

# Atrium School

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3957 NW 7th Court  
Delray Beach, FL • 33445  
561-247-5726 • [info@AtriumSchool.org](mailto:info@AtriumSchool.org)

Dear Parent:

Thank you for requesting information about Atrium School. I hope you will find the materials provided here to be informative and that they will address your questions. For your reference, enclosed are information about Atrium School's mission, philosophy and programs and the forms needed to enroll your student.

If you are new to home-based education, I recommend that you visit the [Atrium School web site](#) and review the [Private School Option](#) link. Here you'll find valuable information about home education in general and enrolling in a private school with a homeschool option in specific. This information will help you in reaching the decision that's right for your family.

Should you have any questions, please do not hesitate to contact me at 561-495-8427.

I look forward to speaking with you.

Sincerely,

Elise LaTorre  
Director

# Atrium School

## Enrollment Checklist

*Please be sure to include all requested items. We cannot enroll students whose admissions paper-work is incomplete.*

Item	New Students	Returning Students
Enrollment Form*	√	√
HRS forms (available from your family doctor or pediatrician) <ul style="list-style-type: none"> <li>• <b>HRS Form 3040</b> (school-entry health examination) performed within 1 year prior to enrollment</li> <li>• <b>HRS Form 680</b> (schedule of immunizations) <i>or</i> waiver (for families for whom immunization conflicts with their religious tenets or practices).</li> </ul> <p style="color: red; margin-top: 10px;">Please send originals of these forms, as we cannot complete enrollment without them.</p>	√ <b>Both forms required</b>	√ <b>Both forms required</b>
Student History*	√	Updates only
Parent-Teacher Agreement* - Signed and notarized	√	√
Copy of the student's last Home Education Annual Evaluation, if your child is entering grade 1 or higher. (If your child attended school last year, you will receive a <i>Request for Records</i> form from us upon enrollment.)	√	N/A
<b>Certified copy</b> – a copy with a watermark or raised seal – of the student's birth certificate.	√	N/A
Financial Worksheet*	√	√

\* Asterisked items are included in this packet.

Submit originals of required documents and payment to:

Atrium School  
 3957 NW 7th Court  
 Delray Beach, FL 33445

*Be sure to keep copies for your records. These documents will not be returned to you.*

# Atrium School

## Features

Feature/Benefit	Program	
	Independent Study	Fully Enrolled
Grade Levels	K-12	K-12
Home-Based Program	Yes	Yes
Family Selected Curriculum	Yes	Yes
Year-Round Enrollment	Yes	Yes
Attendance Reporting	Monthly	Monthly
Grade Reporting	Quarterly	Monthly
Curriculum Review	No	Yes
Grade Review	No	Yes
Credit Verification	No	Yes
Progress Review	No	Available
Report Cards Issued	No	Yes
Diploma Issued	No	Yes
Florida Virtual School	Yes	Yes
Guidance Advisor	No	Yes
Transcript	No	Yes (see below)
Parent-Teacher Handbook	Yes	Yes
FPEA Membership	Available	Yes

Available Options:

**Progress Review:** A comprehensive review of the student's work, with recommendations for areas for improvement. \$50

**Transcript:** High school students in the Fully Enrolled program are entitled to one free transcript per year. Additional transcripts are available at a cost of \$5 each.

**FPEA Membership:** Included in each Fully Enrolled program. Independent Study program enrollees have the option of joining the FPEA for a discounted price.

**Consultations:** Whether to discuss a student's educational plan or to address a specific area of difficulty, consultations are available to all enrolled families for an initial minimum charge of \$60. Each additional half hour is \$25.

### NOTICE OF NON-DISCRIMINATORY POLICY

Atrium School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, or any other school-administered programs.

# Atrium School

## Student Enrollment Form 2011-2012 School Year

Use one form for each child you are enrolling

New Student  
 Returning Student

Program Type:  
 Fully Enrolled  
 Independent Study

School Year Start Date:  
 \_\_\_\_\_  
 Month/Year

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

SID: \_\_\_\_\_

<b>STUDENT INFO:</b>			
Last Name, First, MI			
Address			
City, State, Zip			
Home Phone:			
Social Security #		DOB:	
Grade Level (circle)	K 1 2 3 4 5 6 7 8 9 10 11 12		

<b>MOTHER:</b>			
Name			
Address			
City, State, Zip			
Social Security #			
Phone Numbers:	Work:	Cell:	
Email			

<b>FATHER</b>			
Name			
Address			
City, State, Zip			
Social Security #			
Phone Numbers:	Work:	Cell:	
Email			

Student Lives With     Mother & Father     Mother     Father     Other:

<b>PRIOR SCHOOLING:</b>			
School Name			
Address			
City, State, Zip			
Contact			
Phone		Fax:	
Grade Level (circle)	K 1 2 3 4 5 6 7 8 9 10 11 12		
Reason for Leaving:			

<b>PHYSICIAN:</b>			
Name			
Address			
City, State, Zip			
Phone		Fax:	

Please provide a legible email address and add [info@atriumschool.org](mailto:info@atriumschool.org) to your address book. This will ensure you receive email notification of your enrollment and important updates throughout the year.

# Atrium School

## Student History

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

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

Please answer the questions below as honestly as possible. Include detail on the lines provided.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does this student have any limitations that affect his /her ability to learn?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this student been diagnosed with a learning disability?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does this student take any prescription medicines?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this student ever failed a grade in school or been retained?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this student ever been expelled or suspended?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the student involved in any extra-curricular activities?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has this student been diagnosed with any emotional or mental problems?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is this student pregnant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the student participating in any kind of physical or emotional therapy?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the student ever been arrested?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the student (or family) ever been investigated for truancy?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the student ever been treated for substance abuse?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any special circumstances about this student we should be aware of? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details of any 'yes' responses. Use other side of this page if necessary.

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# Atrium School

## Parent-Teacher Agreement

We, \_\_\_\_\_ and \_\_\_\_\_  
being the legal parents/guardians of the student(s) identified below, agree to uphold the laws of the State of Florida and the requirements of Atrium School, namely:

1. To teach the required 180 days per year
2. To teach the required number of hours pertaining to grade level
3. To submit a monthly written report of daily attendance to the school administration
4. To fulfill all requirements documented in the Parent-Teacher Handbook or otherwise requested by Atrium School
5. To pay registration and tuition as outlined on the Financial Worksheet
6. To maintain records of courses taken and achievement therein (including date of graduation), and to fulfill any other requirement of the State of Florida as relating to the Private School Act

We understand that every educational institutional has the right to refuse any other educational institution's records and transcripts. No educational institution, whether public or private, accredited or not, can guarantee that their records will be accepted in all instances. We release and hold harmless Atrium School from any and all responsibility in this matter.

We release Atrium School from any and all responsibility and absolve them from any claim of loss, damage, or injury of any nature to person or property resulting from the school program. We also agree that Atrium School shall not be liable for any loss or intentional neglect or careless acts of any school personnel.

**I/We understand that failure to comply with these policies is cause for expulsion from Atrium School and will cause our records to be withheld.**

Students:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name - Mother

\_\_\_\_\_  
Signature - Mother

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year of 20\_\_\_\_\_

who showed \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Printed Name - Father

\_\_\_\_\_  
Signature - Father

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year of 20\_\_\_\_\_

who showed \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida

# Atrium School

## Financial Worksheet

	Independent Study	Fully Enrolled
Annual Registration	\$20 First student \$5 each addtl. student	\$50 First student \$15 each addtl. student
Annual Tuition	\$60 K-12	\$195 K-5 \$245 6-8 \$365 9-12
9-Pay Tuition Plan (first payment due with registration)	N/A	\$25 K-5 \$31 6-8 \$46 9-12

1. Installment tuition is based on 9 monthly payments. The first payment is due at the time of enrollment. Subsequent payments are due by the 5th of each month for eight (8) subsequent months. A late fee of \$25 is applied to any payment received after the 10th of the month.
2. Registration fees are not refundable unless your child is not accepted into the school
3. Enrollment is for one school year (180 days) or one grade level, whichever comes first.
4. Tuition is refunded as follows (applies to both installment and "in full" payments): Students are charged a full month's tuition per the schedule above for each month or portion thereof they are enrolled in Atrium School. This total is then deducted from the annual tuition for the selected program and any balance is refunded. No refunds will be made nor records released if a student's account is not current.

Names of students being enrolled (use a second sheet if necessary):

Name	Grade	<input type="checkbox"/> Fully Enrolled	<input type="checkbox"/> Ind. Study
		<input type="checkbox"/> In Full	<input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Fully Enrolled	<input type="checkbox"/> Ind. Study
		<input type="checkbox"/> In Full	<input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Fully Enrolled	<input type="checkbox"/> Ind. Study
		<input type="checkbox"/> In Full	<input type="checkbox"/> 9-Pay
Name	Grade	<input type="checkbox"/> Fully Enrolled	<input type="checkbox"/> Ind. Study
		<input type="checkbox"/> In Full	<input type="checkbox"/> 9-Pay

Use the chart at the top of the page to calculate registration fees and to determine tuition for the selected program(s). Payment for the first month's tuition or "in full" must accompany registration.

**Registration:** \_\_\_\_\_

**Tuition:** \_\_\_\_\_

**Total Enclosed with Enrollment:** \_\_\_\_\_

*Make check payable to Atrium School*