



# REACH ACADEMY

2 Widcombe Rd, Kingston, Jamaica



PHOTO OF CHILD

**APPLICATION FEE: \$5,000**

**NAME** (first, middle, last).....  Male  Female

**D.O.B.** (dd/mm/yyyy)..... **Age** (at entry).....

**Proposed class and year of entry:**

*Students entering K1 must turn 4 years old by December 31 of the year of entry.*

<b>K1</b>	<b>K2</b>	<b>Grade 1</b>	<b>Grade 2</b>	<b>Grade 3</b>	<b>Grade 4</b>	<b>Grade 5</b>	<b>Grade 6</b>
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Are you an expat family?  yes  no

If yes, how long do you expect to be in Jamaica? .....

Does your child speak fluent English?  yes  no

\*If no, please indicate language spoken .....

**Please indicate all persons who should receive communication from our school:**

Father  Mother  Guardian/Other: email address:.....

**FATHER'S INFORMATION**

**FULL NAME**.....

**HOME ADDRESS**.....

**HOME #**..... **CELL #**.....

**EMAIL:**.....

**OCCUPATION:**.....

**PLACE OF EMPLOYMENT:**.....

**WORK #**..... **EMAIL :**.....

**MOTHER'S INFORMATION**

FULL NAME.....

HOME ADDRESS.....

.....

HOME #..... CELL #.....

EMAIL:.....

OCCUPATION:.....

PLACE OF EMPLOYMENT:.....

WORK #..... EMAIL :.....

Please advise us if there is any special information that we need to know regarding custody or guardianship arrangements, or any other information that you think may help us meet the educational, emotional or physical needs of your child:

**PREVIOUS SCHOOL INFORMATION**

Current school attending (if applicable):.....

School' address:.....

Contact person: Tel:..... Email:.....

Grade at leaving:..... Last date attended:.....

Contact person & number.....

**SPECIAL SERVICES**

**Does your child presently receive any special services?** *Please tick the appropriate boxes and provide us with the name and number for the provider:*

- Enrichment programme.....
- Accelerated programme.....
- Remedial assistance.....
- Physical therapist.....
- Occupational therapist.....
- Behavioral counsellor.....
- Speech and Language Therapist.....
- Clinical Social Worker.....
- Child Psychologist.....
- Other.....

**Does your child presently have a shadow?**  Yes  No

**Do you think that your child needs a shadow?**  Yes  No

**Does your child have a need for the Enrichment Room? If yes, explain:**.....  
.....  
.....

**Has your child been diagnosed with a learning disability / special need? If yes, please provide diagnosis and a copy of the most recent assessment report:**.....  
.....  
.....

**Is your child taking any kind of medication? If yes, please explain:**.....  
.....

**Please make a brief statement about the expectations you have of our school:**.....  
.....  
.....

**EMERGENCY CONTACT**

Please provide us with the name and contact information of someone OTHER THAN THE PARENTS that we can contact:

**FULL NAME**.....

**HOME #.** ..... **CELL #** .....

**SCHOOL RULES AND REGULATIONS:** On acceptance, each family will receive an admissions package including our School Handbook outlining our school policies and guidelines to which parents and students are expected to comply.

**NEW STUDENT ENROLMENT FEE:**

**NON-RESIDENTS:** On acceptance, each non-resident student will pay a non-refundable fee of US\$1,500

**TUITION FEES and PAYMENT OPTIONS:** Fees are due at the start of each term (3 times per academic year) Fees can be paid in two installments at the start of the term with balances cleared by mid-term. Any fees outstanding after mid term will attract an extended payment fee.

\*Non-English speaking students must attend sessions with our Enrichment Department. These sessions are at an additional cost to the term's tuition.

**AGREEMENT:**

The information given above is, to my best knowledge true and correct and will form the basis of my contract with the Directors of REACH ACADEMY.

I agree to abide by the rules and regulations as set out in the school handbook and as stated here.

I acknowledge that REACH ACADEMY reserves the right to acquire references from all previous schools my child has attended.

I agree to pay the Application Fee of \$5,000 so that this application can be processed and my child evaluated before the school makes any decision about admission.

**I agree to give REACH ACADEMY one term's notice of withdrawal from our school. Otherwise, we require one term's fees in lieu of this notice.**

**Fees for any student that withdraws after the term has commenced, will not be refunded. Reports and transcripts will be held until all accounts are settled in full.**

**FALSE STATEMENTS OR OMISSION OF ACADEMIC RECORDS AND DIAGNOSTIC TESTING AT ANYTIME DURING YOUR CHILD'S ACADAMIC CAREER AT REACH ACADEMY WILL BE CAUSE FOR REVOCATION OF ADMISSION**

.....  
*Signature of Parent/Guardian*

.....  
*Date of application (date month year)*

Please let us know how you heard about **REACH ACADEMY**:

- recommended by a friend
- recommended by current school
- flyer/brochure
- website / social media
- other.....