

APPLICANT'S NAME \_\_\_\_\_

## 2023 - 2024 KINDERGARTEN APPLICATION FOR ADMISSION



7415 Fayetteville Road. • Durham, NC 27713

Telephone: (919) 544-5652

Fax: (919) 544-3050

We would like to thank you for considering Southpoint Academy in the educational future of your child. You are to be commended for taking the time to make an informed decision about one of the most important aspects of parenting--your child's education. We are committed to thoroughly preparing each student spiritually, academically, and socially for success in life. We truly feel that we can provide quality education for your children. We commit to creating an environment to provide students with the best learning experience that they will ever encounter. We look forward to partnering with to prepare your child(ren) for success in life.

# Southpoint Academy

## ENROLLMENT APPLICATION

### 2023 - 2024

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#### Application Checklist:

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- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application           | <input type="checkbox"/> Report Cards and End of Grade Testing  |
| <input type="checkbox"/> Statement of Cooperation        | <input type="checkbox"/> Signed FACTS Form                      |
| <input type="checkbox"/> Birth Certificate               | <input type="checkbox"/> Application / Registration Fee         |
| <input type="checkbox"/> Social Security Card            | <input type="checkbox"/> After School Application if Applicable |
| <input type="checkbox"/> Medical Records / Immunizations | <input type="checkbox"/> Records Request Form if Applicable     |
| <input type="checkbox"/> Medical Form                    | <input type="checkbox"/> First Tuition Installment if Due       |
|  | <input type="checkbox"/> Pre-K Student Evaluation               |

*Note: Information submitted for admissions purposes will not be returned.*

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#### Applicant Information:

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Sex:  Male  Female  Gender Fluid      Age: \_\_\_\_\_      Grade Applying to: \_\_\_\_\_  
Student's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year      Student's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home E-mail address: \_\_\_\_\_

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#### Parent/Guardian and Family Information:

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Parent's Marital Status:  Married     Separated     Divorced     Single     Widowed     Other

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Employer's Name: _____	Employer's Name: _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work E-mail: _____	Work E-mail: _____
Home E-mail: _____	Home E-mail: _____

Father's Contact Preference:  Email (Home / Work)       Phone (Home / Work / Cell)

Mother's Contact Preference:  Email (Home / Work)       Phone (Home / Work / Cell)

## Student Information:

1. School Last Attended or Currently attending by student: \_\_\_\_\_
2. Address of previous school: \_\_\_\_\_
3. Student performance has been:  Superior       Above Average       Average       Below Average
4. Has this student ever been suspended, expelled, dismissed, or severely disciplined in school?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Does your child have any health problems?  Yes  No      If yes, describe: \_\_\_\_\_

\_\_\_\_\_

8. Medication for diagnosed condition?  Yes  No      If yes, name of medication \_\_\_\_\_

\_\_\_\_\_

9. Are you aware of any spiritual, physical, emotional, or academic problem concerning your child?  Yes  No  
 If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Please attach any diagnostic tests for ADD, ADHD, LD, etc. so we may better assist your child.

## Emergency Medical Information:

### Emergency contacts after parents:

Name	Relationship	Home Phone	Work / Cell Phone
1.			
2.			
3.			
Child's Doctor:		Office Phone :	
Child's Dentist:		Office Phone :	
Hospital Preference:			
Allergies:			
Medical Concerns:			
Insurance Carrier:		Policy #	

I agree that the Academy may authorize a physician of its choice to provide emergency care in event that neither I nor my child's doctor can be reached immediately. The Academy will provide the necessary transportation for emergency care.

I will send separate written permission and instructions for any other medication my child may need.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2023 - 2024 Student Medical Form

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A. MEDICAL HISTORY** (To be completed by the parent)

1. Is your child allergic to anything?  Yes  No If yes, what? \_\_\_\_\_  
\_\_\_\_\_
2. Is your child under a doctor's care?  Yes  No If yes why? \_\_\_\_\_  
\_\_\_\_\_
3. Any previous hospitalizations or operations?  Yes  No If yes, what? \_\_\_\_\_  
\_\_\_\_\_
4. Is your child on any continuous medications?  Yes  No If yes, what? \_\_\_\_\_  
\_\_\_\_\_
5. Any history of diseases or recurrent illnesses?  Yes  No If yes, what? (diabetes, convulsions, heart trouble, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any physical disabilities?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Does your child have any mental disabilities?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**B. PHYSICAL EXAMINATION** (To be completed by a licensed physician, certified nurse practitioner, or public health nurse)

Height \_\_\_\_% Weight \_\_\_\_% Head \_\_\_\_ Eyes \_\_\_\_ Ears \_\_\_\_ Nose \_\_\_\_ Teeth \_\_\_\_  
 Throat \_\_\_\_ Neck \_\_\_\_ Heart \_\_\_\_ Chest \_\_\_\_ Abd/GU \_\_\_\_ Ext \_\_\_\_ Skin \_\_\_\_  
 Neurological System \_\_\_\_\_ Should activities be limited?  Yes  No If yes, explain: \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_ Date \_\_\_\_\_; Normal \_\_\_\_ Abnormal \_\_\_\_

Any other recommendations? \_\_\_\_\_

Examiner's signature/title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**C. IMMUNIZATION HISTORY** (The school or health official must enter the date immunization was received in the space below or attach a copy of the immunization record.)

Type of Vaccine	#1	#2	#3	#4	#5
*DPT or DT (circle one)					
*Polio					
**Hib					
*MMR (combined doses)					
***Measles (two doses)					
Mumps (single dose)					
Rubella (single dose)					
***Hep. B (three doses)					
Other					

\*Required by State Law      \*\*Required by State Law if born on or after 10-1-91  
 \*\*\*Required by State Law if born on or after 7-1-94

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## 2023 – 2024 Pick-Up Information:

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The following persons have permission to pick up your child from the Academy:

Name	Relation	Home Phone	Work / Cell Phone
1.			
2.			
3.			
4.			

*A student is not officially enrolled at Southpoint Academy until appropriate fees have been paid, the Academy administration has reviewed all information relative to enrollment along with all entrance interviews; including, but not limited to the student's academic and conduct records..*

*Southpoint Academy does not discriminate with respect to race or national origin in the enrollment of students or in the hiring of employees.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY

Date Enrolled: \_\_\_\_\_  
Date of Interview: \_\_\_\_\_  
Date Discharged: \_\_\_\_\_

Accepted in Grade: \_\_\_\_\_  
Transcript Requested: \_\_\_\_\_  
Transcript Received: \_\_\_\_\_

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2023 – 2024 Statement of Cooperation:

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NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

- FINANCES:** I understand that parents or legal guardians are required to pay tuition in a timely manner for each registered student in the amount stated on the Schedule of Fees for the current school year. If regular tuition payment is not received by the 10th, a \$35.00 late charge will be added to the amount due that month. Any account that becomes more than 30 days past due will result in the dismissal of the student from the school. Re-admittance of the student after the account is brought up-to-date will be at the discretion of the Academy Administration. A fee of \$35.00 will be charged for each returned check. I understand that the Registration Fee is non-refundable.
- ACADEMY ACTIVITIES:** I give my permission for my child to participate in all school activities, including school-sponsored trips away from the school premises (field trips). I absolve the Academy of any reasonable liability to me or to my child - for injuries while at the academy or during any school activity. In case of emergency or serious illness, I request that the school contact me first. If I am not available, please call our family physician. If the physician cannot be reached, the Academy has my permission to make whatever arrangements deemed necessary for my child's treatment.
- DISCIPLINE:** I believe discipline is a necessary aspect of my child's education. I give permission for my child's Teacher and/or Principal to make and enforce classroom regulations in a manner consistent with Christian principles outlined in Southpoint Academy's Policy Handbook. I will see that my child respects and obeys the Academy staff and Academy standards, realizing that parents have the primary responsibility for raising children. I understand that I may be asked to take an active role at school, in disciplining my child. I agree to act with full cooperation and support in that role. I understand that corporal punishment will not be administered by school personnel. Likewise, I understand that if my student must be suspended, I will be called to take him/her home. I agree that the school may reserve the right to dismiss any student who will not cooperate with the educational process, or whose parents or legal guardians refuse their cooperation.
- PARENTAL COMMITMENT:** I agree that I will in no case complain to other parents or approach students about any matters, but will register only necessary complaints with the Teacher and/or the Administration of the academy. I pledge my full cooperation to support the Parent Teacher Organization (PTO) and classroom activities as much as my schedule allows. I agree to participate in a minimum of two fundraisers per year. If I do not participate by meeting minimum requirements, I will pay the \$250.00 yearly fundraiser fee. If the fee is not paid by the given deadline, it will be added to my Facts Management account. I understand my responsibility to read the Parent & Student handbook and agree to abide by its established policies. I also understand that I will be liable for any damages my child causes to the school's property.

I (we) hereby certify that I (we) have read this Statement of Cooperation, and have taken the opportunity to gain clarification from the school's Administration and I (we) agree to abide by the stated policies. I (we) filled out the Enrollment Application, attached the application fee, and authorize Southpoint Academy to process the completed application for acceptance.

Parent's / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 2023 – 2024 TUITION AND FINANCIAL INFORMATION

**TUITION** – a FACTS form must be completed and signed each year. All tuition will be processed by FACTS Tuition Management and families will be asked to choose between the following two options:

**Option 1:** 10, 11 or 12 monthly payments through FACTS. Parents may elect to pay tuition on the 5<sup>th</sup> of each month through FACTS automatic payment plan. The FACTS annual enrollment fee will be debited from your account.

**Option 2:** Families may choose to pay the entire yearly fee before the school year begins. This payment option allows you to make your payment to Southpoint Academy and not to FACTS. There is a 5% discount for tuition that is paid in full by Friday, August 4, 2023.

**REGISTRATION FEE:** The registration fee of \$350.00 is due upon application. It is non-transferable and non-refundable. The registration provides for the staff, supplies, and equipment to maintain the school office that manages parent/student affairs, testing, cumulative folders, and accounting records. This fee also supplements our membership to the Association of Christian Schools International. Registration fee is \$350.00.

**STUDENT RESOURCE FEE:** The Student Resource Fee covers the cost of student books, curriculum materials, and classroom teaching supplements. This fee is due by April 21, 2023. K5 -\$250.00.

**TUITION:**

Kindergarten through Grade 6: \$6,500.00 per school year

10 month Plan: \$650.00: payments begin in August and end in May.

11 month Plan: \$590.91: payments begin in July and end in May.

12 month Plan: \$541.67: payments begin in June and end in May.

**Discounts:** Multiple Child Discount – 5% (1<sup>st</sup> Child will be at full price, all other siblings at 5% discount).

**AFTER SCHOOL PROGRAM:** \$50.00 per week as needed.

After School Program is available from 3:00 p.m.-5:30 p.m. each school day. If a student comes to after care, the fee is \$50.00 per week. There is an additional late fee of \$1.00 per minute after 5:30 p.m.

**SUMMER DAY CAMP:**

\$100.00 registration (Non-refundable). Weekly fee for entering Kindergarten \$275.00 and 1<sup>st</sup>-5<sup>th</sup> \$250.00.

Students are considered enrolled for the entire school year; therefore, budgets and teacher contracts are set accordingly. Students withdrawing between August 1, 2023, and April 2023 will be assessed a \$600.00 Withdrawal Fee. This is a per student fee. Additionally, the full month's tuition is due for any month in which a student attends at least one school day. All fees are due in full and are non-refundable. Official transcripts, report cards, and records cannot be released if an outstanding balance remains at SPA.

I (we) hereby certify that I (we) have read this information and I (we) agree to honor the stated fees.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Southpoint Academy  
**After School**  
Registration/Permission Form  
Year 2023 – 2024

- Student's Name \_\_\_\_\_ Grade \_\_\_\_\_
- Parents' /Guardians' Name \_\_\_\_\_
- If parents are divorced or separated, child lives with M \_\_\_ F \_\_\_ Shared \_\_\_
- Address \_\_\_\_\_ Zip \_\_\_\_\_
- Billing Address \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Email \_\_\_\_\_
- Alternate Email \_\_\_\_\_
- Work Phone (Dad) \_\_\_\_\_ Work Phone (Mom) \_\_\_\_\_
- Cell Phone (Dad) \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_
- Emergency Contact/Phone \_\_\_\_\_
- Doctor's Name/Phone \_\_\_\_\_
  
- Please list any physical or dietary restrictions, food or drug allergies, or any other health related issues: \_\_\_\_\_
  
- Persons authorized to pick up my child (Other than parent/guardian)
- Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  
- Circle Days Desired 5-Day 4-Day 3-Day Drop-In
- \$50.00 per week, 3:00 pm – 5:30 pm (Late fee: \$1.00 every minute after 5:30 pm)

**Elementary Permission Form**

We hereby consent to participation by our child(ren), named above, in the Elementary After School Program at Southpoint Academy (the "School"). We understand that some activities of the After School Program will take place away from School grounds and that our child(ren) will be under supervision of School employee(s) at such times. We fully understand and expressly assume that there are always risks involved when traveling off campus, risks that could result in property damage, bodily injury, or death.

In consideration of our child(ren) being allowed to enroll in and participate in the Elementary After School Program, **we release Southpoint Academy** and all affiliated organizations, their employees, trustees, agents, representatives, and other persons acting on their behalf, including volunteer and other drivers and, **we agree to indemnify and hold harmless Southpoint Academy** and all affiliated organizations, their employees, trustees, agents, representatives, and other persons acting on their behalf, including volunteers and other drivers, **from any and all liability, action, expenses, losses, claims, and damage of every kind and nature whatsoever, including negligence**, arising out of or in any way related to our child(ren)'s participation in the Elementary After School Program, including all activities and travel in connection therewith.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**CONFIDENTIAL STUDENT EVALUATION**

**To the Pre-school Teacher (Parent if not enrolled in pre-school):** The student listed below is a candidate for admission to Southpoint Academy. We would appreciate your completing this form and returning it within one week to: Southpoint Academy, 7415 Fayetteville Rd, Durham, NC 27713 or Fax to: (919) 544-3050.

Name of applicant: \_\_\_\_\_

**Please rate as follow:**

**1 – Excellent**

**2 – Satisfactory**

**3 – Needs Improvement**

**ACADEMIC DEVELOPMENT**

- \_\_\_\_\_ Follows simple directions
- \_\_\_\_\_ Works well independently
- \_\_\_\_\_ Puts effort and neatness into work
- \_\_\_\_\_ Is developing good listening skills
- \_\_\_\_\_ Articulates sounds correctly
- \_\_\_\_\_ Recognizes color
- \_\_\_\_\_ Recognizes 1 - 10
- \_\_\_\_\_ Writes first name
- \_\_\_\_\_ Takes care of materials
- \_\_\_\_\_ Uses time wisely
- \_\_\_\_\_ Shows interest in books and stories
- \_\_\_\_\_ Communicates with teacher
- \_\_\_\_\_ Communicates with peers
- \_\_\_\_\_ Recognizes A - Z

**SOCIAL AND EMOTIONAL DEVELOPMENT**

- \_\_\_\_\_ Assists in clean-up
- \_\_\_\_\_ Is included in small group play
- \_\_\_\_\_ Participates willingly in activities
- \_\_\_\_\_ Shows self-discipline
- \_\_\_\_\_ Responds favorably to correction
- \_\_\_\_\_ Accepts changes and disappointments
- \_\_\_\_\_ Respects authority
- \_\_\_\_\_ Refrains from unnecessary talking
- \_\_\_\_\_ Refrains from hitting, kicking, biting, etc.

**PHYSICAL DEVELOPMENT**

- \_\_\_\_\_ Age appropriate fine motor coordination (coloring, cutting, painting, etc.)
- \_\_\_\_\_ Age appropriate gross motor coordination (walking, running, jumping, etc.)

**GENERAL BEHAVIORAL CHARACTERISTICS**

**Please answer: Yes (Y) No (N) Sometimes (S)**

- \_\_\_\_\_ Sustains attention for appropriate amounts of time
- \_\_\_\_\_ Can move on to a new activity and stop old ones
- \_\_\_\_\_ Perseveres and follows through on tasks
- \_\_\_\_\_ Exhibits overall average or better ability
- \_\_\_\_\_ Accepts limits set by a adults
- \_\_\_\_\_ Has a positive self-image
- \_\_\_\_\_ Appears mature for age
- \_\_\_\_\_ Has inconsistent learning behavior
- \_\_\_\_\_ Is forgetful
- \_\_\_\_\_ Is lethargic or withdrawn
- \_\_\_\_\_ Exhibits overly active / restless behavior
- \_\_\_\_\_ Exhibits good sportsmanship
- \_\_\_\_\_ Expresses anger in outbursts
- \_\_\_\_\_ Has handicaps or concerns that may require special services

Does this applicant take care of toileting needs independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this applicant been asked to leave a preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you feel is the applicant's greatest weakness? \_\_\_\_\_

Would you recommend this applicant to Kindergarten? \_\_\_\_\_ Strongly Recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with reservation \_\_\_\_\_ Do not recommend Additional comments: Please feel free to provide any information on the back of this form that you feel will guide us. Thanking you in advance for your time and cooperation.

Name of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

I/We hereby authorize release of requested information to complete the admission process at SPA. I/We understand this becomes part of my child's application file.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

# 2023-2024 Southpoint Academy Photo and Video Release Form

**Fill out the appropriate information in the blanks provided:**

*Southpoint Academy  
7415 Fayetteville Road  
Durham, NC 27713  
Phone: (919) 544-5652  
Fax: (919) 484-2893*

Occasionally television stations and newspapers request to videotape, photograph, and interview students that participate in activities provided by Southpoint Academy. Similarly, for archival purposes, we post photographs of students and their testimonials about our school to our Web site ([www.southpointacademy.org](http://www.southpointacademy.org)) or other social media. Please fill out the form below in order to give your consent for us to document your child's experience in activities at Southpoint Academy.

Consent:

As parent/guardian of \_\_\_\_\_ (name of student) I hereby grant permission for my child to appear in photographs/videotapes that will be published by Southpoint Academy in video form, hard copy publications, and/or on their Web site ([www.southpointacademy.org](http://www.southpointacademy.org)), the copyright of which will be held by Southpoint Academy. This copyright includes any and all rights to include the work in present and in any future publications of the academy, in any format or media, and to grant permission for its use in outside publications.

The Academy:

Southpoint Academy is a private school preparing students to become ethical, well-rounded and self-sufficient citizens by providing a world-class education in a nurturing environment that motivates students to reach high academic standards, enjoy learning, achieve success, and contribute actively to their communities.

Signature:

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

Please sign below if you **DO NOT** wish to grant Southpoint Academy the permissions discussed above.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)