APPLICANT'S NAME _____

2026 – 2027 KINDERGARTEN APPLICATION FOR ADMISSION

SOUTHPOINT ACADEMY
EDUCATING MINDS OF THE FUTURE

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
2026 – 2027

Application Checklist:

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

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

Applicant Information:

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:_____

Parent/Guardian and Family Information:

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

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

Mother's Name:_____
Address:_____
Employer's Name: _____
Occupation:_____
Business Phone:_____
Home Phone:_____
Cell Phone:_____
Work 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_____

2026 – 2027 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

2026 – 2027 Pick-Up Information:

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_____

OFFICE USE ONLY

Date Enrolled: _____ Accepted in Grade: _____
Date of Interview: _____ Transcript Requested: _____
Date Discharged: _____ Transcript Received: _____

2026 – 2027 Statement of Cooperation:

NAME OF STUDENT_____ **GRADE**_____

1. **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.

2. **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.

3. **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.

4. **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.

2026 – 2027 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 5th 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 7, 2026.

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 17, 2026. K5 -$425.00.

TUITION:
Kindergarten through Grade 6: $7,000.00 per school year
10 month Plan: $700.00: payments begin in August and end in May.
11 month Plan: $636.36: payments begin in July and end in May.
12 month Plan: $583.33: payments begin in June and end in May.

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

AFTER SCHOOL PROGRAM: $75.00 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 $75.00 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 $300.00.

Students are considered enrolled for the entire school year; therefore, budgets and teacher contracts are set accordingly. Students withdrawing between August 3, 2026, and April 2026 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 Site

After School

Registration/Permission Form

Year 2026 – 2027

- 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
- $75.00 per week (3 days or more); $15.00 per day (2 days or less)
- 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 email: brown@southpointacademy.com.

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 grow 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_____

2026-2027 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) 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), 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)

2026-2027 Southpoint Academy
Early Entrance Agreement

I understand that I am applying for my child to attend the Early Entrance Program at Southpoint Academy. This program is designed to provide an opportunity for children who are ready to be challenged academically, socially, and emotionally. I do understand that my child must pass an Entrance Assessment Evaluation to determine if it would be a good fit. Upon paying the registration fee and completing the Entrance evaluation, a decision will be provided, along with the results.

If the child is accepted as a Kindergarten student, a two-year commitment is required. The students must complete Kindergarten and First Grade at Southpoint Academy before transitioning to another school. If the child must leave Southpoint Academy before meeting the two-year commitment, the family is responsible for paying the full year's tuition to complete this agreement.

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

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

_____ _____

School Administrator Signature Date