

All applications are subject to SAE approval.



Academic year
2026-2027

Application Date _____

Last 4 SSN _____

Gender ☐ Male ☐ Female

City Zip

Home/Cell

Work number

Home/Cell

Work number

7

1

If not, custodial parent?

7

7

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MEDICAL HISTORY AND DIAGNOSIS

Allergies

Prescription medications (Please only include medications to be dispensed at school.)

Medication	Dosage Time
Medication	Dosage Time
Medication	Dosage Time

Any psychological issues or concerns?

Any other health concerns that SAE should be aware of?

Has your child received any of the following services?

☐

ABA Therapy

☐

Speech/ Language
Therapy

☐

Occupational
Therapy

☐

Physical
Therapy

SCHOOL INFORMATION

Previous schools attended?

School	Address	Dates

SCHOOL INFORMATION

Any major disciplinary action (suspension or dismissal) at any school?

Any behavioral issues or concerns?

Does your child require any special accommodations (wheelchair, communication device, etc.)?

Has your child undergone any visual, hearing, educational or other type of assessment?

☐

Vision

☐

Hearing

☐

Dental

☐

Other

EMERGENCY CONTACT

Child's pediatrician?

Name

 Phone Number

Address

 E-Mail

If we are unable to reach a parent in the event of an emergency, who should we contact?

Contact Name	Phone Number	Relationship
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

ENROLLMENT CHECKLIST

Please return the following items with your completed application.

- ☐ Copy IEP or 504
- ☐ School records (report card and transcript)
- ☐ Proof of diagnosis (doctor's evaluation, etc.)
- ☐ Therapy records (Speech, OT, ABA and Education Evaluations)
- ☐ Copy of SB10 Scholarship award amount for 2023-2024 school year
- ☐ Parent's drivers license/government issued ID
- ☐ Copy of GA Dept. of Health Form 3300 **Vision, Hearing, Dental Screening**
- ☐ Copy of GA Dept. of Health Form 3231 **Certificate of Immunization**
- ☐ \$50 application fee (non-refundable)

Applications **will not** be processed until the \$50 non-refundable application fee and documents listed above have been provided. Applications can be paid online or in person.

ONLINE: via our website, www.smithacademyga.org. Select the DONATIONS page, then select TUITION, then select APPLICATION FEE. Follow the prompts to process your transaction.

IN PERSON: At Stockbridge First United Methodist Church, 4863 N Henry Blvd, Stockbridge, GA 30281. Enrollment applications are accepted Monday through Friday 8:30 am to 3:30 pm. **We accept money order, check and credit card payments via our website.**

SIGNATURES

We request that each parent/guardian who will be responsible for decisions and financial obligations for the student, sign and date below. In the case of separation or divorce, please submit this information on a separate sheet of paper if necessary. If not available, please provide an explanation.

By signing below, you agree to the stipulations and conditions listed in this enrollment package and certify that the information provided is accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

FEE SCHEDULE

Application Fee

\$50.00

Non-refundable

Due along with completed application

Matriculation Fee

\$400.00

Non-refundable

Due at time of acceptance

Annual Tuition

\$15,000

Monthly Tuition Payment Options

12 months	Sep - Aug	\$1250 per month
10 months	Sep - Jun	\$1500 per month

Smart Start and After Academics

Smart Start: 7:00 am - 8:00 am

\$10/day or \$40/week or \$150/month

After Academics: 3:30 pm - 6:00 pm

\$25/day or \$100/week or \$300/month

Both Smart Start and After Academics

\$140/week or \$450/month

*****After Academics Late Policy*****

After 6:05 pm - \$30 Late Fee (Due upon arrival)

At 6:30 pm - \$30 Late Fee plus \$1.00/minute

Example: A parent who comes at 6:50 pm will be expected to pay the initial \$30 plus \$20 (\$1 per minute for 20 minutes) for a total of \$50

DUE UPON ARRIVAL

FINANCIAL AGREEMENT

Monthly Payment Plan:

At the beginning of the semester, the first payment will be due on **August 5**. If you are on a 12-month payment plan your last payment for the present school year will be August 5 of the following year. If you are on a 10-month payment plan your last payment for the present school year will be June 5. All subsequent payments are due on the 1st of each month. After a five day grace period, a late fee of \$25 will be added to each student's bill.

Withdrawals:

If it becomes necessary for parents to withdraw a student, tuition is due through the end of the current month the student attends. In addition, a withdrawal fee of \$500 will be due at the time of withdrawal along with the current month's tuition. Students' records will not be released until the check has cleared the bank.

Additional Fees:

Additional fees may be charged for field trips, school activities, etc.

Lunch: At this time, we are not serving students lunch so we ask that you pack your child a lunch and snack each day. If your child is participating in After Academics, you will want to pack an extra snack.

Action on Late Accounts:

It is imperative that you contact the business office if a tuition payment cannot be made on time. When tuition payments or fees fall two months behind, the student will no longer be permitted to attend classes until the account is brought up to date. If a student is withdrawn from SAE with an outstanding debt to the school, the student's records will not be released until all debts are paid in full.

Action on Insufficient Returned Checks:

A charge of **\$30.00**, plus any charge the bank assesses the school, will be collected for any checks returned to SAE by the bank. After two insufficient funds checks have been received, all subsequent payments will need to be made in cash, cashier's check, or money order.

Responsibility for Students Records:

SAE assumes the responsibility for making available only two copies of any student's records, such as progress reports, etc. Students will not be able to begin another semester, transfer permanent records or graduate until ALL accounts with the school are paid in full.

***By signing below, you agree to all financial responsibility for your student's tuition and fees.**

Name of Financially Responsible Party: _____

Signature: _____ **Date:** _____

Relationship to Student: _____ **Student's Name:** _____

Parent's Name: _____ **Email:** _____

Home Address: _____

Home #: _____ **Cell#:** _____

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Child's name <input type="text"/> <small>Last</small> <input type="text"/> <small>First</small>		Application Date <input type="text"/>	
Child's DOB <input type="text"/> / <input type="text"/> / <input type="text"/>	Current age <input type="text"/>	Last 4 SSN <input type="text"/>	
Current school <input type="text"/>	Grade level <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address <input type="text"/>		City <input type="text"/>	Zip <input type="text"/>
Parent 1 <input type="text"/>		Home/Cell <input type="text"/>	
Email <input type="text"/>		Work number <input type="text"/>	
Parent 2 <input type="text"/>		Home/Cell <input type="text"/>	
Email <input type="text"/>		Work number <input type="text"/>	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Other			
Does child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, custodial parent? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2			

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<input type="checkbox"/> ABA Therapy	<input type="checkbox"/> Speech/ Language Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy
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EMERGENCY CONTACT

Child's pediatrician?

Name _____ Phone Number _____

Address _____ E-Mail _____

If we are unable to reach a parent in the event of an emergency, who should we contact?

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FEES AND FINANCIAL AGREEMENT

Summer Enrichment Camp Fees

Non-Refundable Application Fee \$30

Regular Hours: 8:00 am to 3:00 pm
\$250 per week or **\$60** per day

Extended Hours: 3:00 pm - 6:00 pm **\$10** per hour per day

Late Fee Policy

After 6:05 pm - **\$30** Late Fee (Due upon arrival)
At 6:30 pm - **\$30** Late Fee plus \$1.00 per minute

Weekly Tuition

Tuition payments of \$250 are due every Monday. After Monday, you will incur a late fee of **\$25**. This fee will be added to each student's bill and must be paid with the next payment.

Enrollment Fee

The Summer Enrichment Camp enrollment fee is **\$30**. **This fee is NON-REFUNDABLE and must be paid with your completed application.**

Additional Fees:

Parents will be required to pay the weekly field trip fees and any late fees incurred.

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Signature: _____ Date: _____

Relationship to Student: _____ Student's Name: _____

Parent's Name: _____ Email: _____

Home Address: _____

Home #: _____ Cell#: _____