

# THE KING'S ACADEMY

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1015 S. Ebenezer Road Florence, SC 2501



## Application for Educational Therapy Returning Student School Year \_\_\_\_\_

ET \_\_\_\_ ET-2 \_\_\_\_

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

### EDUCATIONAL HISTORY

Check where applicable:

\_\_\_ repeated grade(s); if so, grade(s) repeated \_\_\_\_\_

\_\_\_ received tutoring; if so, subject(s) \_\_\_\_\_

\_\_\_ enrolled in a special class, if so, what kind \_\_\_\_\_

\_\_\_ receives/received physical/occupational therapy \_\_\_\_\_

\_\_\_ receives/received speech therapy or language therapy \_\_\_\_\_

Date and location of most recent testing \_\_\_\_\_

Student has been diagnosed as:

ADHD \_\_\_\_ Learning Disabled \_\_\_\_ Other: \_\_\_\_\_

Is she/he currently on medication? No \_\_\_\_ Yes \_\_\_\_ Type \_\_\_\_\_

When taken \_\_\_\_\_ Physician \_\_\_\_\_

Additional comments or information regarding student's schooling:

State the area (s) in which you feel your son/daughter needs help:

**PERMISSION FOR TESTING**

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We give permission to The King’s Academy Discovery Program to test:

\_\_\_\_\_  
Student’s Name

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL PERMISSION TO:**

1. Allow teacher to read the most recent psycho-educational testing report for the purpose of educational planning.

\_\_\_\_\_  
Parent Signature

2. Allow my child’s educational therapy session to be recorded for the purpose of evaluation and/or training of therapists.

\_\_\_\_\_  
Parent Signature

3. Allow my child’s picture to be used on a brochure, display, or web site for the purpose of providing information about the Discovery Program.

\_\_\_\_\_  
Parent Signature

4. Allow my child’s session to be observed by a prospective parent for the purpose of answering questions about the nature of educational therapy.

\_\_\_\_\_  
Parent Signature

**THE KING'S ACADEMY DISCOVERY PROGRAM  
PARENT AGREEMENT FOR EDUCATIONAL THERAPY**

We, the parents of \_\_\_\_\_, agree to have him/her placed in individualized educational therapy. We understand and agree to the following conditions:

The student will receive: (Circle one)                      ET                      ET-2                      Other

\_\_\_\_\_

**PHILOSOPHY**

- Educational therapy is a long-term process, usually involving several years of work. Most students require a minimum of three years to produce measurable gains in academic/classroom work.
- Educational Therapy-2 is an abbreviated form of educational therapy. The student will have two 45 minute sessions per week. Consequently, the time required for measurable gains may be extended.
- Educational therapy does not seek to improve academic areas directly as tutoring does, but instead focuses on improvement of a person's area of difficulty in perceptual and cognitive functioning. It affords classroom accommodations while deficits are targeted in therapy.
- Parental involvement and student cooperation are keys to the success of the program. Diligence and regularity in completion of homework, including Rhythmic Writing, are essential for progress. Students will receive a grade which is included in the calculation for Honor Roll, GPA, National Honor Society or other grade based decisions.
- Any questions regarding educational therapy should be directed to the therapist while all questions pertaining to the regular classroom should be directed to the classroom teacher(s).

**SERVICES**

Period of agreement: \_\_\_\_\_ school year. The student will receive two 80 minute (or two 45 minute) sessions scheduled weekly. The student will leave the regular classroom for these sessions.

**FINANCES**

- Enrollment Fee:        \$ 200.00 Enrollment Fee  
Therapy Tuition:        \$ 6100.00 per year, paid in 10 installments of \$610.00 due on the first of each month, August through May  
ET Plus                    \$ 3000.00 per extra ET session a week  
ET-2 Tuition:            \$ 3660.00 per year, paid in 10 installments of \$366.00 (Aug.-May)  
Discovery Only:        \$ 100.00 Initial Application Fee; \$300.00 ET; \$180.00 ET-2; in addition to above fees & tuition.  
Late Payment Fee:     \$ 20.00 after the 10th of each month.

Withdrawal from the Discovery Program based solely upon the parent's discretion will incur a one month tuition penalty.

**PARENTAL INVOLVEMENT**

- Attendance at six sessions in order to become acquainted with the therapy process and observation of one session per month thereafter.
- Attendance at parent meetings.
- Supervision of Rhythmic Writing at home on non-therapy days and supervision of other assigned homework.
- Purchase of a chalkboard (4' X 6') chalk, chalk holder, eraser and replacement of all damaged or lost Discovery materials.

**ABSENCES**

Therapist absences will be made up. Other absences will be made up when schedules permit.

**EVALUATION**

An evaluation, including testing, will be done in the spring. A conference will be held with parents (and student if appropriate.) This agreement will be renewable at that time, subject to approval of both parties, for another school year. We acknowledge that we understand the above information and consent to the terms stated in this agreement.

Father \_\_\_\_\_ Mother \_\_\_\_\_

\_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Revised 6/14/17