live up to their maximum potential, it will take every collaborative effort between you and HAEC. Your involvement in your child’s education is vital to their success.

Our school strives for continual improvements. Therefore, we need your continued support. We are asking that all HAEC parents offer their time and service through our Parent Engagement Partner (PEP Team) where there are numerous volunteer opportunities to take advantage of.

Going forward please read and discuss the HAEC Handbook with your child so that they are aware of their responsibilities on their educational journey. Please give both immediate and careful attention to the following topics:

- Uniform Policies
- Calendar
- School Policies
- Arrival and Departure Procedures
- Attendance Policy

We are looking forward to an exceptional year at HAEC-High Achievers Education Center. We are glad you are here.

Kindest Regards,
Nadra Powell Ed.D., Head of School
nadra_powell@highachieversec.org

HOURS OF OPERATION

High Achievers Education Center Inc.

Open daily (Monday-Friday) August-May (Unless noted on the calendar schedule)

Academic Hours: 7:45 AM-2:15 PM

ADMISSION PROCESS

To be considered for admission to High Achievers Education Center, each prospective student should submit:

STEP 1: VISIT OUR WEBSITE

- ❖ Experience the High Achievers Education Center difference. Observe the students at work in the classrooms and at play in the school park. Witness firsthand how the teachers and staff interact with students with kindness and genuine care, as they are all part of the High Achievers Education Center family.

STEP 2: TESTING AND INTERVIEW

- ❖ To ensure that your child is a good fit academically at High Achievers Education Center, we perform a profile assessment. This testing helps evaluate and place your child appropriately upon enrollment.
- ❖ Each student is tested individually. The testing takes approximately 30 minutes. High Achievers Education Center uses standardized assessment tools that measure your child in comparison to other children of the same age. We will notify parents with the results.

STEP 3: ATTEND OUR FAMILY ORIENTATION SESSION

- ❖ Prospective students and parents are invited to spend a day at High Achievers Education Center. This time provides your student with the opportunity to meet the HAEC family including teacher(s), staff, and future classmates, begin familiarizing him or herself with the curriculum expectations for academic success, and start to feel a part of the High Achievers Education Center family.

REQUIRED DOCUMENTS

All documents must be completed and submit prior to enrollment.

- ❖ Applications and fees must be received by the Admission office before, a child is tested and Child or Parent Interviews will be scheduled.
- ❖ Enrollment Form ❖ Birth Certificate
- ❖ Driver's License
- ❖ Child Health Exam form
- ❖ Immunization card
- ❖ Pick-Up Permission Form
- ❖ Parent Volunteer Form
- ❖ Technology Usage Form
- ❖ Additional/Supplemental Requirements Forms

DISCHARGE POLICY

Your child can be discharged if:

- ❖ A problem continues which negatively affects other children High Achievers Education Center, such as threats directed towards children, staff or self
- ❖ Lack of payment (payments are received a month prior)
Failure to meet High Achievers Education Center's policies

WAITING LIST

- ❖ Admissions decisions are made based on a student's application and occupancy availability.

SCHOOL WITHDRAWAL

- ❖ High Achievers Education Center reserves the right to drop any child from our program. If at any time during the school year a student is expelled or a student's admission is revoked or the student withdraws either voluntarily or involuntarily due to disciplinary action, tuition and fees will not be refunded. Families on monthly payment plans are still liable for any unpaid tuition and fees.
- ❖ Should you find it necessary to withdraw your child, we require **two-month's written notice**. You will be responsible for any fees due during that two-month notice period. Withdrawal and subsequent re-enrollment will entail additional registration fees. Customers who fail to pay the required two-month's tuition upon withdrawal will be referred to a collection agency.

Attendance

The importance of punctual and regular attendance for every student is vital. A good attendance record has a direct effect on academic achievement. Any student who is absent must have a parent/guardian notify the school, in writing in order to excuse the student's absence. When a student returns to school they will need a signed letter providing notification that states the reason for absence. A daytime phone number should be included on all letters. Listed below are valid reasons for excused absences.

- Personal illnesses,
- A death or serious illness in the immediate family,
- Recognized religious holidays observed by the family's faith,
- Absences mandated by order or governmental agencies,
- Conditions which render school attendance impossible or hazardous to health and safety.

Individual students who have emergencies necessitating their absence from school for a portion of the school day must be present for the majority of the school day in order to be considered present. Students checked out prior to 11:30 a.m. will be counted absent for the day.

Our school hours are from 7:45 a.m. to 2:15 p.m. It is both the parent and student's responsibility to be punctual and remain in attendance for the entire school day. Students are expected to make up assignments missed due to tardiness or early checkout. **Students arriving after 7:45 AM are considered tardy.** Except in the event of an emergency, there will be no checkouts after 2:00 p.m. Chronic tardiness and excessive early check-outs negatively impact academic achievement. Tardiness and early check-outs will affect a student's opportunity to receive perfect attendance recognition. Perfect attendance is a student being at school all day, every day!

A student is considered truant if he/she has five or more unexcused absences. The school will contact the parent or guardian to notify them of the unexcused absences and possible consequences under the State Board of Education Rule 160-5-1-10. Please be aware that once a student has reached 7 excused and unexcused absences a doctor's note will be required for each subsequent absence. Continued absenteeism will result in dismissal from HAEC and incur fee charges.

THE FOLLOWING APPLIES FOR SPECIFIC CONDITIONS:

- ❖ **Pink Eye (Conjunctivitis):** This condition is extremely contagious and if it is suspected that your child is infected, he/she will be removed from the group and you will be notified to pick up immediately. Your child can return to the school after being on medication for at least 24 hours.
 - ❖ **Rash:** Suspicious rashes are considered contagious until a physician indicates in writing otherwise. If a rash is noticed, your child's temperature will be checked and you will be contacted to pick up your child immediately.
 - ❖ **Skin Infections and Lesions:** If your child has impetigo or pinworms, he/she will not be allowed to be in attendance at the school until the condition is cleared up. If your child has ringworm, it needs to be treated for a minimum of 24 hours prior to returning to the school.
 - ❖ **Fever:** If your child's temperature is over 100.5 degrees, you will be contacted to pick up your child immediately. Your child may return to the school when there has been no elevated temperature for at least 24 hours.
 - ❖ **Thrush:** The symptoms of thrush are white patches that coat the inside of the mouth and lips and sometimes tongue. If thrush is present, adequate treatment is required for your child to stay in the school.
 - ❖ **Congestion and Discharge:** Serious lung congestion or discharge from the eyes or nose will necessitate your child's absence. If your child is present at the Center when symptoms are noticed, you will be contacted to pick up your child immediately.
 - ❖ **Diarrhea:** If your child has uncontained diarrhea or three diarrhea like stools you will be notified to pick up your child immediately. Your child may not return to the school until he/she has been diarrhea-free for at least 24 hours.
 - ❖ **Lice:** If it is suspected that your child is infected, he/she will be removed from the group and you will be notified to pick up your child immediately. Treatment will be required and all eggs (nits) will have to be removed from the hair and bring a note from your child's physician stating that he/she is no longer contagious and may return to daycare.
 - ❖ **Vomiting:** If your child experiences constant or frequent vomiting you will be contacted to pick up your child within the hour. Your child may return to the school when he/she has not vomited for 24 hours.
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HEALTH

Our ultimate goal is to provide a place where your child can learn, develop, and have fun in a safe and healthy environment. The school is not equipped with the staff or facilities to care for sick children for an extended length of time. We depend on parents to assume care for their sick child.

- ❖ We work diligently to keep communicable illnesses out of our school. In return, we rely on our parents and caregivers to follow the sick policies in order to protect the other children, staff and parents. A child will be excluded from the classroom and attended to by a member of our staff while the family members are contacted to pick up within 1 hour of the event.
 - ❖ In most cases, children must be symptom free **at least 24 hours without medication** before returning to school. In some cases, a doctor's note is required to return. Please remember, ALL staff, students and parents must wash their hands upon entering the classroom. This helps keep unwanted outside germs out of the class.
 - ❖ Children should be kept home for a **minimum of 24 hours after symptom-free**, if they are experiencing any of the following:
 - ⇒ Fever
 - ⇒ Vomiting
 - ⇒ Any other contagious condition or disease
 - ⇒ Sore Throat
 - ⇒ Any Flu symptoms
 - ⇒ Diarrhea
 - ⇒ Rash
 - ❖ If your child experiences any of the above symptoms at home please contact the school and let us know as soon as possible that your child will be out due to illness. If your child exhibits any of the above symptoms while at school parents and/or emergency contacts will be called immediately to pick up the child within the hour.
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ALL COMMUNICABLE DISEASES:

- ❖ When any suspected case of contagious disease is determined; you will be contacted to pick up your child immediately. If the physician determines that your child has a contagious disease, you are requested to contact the school with the diagnosis as soon as possible. This allows the school to notify other families, if necessary. The school reserves the right to request a physician's written release for your child's re-admission following a communicable disease or serious illness.
- ❖ Keeping a sick child home allows the child a comfortable and quiet place to get well and prevents teachers and other children from getting sick and continuing to spread to others.
- ❖ High Achievers Education Center is required to report any suspected case of a communicable disease to the Health Department.
- ❖ The Parent Resource area has information on medical assistance programs and private insurance companies. A posting of possible exposure to a contagious disease will be posted if such situation occurs.
- ❖ High Achievers Education Center has the final say about when your child can return. We reserve the **right** to have precedent over the physician.

MEDICATION POLICY

We prefer to leave the responsibility of administering medication to parents and guardians. However, if absolutely necessary our school will administer medication at a physician's written request.

- ❖ **All medication must be in the original container and clearly labeled with the child's name, prescribing physician's name and phone number, dosage amounts and instructions, the date filled and the expiration date**
- ❖ Medication will be administered for no more than 1 week; unless written instructions requiring continuation are given by the child's physician. A medication release form must be completed before any prescription only medication is released. We record all medicine administered in a google log form for parents to access and monitor. Parents are welcome to view information regarding their child's medicine distributing at any time, please ask the office staff or director for assistance.
- ❖ If a child experiences a concerning adverse reaction to a medication given at the school the parents will be called with details about the reaction and the medicine will be discontinued by HAEC staff until a physician states the adverse reaction is not harmful and we can continue disbursements of that medication to the child.
- ❖ Non-prescription medication will not be administered by High Achievers Education Center Staff with the exception of a cleaning agent (cleaning wipes or hydrogen peroxide) and Neosporin for small scrapes.
- ❖ High Achievers Education Center will not dispense any over-the-counter (OTC) medication of any type at school. Because dosing requirements vary greatly in children under the age of six, we cannot risk the consequences that could arise with inappropriate dosing. If a parent feels that OTC medication is necessary for their child while at school, the parent is welcome to come to the school at the necessary time to provide that medication.

Discipline:

No student will be allowed to interfere with another student's right to learn. Therefore, students are expected to respect one another and all adults, as well as behave appropriately in class and throughout the school. Indicated below are our discipline leveling system. We use the computer program Classdojo to monitor both positive and negative behavior choices.

LEVEL 1 - TEACHER COUNSELING

- ❖ Cursing and foul language
- ❖ Tardiness
- ❖ Dress Code Violation
- ❖ Harassment of any kind
- ❖ Failure to do assignments or elementary level homework
- ❖ Disruption of the classroom environment
- ❖ Hitting

LEVEL 2 - WRITTEN REPORT

- ❖ Repeated occurrences of level 1 offense²
- ❖ Repeated absences or tardiness
- ❖ Biting
- ❖ Defacing of school or other personal property
- ❖ Deliberate disobedience, insubordination, or being disrespectful
- ❖ Being sent to the office for behavioral disturbances and or aggression
- ❖ Cheating
- ❖ Distribution or abuse of over-the-counter medication or drugs
- ❖ Use of tobacco on school property or at school events

LEVEL 3 - WRITTEN REPORT/SUSPENSION

- ❖ Repeated Level 2 offenses
- ❖ Indecent exposure
- ❖ Making threats
- ❖ Setting off a false fire alarm
- ❖ Tampering with a fire extinguisher
- ❖ Purposeful destruction of school property, teacher property, or the personal property of others

LEVEL 4 - WRITTEN REPORT/DISMISSAL

- ❖ Repeated level 3 offenses
- ❖ Continued lack of self-control
- ❖ Bringing a firearm, knife or weapon to school
- ❖ Striking a teacher or purposeful injury to another student

All families are **required** to serve on a committee that contributes to a distinct part of the school's operations. Each committee has a Chair that serves on the Board of Directors. They typically meet once a month and divide up various roles and responsibilities. The current committees are:

- ◆ Admissions
- ◆ Buildings & Grounds
- ◆ Communications
- ◆ Outdoor Classroom
- ◆ Parent Education and Involvement
- ◆ Personnel
- ◆ Planning & Development
- Parent Engagement Partners (P.E.P. TEAM)

In addition to these committees, HAEC PEP Team also holds positions for President, Vice President, Treasurer and Secretary.

Each family is **required** to fulfill 15 PEP hours per school year. For this requirement, parent may provide resources and services for PEP hours; including but not limited to providing snacks, lawn and gardening care, helping with cleaning up and assisting teachers during the school day.

DONATIONS

- ❖ High Achievers Education Center opens its doors to monetary donations as well as toys, books, etc. All donations will be noted and appreciated.

FUNDRAISERS

- ❖ High Achievers Education Center conducts two major fundraisers (fall and spring) to raise money for technology and building maintenance. We strive for 100% support during our fundraisers. Fundraisers are a positive way to show community support and family support for early childhood education. In addition, PEP team committees may request additional fundraising opportunities.

EMERGENCY PLANS

- ❖ Emergency plans for fire and tornado are posted by each exit door in each classroom and are practiced monthly, so that your child is familiar with the drill and not alarmed in case of a real emergency. In case of a real fire the children will be taken out of the school and parents will be contacted immediately, if phone lines are operable.
- ❖ In the case of a medical or dental emergency the parent of the child will be notified.

It is required that all children be escorted inside the center by an adult daily. The same procedure will be necessary when picking up a child.

Authorizing Individuals to pick up your Child

- ❖ On the enrollment form, you will find a line asking for the names of the individuals who are authorized to pick up your child. You may authorize as many individuals as you wish in writing on your form. You must leave a written note in the morning or tell the staff member if such a situation arises. We will not allow your child to leave with an unauthorized person; this is for the safety and protection of your child. We will check the ID of the person listed to pick up your child. Please remember to keep this form updated with your current phone number and address changes.

Foods

- ❖ Meals are not provided. Parents are required to provide breakfast and lunch daily for children or to purchase a meal plan to have a catered lunch provided. In the event that a child does not have a meal, a standard meal will be provided consisting of sandwich, fruit cups/raisins, carrot stick, and juice box for a charge of \$5.00.
- ❖ Birthday, holiday treats, or special treats are permitted. Please check with your child's teacher so you know how much to bring and what is an acceptable treat.

FAMILY INVOLVEMENT

- ❖ High Achievers Education Center offers opportunities for parents to learn about and contribute to their children's early educational experiences, which we feel is invaluable.

Parents play a major role at High Achievers Education Center in a number of ways:

- ◆ Make up the HAEC Board of Directors
- ◆ Serve on various committees
- ◆ Participate in Buildings and Grounds Workdays
- ◆ Are active in various HAEC fundraising events

DRESS CODE

- ❖ HAEC's uniform policy that requires that all students adhere.

Tops

Royal Blue Polos/Navy Blue Polos



Bottoms

Navy or Khaki Bottoms

Shoes

- ❖ Closed-toe such as sneakers or leather shoes in black, brown, navy, gray, red or white. No backless shoes, or shoes with bells, lights and/or wheels.

Jewelry

- ❖ Leave all costume jewelry at home. Please do not allow your child to wear expensive jewelry, which may get lost.
- ❖ High Achievers Education Center is not responsible for any lost or damaged jewelry.
- ❖ Please keep at least one change of clothing at school at all times, including underwear and shoes.
- ❖ Adequate winter wear (mittens, hat, and coat) is required during cold weather.

BE SURE TO LABEL ALL CLOTHING WITH YOUR CHILD'S FIRST INITIAL AND LAST NAME

Technology Usage: Refer to the technology usage form

HOLIDAYS & CLOSINGS

High Achievers Education Center operates in conjunction with the Rockdale County Public School Calendar:

http://www.rockdaleschools.org/UserFiles/Servers/Server_136304/File/Student%20Calendars/2017-18%20RCPS%20Calendar%20Approved%20Dec.%202015,%202016.pdf

CELEBRATING BIRTHDAYS

- ❖ Parents are welcome to celebrate their child's birthday at our school. We respect all parents' right to celebrate their child's special day. However, our celebration time frame will be 11:30 or 2:30 for 20 minutes. Please check with administration for acceptable snack ideas prior to the event. Reminder: NO NUTS

Please give the staff, 48 hours notice if you plan to celebrate at High Achievers Education Center. This will ensure that staff will be prepared to help with accommodations.

CHILD ACCIDENT FORM

- ❖ Our staff takes every effort to ensure the safety of your child. Unfortunately accidents do occur. In case of that event, an accident google form will be filled out by a High Achievers Education Center's staff for every detected injury that occurs. A read receipt email will be sent with this information and retained for your child's file.
- ❖ A child coming into High Achievers Education Center with injuries may require an accident form parent completion for documentation, so that both the parent and High Achievers Education Center's staff are aware that it did not occur at the center.
- ❖ An incident form will be filled out by High Achievers Education Center staff, if your child exhibited behavior that is not acceptable and does not adhere to the classroom discipline policy.

Family Educational Rights and Privacy Act ("FERPA")

Parents have certain rights with respect to student educational records pursuant to the Federal Education Rights Privacy Act. These rights transfer to the student when the student reaches the age of eighteen (18) or attends a school beyond the high school level. These rights are summarized as follows:

The right to inspect and review student educational records maintained by the school;

- An opportunity to challenge the content of the student educational records;
- The right to notice what information the school has designated as directory information and a reasonable time after such notice to inform the school that the designated information should not be released without prior consent;
- The right for student educational records (other than directory information) to only be released upon written consent to any individual, agency, or organization other than (A) other school officials within the local educational agency with legitimate educational interests; etc

Privacy

Parents and students are notified that they have a right to expect privacy in educational records. Accordingly, only school system staff, their agents, representatives, and/or consultants have access to student records on a discernable need to know basis. If educational records are requested or subpoenaed by others, parents or adult students will be notified.

Transportation

Parents are highly required to provide transportation each day. Clear communication is important when altering your child's transportation schedule between daycare, parent pick-up and family/friend pick up. Additionally, accepting changes by telephone does not allow us to provide maximum safety measures for students.

Therefore, should you need to change transportation arrangements, a written note with a phone number for the child's parent or guardian indicating the change in his/her transportation home is **required on the morning of the change**. This note should be brought to the front office, emailed to administrator or verified by phone by the school official.

Severe Weather

It is possible that we may experience severe storms during school hours. We are thoroughly prepared with set procedures to handle such situations. There are drills we practice to ensure our preparedness. If such a situation occurs, please stay home and allow us to address the situation properly. It is very difficult for us to do so if a large number of parents converge on the school requesting to take their children home. It disrupts our procedures, causes traffic problems, and often upsets the students we are trying to keep calm. The students are safer here at school than in a car on the roads during a storm. We will not dismiss the buses until it is safe to do so.

In case of severe weather (snow or storms), please listen to the radio or tune in to the television to get up-to-date information. School closings will be announced on most radio stations (i.e. WSB 750 AM), local television networks, and the Rockdale County Public School website www.rockdale.k12.ga.us. See the Community Information page for additional listings. If no report is made, it is assumed that school will be in session. Please refrain from calling the school.

Parent Visits

We encourage and welcome parents to visit our school! We ask that you schedule an appointment for these visits. For the protection of students, however, **all parents & visitors must 'check in' through the office** to verify building allowance.

High Achievers Education Centers is a “GO GREEN” supporter.

In effort to keep our cost affordable, we will utilize technology as our primary means of communication and correspondence. Parents will need to provide an email address and a cell phone number to receive documents, make payments, track student progress, newsletters, announcements, and more. Parents must also read and sign the technology usage agreement form and discuss the expectations with their child. Please refer to the technology usage form for complete details.

PRIVACY POLICY

The school’s policy is to protect the privacy of our students, faculty and staff. We do not release the address, phone number, or academic records of any child or staff without the written permission of the parent or staff member.

In case of a medical emergency:

- ❖ In case of a medical emergency, if medical attention is needed for my child before I can be contacted, I authorize the school to act on my behalf by contacting medical emergency personnel and following their advice for my child.

My child _____ is enrolled at High Achievers Education Center. The tuition for my child is \$ _____ to be paid annually/monthly (circle one).

I have read and understood the policies of High Achievers Education Center, and agree to abide by them.

Signature (Parent or Guardian)

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|---|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Process and Procedures of Security Access | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Child Custody Documents (if applicable) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any pickup restrictions | <input type="checkbox"/> Security deposit (if applicable) |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Immunization/Health information | <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |
| | <input type="checkbox"/> Review Disaster Plans |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Childtime's policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Date: _____

Name of Head Master: _____ Signature: _____

Date: _____



PARENT POLICY AGREEMENT

The undersigned acknowledges that he/she has read the Policies and Procedures manual in full. Furthermore, the undersigned agrees with the policies and procedures set forth in this manual in addition to any future amendments, with the terms and conditions stated in the Tuition Agreement, and with the terms and conditions stated in the Tuition Contract.

I wish to have my contact information (this includes student and parent names, address, phone and email) added to the School Directory:

Yes Email only No

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)

(Date)

Name of Child



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Education Center**

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NEW AND RETURNING HIGH ACHIEVERS REGISTRATION FORM

Complete **ALL AREAS** of this form. Do not leave any areas unanswered.

ALL Students **MUST COMPLETE** a registration form **ANNUALLY**.

Student's Legal Name (Last, First, Middle)		Student's Former Name or AKA (If Applicable)										
Student's Address (House Number And Street Name, Apartment Number, City, State, Zip Code)												
Student's Soc. Sec. #: (Optional)		Student's Home Telephone #	Best Parent/Guardian Contact Telephone Numbers									
Student's Gender (Circle one) M F	Student's Date of Birth (MM/DD/YYYY)	Student's Place Of Birth (City, State)										
Student's Race (Must Circle At Least One Box - Circle All That Apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> </tr> </table>				<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic											
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<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander											
Childs New To High Achievers Education Center: <table style="width: 100%; border: none;"> <tr> <td>Is A Language Other Than English Used In The Home?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Does Your child Have A First Language Other Than English?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Does Your child Most Frequently Speak A Language Other Than English?</td> <td>Yes</td> <td>No</td> </tr> </table>				Is A Language Other Than English Used In The Home?	Yes	No	Does Your child Have A First Language Other Than English?	Yes	No	Does Your child Most Frequently Speak A Language Other Than English?	Yes	No
Is A Language Other Than English Used In The Home?	Yes	No										
Does Your child Have A First Language Other Than English?	Yes	No										
Does Your child Most Frequently Speak A Language Other Than English?	Yes	No										
PARENT/GUARDIAN INFORMATION												
Mother or Guardian		Home Telephone										
Cell Telephone		Accept Text On Cell Phone? Yes No										
Address (Street Name, Apartment Number, City, State, Zip Code)												
Email												
Occupation	Title	Employer										
Father or Guardian		Home Telephone										
Cell Telephone		Accept Text On Cell Phone? Yes No										
Address (Street Name, Apartment Number, City, State, Zip Code)												
Email												
Occupation	Title	Employer										

PREVIOUS EDUCATION INFORMATION

Name Of Last School Attended	Last School Attended Telephone	School Type <small>(Circle One)</small> Public Private Pre-K Home Education	
City Of Last School Attended		State Of Last School Attended	
Grade Level Last Year		Grade Level This Year	
<p>Request For Confidential Records To The Parent/Guardian Of Applicant: Please print or type the authorization below and return this form to the admissions office with the completed application. Authorization of Release for Educational Records</p> <p>Student's Name: _____ Birth: (MM/DD/YYYY) _____ Date: _____</p> <p>Most Recent School Attended Phone #: _____ Street Address: _____</p> <p>City, State, and Zip Code: _____ Fax #: _____</p> <p>In accordance with the federal regulations regarding the privacy rights of parents and Student's under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to High Achievers Education Center of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.</p> <p><input checked="" type="checkbox"/> Parent/Guardian's Signature _____ Date: _____</p>			

EMERGENCY INFORMATION

Provide The Name(S) Of Person(S), Other Than The Parent, Allowed To Pick Up The Child The First Name Listed Will Also Be First On The Emergency Contact List		
Name <small>(First, Middle Initial, Last)</small>	Relationship To Child	Phone Number

HEALTH INFORMATION

TO GRANT CONSENT	
PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.	
Doctor	Phone Number
Dentist	Phone Number
Medical Specialist	Phone Number
Local Hospital	Phone number
<p>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:</p> <p>Administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist. 2) The transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications taken, and any physical impairments to which a physician should be alerted:</p>	
<p><input checked="" type="checkbox"/> _____ Signature</p>	

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____

Emergency Contact (name and phone number)

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____.

I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 5 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 5 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs:

3. Has your child been hospitalized? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____

Date: _____

REFUSAL TO CONSENT

I do **NOT** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions:

X

Parent/ Guardians Signature

Does your child have any allergies? If so please list below:

Please list below all medications HAEC should be aware of.

Read The Following Information Carefully

Initial the Appropriate Boxes Below and Sign Statements Where Necessary

Liability and Licensure:

I understand the High Achievers education Center does not provide liability insurance and is not licensed by Bright from the Start Georgia Department of Early Care and Learning. I am aware of the provisional accreditation from the Georgia Accreditation Commission.

Notice of Technology Acceptable Use for HAECs students: Your child may have access at school for many school related activities to certain HAEC technology resources, including the Internet and HAECs Intranet. Your child's school's access to the Internet is filtered. Your child will be required to follow the acceptable use standards and guidelines and be bound by their terms provided by HAECs terms.

I have received a copy of the technology procedures and usage agreement

Notice Of Medical Records Disclosure: Your child's medical records or medical information that has been provided to the school are child records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest or if disclosure is to an appropriate party and is necessary to protect the health or safety of the child or other individuals.

Parental Consent For Release Of Child Photograph And Information: I hereby give permission for HAEC to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and clubs, diplomas and awards received, in annual yearbooks, graduation programs, school productions, web sites, etc. and/or similar HAEC sponsored publications or in school approved news media interviews, releases, articles, and photographs. I also provide permission for the release by HAEC to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission

I do **NOT** give permission

Parental Consent And Release For Food: I hereby give permission for HAEC to serve my child any snack/food which is maintained in the snack cabinet for general consumption if parent failed to provide adequate meal based on size and nutritional value. I understand that a \$5.00 fee will be charge for daily meal service (if no prepaid meal plan was purchased). HAEC attempts to provide a peanut free snack environment, the final responsibility remains with the parent/guardian regarding whether or not the snack in the cabinet contains peanuts, other allergen. By refusing to check the permission box HAEC will NOT give your child Snacks, Lunch or any classroom participation foods/snacks.

I understand the terms and condition of the release of food agreement.

Parental Involvement Contract: We, the parents of High Achievers Education Center, commit to serve as collaborators with the faculty, administration and students to achieve excellence in the educational goals for our children through academic, social, moral, and civic engagement. I pledge to do the following:

1. In order to stay connected with my child's school experience, I agree to log in our school website twice a week for student/parent information, homework, grades, menus, announcements and upcoming school events.
2. Commit to 10 hours of service per year, per child, for a total of no less than 15 hours per family to be completed before the end of May. We prefer that parents be involved in the school, but if for some reason a parent cannot fulfill the 15 hours minimum volunteering commitment, we ask for a donation to be made to the school.
3. Join the PTO. A \$10 membership fee is required. Please make checks payable to High Achievers Education Center PTO. Families are asked to actively support the PTO by attending meetings and being involved in school events.
4. Support the established uniform dress code as outlined in the parent/student handbook.
5. Ensure that students arrive at least a few minutes early each day to get situated and receive instruction.
6. If visiting the school, check in at the office to sign in on campus as required by High Achievers Education Center to ensure the safety of all children and staff.
7. Facilitate the home/school communication effort by monitoring and enforcing the use of the agenda planner by the student, parent, and teacher starting in first grade.
8. Support the school's conduct codes and policies. Review this with your child so they can manage themselves better.
9. Encourage a minimum of 15-30 minutes of daily reading at home. Log completed books into the student's book journal.
10. Set the bar high for your child to reach success and communicate your clear expectations for academic success. Support the daily class work, homework, and project requirements, ensuring completeness to the best of the student's ability. Acknowledge that in order to meet the Headmaster's honor roll, your child must have all A's on their report card. To meet the standards for the Merit Honor roll, the student must have all A's and no more than two B's for students in first grade and older.
11. Ensure that student(s) participating in extracurricular activities is/are picked up on time, as indicated by the permission slip and acknowledge that late fees of \$1 per minute will apply.
12. Attend a minimum of two in-school parent/teacher conferences per year to discuss your student's progress.
13. Submit updated student and parent information to the office within seven calendar days of any changes.
14. Follow the Health and Safety policies of the school and keep children home until well and fever free at least 24 hours.

I will participate

I will **NOT** participate

Under Penalties Of Perjury, I Declare that I have read the foregoing form and that the facts stated in it are true and accurate. Statutes Sec. 92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

X Parent/Guardian

Signature: _____ Date: _____

REGISTRATION IS NOT VALID WITHOUT SIGNATURES AND DATES.

SCHOOL USE ONLY

STUDENT HOUSEHOLD NAME: _____

Student ID #: _____ Grade: _____ Homeroom: _____ Counselor Name: _____ Advisor/Teacher: _____

Transportation: Bus #: _____ Walker _____ Car _____ Day Care Bus _____ After-School Program _____

Supplemental Services: Gifted _____ Special Education _____ Student Support Team _____ ESOL _____ 504 _____

Conditional enrollment is only available during the school year. Students pre-enrolling or enrolling before school starts are not eligible for Conditional Enrollment. ___ 30 Day Conditional Enrollment Granted ___ 7 Day Conditional Enrollment Granted Ending Date _____

Items Needed To Complete Enrollment:

___ BIRTH CERTIFICATE	___ SOCIAL SECURITY CARD	___ IMMUNIZATION CERTIFICATE	___ EYE, EAR & DENTAL CERTIFICATE
___ PHOTO IDENTIFICATION	___ WITHDRAWAL FORM	___ REPORT CARD/TRANSCRIPT	___ PROOF OF RESIDENCY
___ RESIDENCY AFFIDAVIT	___ PROOF OF GUARDIANSHIP		



2017-2018 Tuition Fee Schedule

New Student Application Fee	\$100.00	All fees are non-refundable. ➔ After 2/1 the fee increases to \$125
New Student Testing Fee	\$25.00	
Annual Registration Fee until 2/1	\$75.00	
Annual Matriculation Fees	\$300	

ANNUAL TUITION		All Paid by 8/1 10% discount	10 monthly payments	Bi-Weekly
Ages 5-7	\$7,500	\$6750	\$750	\$375
Ages 8-12	N/A			
Pre-K	N/A			

«Family» <i>Student Name</i>	Grade	Tuition Rate	Discounts	Total
<i>Multiple children discount = 10%</i>				
Total Tuition:				

PAYMENT PLAN OPTIONS

		Initials
Plan 1	Payment in full by August 1, deduct 10%.	
Plan 2	10 monthly payments , beginning August 1	
Plan 3	20 payments, beginning August 1 Due by 1st and 15th monthly	

My tuition for the 2017-2018 school year is _____. I understand this is a full year commitment. I have chosen payment plan # _____. This financial contract is automatically renewed each school year. To cancel this contract, please remit in writing your cancellation prior to February 15th each year to haec@highachieversec.org

ADDITIONAL FEES

Insufficient Funds Fee	\$35	_____ Signature of person responsible for payments	
Late Payment Fee	\$35		
Meal Plan (Per Meal Cost)	\$5.00		_____

Office Use Only

*****Payments Received*****

	Amount / Check / Cash	Initials	Registration	Amount / Check / Cash	Initials
Application	\$		\$		
Testing	\$		\$		



High Achievers
Education Center

939 Bank Street NE
Conver, GA 30012
678-806-5578
www.highachieversec.org
HAEC@highachieversec.org

High Achievers Education Center Inc requests families provide Social Security Numbers for student enrollment. High Achievers Education Center Inc uses Social Security Numbers to insure accurate enrollment information, to help prevent fraudulent student attendance reporting. Social Security Numbers are not used by High Achievers Education Center Inc for any other purpose. The Social Security Numbers are not shared with any other vendors or third parties and, for security reasons, they are encrypted in our database. While a Social Security Number is not required to attend our school, it is beneficial to both you and your child to provide this information. If a Social Security Number is not given for a child, High Achievers Education Center Inc requires that you specify a reason below to explain why the information is not being provided.

I, _____, as parent/legal guardian of, am not able/willing at this time to provide High Achievers Education Center Inc with a Social Security Number because:

- I need help obtaining an SSN.
- I need help replacing a lost SSN.
- I am awaiting a replacement SSN and will provide it when it arrives.
- I forgot to bring the SSN and will provide within 30 days.
- I choose not to provide the SSN because _____

Please keep this form in
student file in lieu of SS Card Copy.

Parent Signature

Date