

725 Garlington Rd Greenville, SC 29615

Garden Academy ELEMENTARY Enrollment Form

Enrolling at The Gar	den Academy '24- '25	Student Fees	
Student:		Student Fees New Student Enrollment Fee (\$150 yearly fee) Returning Student (\$75) Photo ID \$5 (2 cards: 1 lanyard and 1 ID for student discounts) Morning Core Classes (8:00 - Lunch) Tuition: \$2175 Afternoon Classes (Lunch - 3:15): \$1025 Full Tuition (All Day): \$5495 Payments can be made in full or divided into (10) monthly payments starting in August and ending with the final payment due in May. Afternoon Classes ONLY: \$1025 Lunch/PE - 3:15 Monday - Thursday P.E. Math Clubs Reading Clubs Geography Bible Accelerated Clubs Art	
	Adm	nin Use Only :	
Student: Student Contract (signed) Technology Contract (signed)	 □ Parent Interview NEW Students (required) □ Financial Agreement (signed) □ Student Application 	Required for all NEW students: English Assessment Math Assessment Transcripts/Report Cards IEP/504 Plan (Please see Learning Disability Form)	
Date:			



Garden Academy Application Complete one application for EACH student.

Please return along with your \$150 Application fee to:

Garden Academy

725 Garlington Rd Greenville, SC 29615

I. Student Information	
Student First and Last Name	
Student Preferred Name	Date of Birth
Student primary phone number	Gender - Male or Female
Student Ethnicity	Grade Entering Fall of 2024
Primary email address	
Student Primary Residence	
II. Teaching Parent/Guardian Information	
Teaching Parent/Guardian First and Last Name	
Relationship to Student	
Primary phone number	Secondary phone number



Primary email address

Home Address (if different from above)	
III. Second Parent/Guardian Information	
First and Last Name	
Primary Phone Number	Secondary Phone Number
Primary email address	Secondary email address
Home Address (if different from above)	
List of authorized adults to pick up from school: (Please print First and Last name)	
1	
2	
3	
4.	



Garden Academy not only values a child's academic growth but their spiritual, social, emotional and physical growth as well. Please answer the following to better assist us in knowing your son/daughter.

1. Are you and your family a member of a local church? If yes, please write the name below.
2. Has your son or daughter accepted Jesus as their personal Lord and Savior? If so, please tell us about this experience or have your child write it for themselves below. If they haven't, please share that as well.
3. Does your child have any medical issues or concerns that the Academy should be aware of? List any allergies and medical conditions, including food, environmental, and materials. Please describe below.
Tell us about your student's interests, gifts, or hobbies that they enjoy.



3. What has been your student's school experience so far? Homeschool, private, public education, etc. How has that benefited your student? What were the greatest challenges in these models of education for your student?
If your student was homeschooled, please list the core curriculums used last school year below:
1. Math
2. English (Grammar, Writing, Literature)
3. Science
4. History

Student Essay Prompt: So much can be learned about a student's personal curiosity, ideas and language simply through creative story-telling. Please give your student the sheet entitled "Tell Us a Story" and have him/her choose one of the two prompts to begin their writing. Your student can either hand write his/her story on the space provided or type the story.

The finished story needs to be brought with you to your Parent/Student Interview.



Tell Us a Story

Hello! We're excited about getting to know you and to discover so many things together over the next school year. We already know you're curious and unique! So, we'd love to read a story full of your own ideas and thoughts. Below are two writing prompts that you can choose from to begin your original story. Please choose one of these to be your first sentence and then simply keep writing from there! Write as much as you want. You can handwrite it or even type it up if you prefer- your choice. Simply bring it with you when you come to your Student/Parent Interview. (Your parents will let you know when that gets scheduled so that you know how long you have to work on this.) Enjoy! Don't stress, just have fun. You've got a great story inside of you waiting to be shared. We can't wait to read it!



Complete one form for EACH student registered in the Academy.

The Garden Greenville % Garden Academy 725 Garlington Rd Greenville, SC 29615

The Garden Greenville so passionately believes in the next generation that they have graciously funded some of the extra costs that are associated with pioneering a school. To continue with this partnership between the church and Garden Academy, they have decided to extend this into the 2024-2025 academic school year. This is reflective of \$2,000 per student that is being sown into their tuition cost. Parents/Guardians have the choice to opt in or out of this scholarship, dependent upon their familial needs. Reference the options below and select accordingly.

☐ I would like to opt-in and re	ceive the Garden Greenville scholarship for my
	By opting into this scholarship, I agree and understand that I ssist in fundraising initiatives as the Academy sees fit to assign
☐ I would like to opt out of the	Garden Greenville scholarship for my
	and would like for the amount to be put back into the of the scholarship, I agree and understand that I am covering on.
Parent/Guardian Signature: x	
Date [.]	



Learning Disabilities Information

Garden Academy strives to provide our students the best spiritual, academic, social, and emotional environment possible. We firmly believe that every child can be successful in a classroom situation, especially when combined with a structure at home that encourages high expectations while building a pathway to success. Most likely, this will look different for each child you have in your home. Sometimes, these differences will spill over into the formal classroom environment, such as we have at Garden Academy. And sometimes, to be successful, a child will need accommodations within that classroom and even at home.

Garden Academy provides classroom accommodations for students in our school setting who need additional academic support due to a learning difference or health need. Under the direction of our administrator, our students can receive a variety of accommodations. Partnering with parents, our teachers work to provide LD students with various learning strategies, procedures, and assessments in order to help them succeed in their education both in their classes and their instruction at home.

Please know that many of our teachers are not formally trained in assisting students with learning disabilities. This also means that we can only accept students on a case-by-case basis, with heavy consideration of what we are capable of providing for your student and the other students in our care.

LD Program Requirements:

- Students have to have a psychological assessment completed by a public or private entity but don't have to have a diagnosed disability. Note: Some exceptions may be granted for elementary students who do not yet have a formal assessment.
- A student with a health concern must provide a doctor's note indicating a need for services.
- If you are unsure about whether or not your student requires accommodations and needs testing, you must complete the Learning Differences Form and may request one 30-minute consultation to discuss your concerns with the appropriate teacher.
- If you would like to know about testing options for your student, please see the attached list of local options.



Learning Disabilities Form

Which statement best describes your student? ☐ New to Garden Academy ☐ Returning to Garden Academy with new information regarding my student with Learning Disabilities I understand that when an accommodation plan is made it requires a special meeting time with the student, parents, and all teachers involved in my student's academic success. I also understand that once a plan is set and agreed upon by all parties, I will do my best to honor and enforce that plan outside of the classroom. □ I Agree Parent First and Last Name (please print): Parent Phone Number: Parent Email: Student First and Last Name (please print): Student Grade: Testing Information: Please check all that apply to your student: ☐ Formal testing HAS NOT been completed. I am not sure if my student needs special accommodations, and I would like to set up a consultation meeting. ☐ No formal testing has been completed, but testing is currently underway. (This could include a physical disability that affects the student's learning.)

☐ Formal testing has been completed. I am attaching any evaluation results.



At home teaching strategies: What are the current accommodations used successfully for home taught courses? Please write a few sentences in specific layman terms as to how the
disability manifests itself.
For example: "She can explain answers verbally, but is unable to write down complex ideas in a way that makes sense." or "Due to his processing disorder, he should not be asked to read out loud in front of others and will need extra time to read passages on tests."
Is there anything else about your student that would be helpful for us to know regarding their ability to meet expectations in the classroom?



Mental Health Questions

Information you share is confidential and used for assessment and planning purposes. We may require a parent and student interview with the administrator and class teacher to better determine if Garden Academy is the most appropriate placement.

Mental Health Crisis Policy: If a student requires more than 2 major crisis interventions (such as disturbing the teaching and learning of others, refusal to obey, and harm to self and others) during the school hours with one of our staff, the parent must come in for a meeting that will lead to one of several outcomes. A) The family may withdraw their student with prorated tuition because we cannot and will not manage such intense situations regularly. B) The student is issued a warning, along with a counseling plan with a referred specialist and any further outbursts or episodes will require mandatory dismissal from the school with prorated tuition.

school with prorated tuition.			
☐ I understand and agree to the Mental Health Crisis Policy.			
Does your o	hild exp	erience	anxiety over schoolwork or relationships with peers?
1 2	3	4	5
		•	all amount of anxiety occasionally) and 5 (extreme anxiety that classroom; panic attacks)
Has your ch	ild ever	had a d	esire to hurt themselves or others?



Does your child have a history of anxiety or depression?
Is your child currently on any medication for anxiety or depression? If not, has your child
been on medication for anxiety or depression in the past?
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Is your child currently in counseling or been in counseling in the last 2 years?



Does your child have panic attacks or other medical concerns that affect their performance in the classroom?
performance in the classroom:
Please share what classroom experiences your child has had in the past.

Examples: resource class, self-contained class, regular education class, homeschool co-op classes, etc



Does your child receive any support services such as speech, physical therapy, occupational therapy, or behavioral therapy? If so, please share what type of support and how long your student has been receiving it?
Is your student able to contribute to class discussions and participate in active learning environments appropriately for their age? If not, please explain.
Does your child struggle with transitions or changes to routine? If so, please explain.
I understand that as a parent of a Garden Academy Student, my child's teachers will have full knowledge of my child's learning challenges and disability and/or any medical condition that is relevant to the learning of my child so as to better serve him/her.
□ I agree



Student Medical Condition Form '24 - '25 School Year

Student Name:
Student Grade:
Primary Parent/Guardian Name:
Primary Parent/Guardian Phone Number:
Name of Medical Condition (i.e. cancer, diabetes, epilepsy, etc.)
Please write below a brief description of your child's medical condition and how it may impact your child while at Garden Academy. We will use your information to better serve, assist, and protect your child. Also, include when you would like to be contacted if your child has any symptoms while in our care at the Garden:

Please return this form with your child's enrollment form. Please note, this information will be shared with all staff, teachers, and volunteers who directly interact with your child.



Volunteer Roles:

Teacher Appreciation

- This individual is responsible for coordinating any and all teacher lunches, gifts and/or appreciation events. This can be extremely varied as to what it looks like and will require more significant levels of creativity.

Door Keeper AM/PM

This role would serve as a set of eyes/hands on the doors during the beginning and end of the school days. This individual would be responsible for warmly greeting or sending off the kids as they begin/end their days. In addition, this person would be responsible for being observant of the surroundings and ensuring that the doors are properly shut and all students are accounted for as to their whereabouts.

Lunch/Recess Monitor

This role would serve as an extra set of hands/eyes/ears within the lunch period. This is a more free space for the kids to socialize and interact within the proper confines of the school rules and guidelines. This space is normally facilitated by one or two adults as the students are allowed to flow from inside to outside spaces and require constant attention from an adult.

Social Media

This role would serve as an assistant to a Garden Academy staff member specifically handling the social media accounts for the school. This individual would not have the freedom to post any original content, but will be following the set guidelines administered from the school. They would follow the schedule of posts and ensure the content is sent out on the proper days as well as small interactions with followers (liking comments, small responses, etc.).

Volunteer Coordinator

- This role is designed to function as an overall coordinator of all parent volunteers. This individual would schedule and assign all other volunteers according to the needs of the school and track the total number of hours volunteered. The data would then be fed back to the director and/or communications & systems administrator of Garden Academy so volunteer hours can be validated.

Field Trip Coordinator

- This role is needed for all 3 levels of the school (elementary, jr. high and high school). This individual would be responsible for the logistical planning of a field trip after the destination/intent of the trip has been delivered from Garden Academy staff. They would be responsible for ensuring transportation/lodging/events are properly secured and ready for the date(s) of the trip. This role would include planning the itinerary of the trip.

Holiday Parties Coordinator

 This role would be responsible for planning and executing holiday parties (Reformation Day/Christmas/Thanksgiving/Easter/etc.). These are significant parties that require thorough planning and coordination of multiple individuals. This coordinator would be responsible for ensuring all games/food/logistics of the party are handled and that there are enough volunteers to assist as needed.

Grade Parent

This position would be responsible for communicating teacher needs to all parents, chaperoning field trips, ensuring supplies are properly stocked, grading materials from the teacher and any other needs as per the teacher's request.