

The King's Academy  
Application for SEARCH and TEACH  
School Year \_\_\_\_\_

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

Birth date \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Sex M \ F Teacher \_\_\_\_\_

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

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

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Family History

Child is living with:

\_\_\_\_ natural father    \_\_\_\_ stepfather    \_\_\_\_ natural mother    \_\_\_\_ step mother  
\_\_\_\_ legal guardian    \_\_\_\_ other: \_\_\_\_\_

Child is: \_\_\_\_ adopted    \_\_\_\_ foster

Since the child's birth there has been:

\_\_\_\_ death in the family    \_\_\_\_ remarriage of mother  
\_\_\_\_ separation    \_\_\_\_ remarriage of father  
\_\_\_\_ divorce    \_\_\_\_ other trauma

Reaction of child:

\_\_\_\_\_  
\_\_\_\_\_

PERMISSION TO:

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

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Parent Signature

2. Allow my child's picture to be used on a brochure, display, or web site for the purpose of providing information about the SEARCH and TEACH program.

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Parent Signature

3. Allow my child's session to be observed by a prospective parent for the purpose of answering questions about the nature of SEARCH and TEACH.

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Parent Signature

## THE KING'S ACADEMY PARENT AGREEMENT FOR TEACH

The King's Academy offers the Teach Program for Kindergarten and First Grade Students whose Search scan results indicate they would benefit from extra time spent to strengthen their abilities in one or more of a variety of skill areas.

Parents of students who are enrolled in the Teach Program are encouraged to take an active role. Occasional visits to sessions will be welcomed, and regular reports of students' progress will be made. In addition, a list of ideas and activities will be provided so perception may be strengthened outside the school setting while the child is at home or riding in the car.

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

### PHILOSOPHY

^ Teach is a long-term process, usually involving two and a half years of work. Most students require a minimum of two years to complete all required tasks.

^ Teach does not seek to improve academic areas directly as tutoring does, but instead focuses on improvement of a person's areas of difficulty in perceptual and cognitive functioning.

### SERVICES

Period of agreement: \_\_\_\_\_ school year. The student will receive three 30 minute sessions scheduled weekly. The student will leave their regular class room for these sessions.

### FINANCES

Enrollment Fee: \$ 100.00 Enrollment Fee

TEACH Tuition: \$ 2,450.00 per year, paid in 10 installments of \$245.00 (Aug.-May)

### PARENT INVOLVEMENT

^ Attend parent meetings.

^ Attend a minimum of one session in the Fall, and one session in the Spring.

### ABSENCES

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

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

Date \_\_\_\_\_

Updated 7/14/16