



A completed application consists of the following:

\_\_\_ Admissions Application Form

\_\_\_ Application Fee of \$200.00 (Make checks payable to: The Keystone Academy. Fee is non-refundable)

\_\_\_ Evaluations (most recent):

\_\_\_ Psychological **or** Educational **or** Neuropsychological Evaluation (within last 2 years)

\_\_\_ Speech/Language Evaluation (if applicable)

\_\_\_ Occupational Therapy Evaluation (if applicable)

\_\_\_ Individual Education Plan (IEP) (if applicable)

\_\_\_ Recent standardized test score (i.e., FCAT) (if applicable)

\_\_\_ Report Card

\_\_\_ Recent Picture

The completed application should be mailed, along with \$200 application fee to: Admissions Committee, The Keystone Academy, c/o Keystone Behavioral Pediatrics, 6867 Southpoint Drive N, Suite 106, Jacksonville, FL 32216.



1. The completed application packet should be submitted with the \$200.00 non-refundable application fee.
2. Current psychological and educational tests are required and reports may be submitted with the application or sent directly to The Keystone Academy from professionals. We require a psychological evaluation within two years of the date of application and an educational evaluation within one year. Other relevant tests and reports (speech/language, occupational therapy, tutoring, etc.) should be submitted. Please submit the complete and current Individual Education Plan (IEP), if applicable.
3. The Admissions Committee will review the application information to determine the appropriateness of our program for each prospective student. The Admissions Coordinator will then confer with parents as to the admissions decision.



**GENERAL INFORMATION**

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Current Grade \_\_\_\_\_ Current School \_\_\_\_\_ Phone # \_\_\_\_\_  
Prior School Experiences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

Name of Parents \_\_\_\_\_  
Home Address \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Father's Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Mother's Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Primary Residence of Child \_\_\_\_\_  
Please provide secondary residence with name of parent/guardian and contact info: \_\_\_\_\_  
\_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

Was your child adopted? If so, from where? \_\_\_\_\_  
Were there any medical concerns at birth? \_\_\_\_\_  
\_\_\_\_\_  
Have there been any hospitalizations since birth? \_\_\_\_\_  
\_\_\_\_\_  
Is your child taking any medication? If so, name and dosage \_\_\_\_\_  
\_\_\_\_\_  
Name and phone of prescribing/supervising physician \_\_\_\_\_  
\_\_\_\_\_  
How long has your child been on this medication? \_\_\_\_\_  
What other medications has your child taken in the past? \_\_\_\_\_  
\_\_\_\_\_  
Does your child have any medical diagnosis, health, asthma, allergy issues? \_\_\_\_\_  
\_\_\_\_\_  
When was your child's last vision exam and physician name? \_\_\_\_\_  
Hearing exam and physician name? \_\_\_\_\_  
Neurological exam and physician name? \_\_\_\_\_

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, etc) if yes, please describe history of who performed testing, concluded diagnosis and approximate date of diagnosis and enclose report: \_\_\_\_\_  
\_\_\_\_\_

### PROVIDER HISTORY

Please list the types of therapies your child is currently receiving, name and contact info of provider (tutoring, speech, sensory, etc.) How often? Please use attached sheets for additional information.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

Please list any other significant therapeutic resources your child previously received and whether you found them to be successful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ATTENTION

Does your child have difficulty focusing on schoolwork? \_\_\_\_\_  
\_\_\_\_\_

Does your child sustain attention appropriate to his/her peer group? \_\_\_\_\_  
\_\_\_\_\_

Rate your attention concerns: (1- very concerned, 2-somewhat concerned, 3-no attention concerns) Specify if necessary: \_\_\_\_\_  
\_\_\_\_\_

### SOCIAL/EMOTIONAL

Please describe any social, emotional, and/or behavioral concerns that affect your child (inside school and outside of school): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's social/emotional strengths: \_\_\_\_\_

Is your child anxious or depressed? Please describe: \_\_\_\_\_

What is your child's favorite family activity? \_\_\_\_\_

Does your child take part in a social pragmatics group? If so, with whom? \_\_\_\_\_

### QUESTIONNAIRE

Does your child have difficulty making friends? \_\_\_\_\_

Does your child have trouble maintaining friendships? \_\_\_\_\_

How would you rate their self-esteem? \_\_\_\_\_

Does your child have meltdowns in school? \_\_\_\_\_

Does your child have meltdowns at home? \_\_\_\_\_

Does your child seem generally happy? \_\_\_\_\_

Does your child enjoy play-dates? \_\_\_\_\_

How do you think his/her social skills compare to their peers/siblings? \_\_\_\_\_

How does your child relate to adults? \_\_\_\_\_

How does your child relate to peers? \_\_\_\_\_

Does your child relate better to adults than with his own peers? \_\_\_\_\_

In what way do you hope that The Keystone Academy can help your child grow social/emotionally? \_\_\_\_\_

### SENSORY CHECKLIST

Has your child ever been diagnosed or treated for sensory integration/sensory processing disorder? \_\_\_\_\_

Does your child have a tactile defensiveness? \_\_\_\_\_

Does your child crave sensory input? \_\_\_\_\_

Does your child have any eating/feeding concerns? \_\_\_\_\_

Does your child crave movement? \_\_\_\_\_

Does your child shy away from loud noises, crowded rooms, etc.? \_\_\_\_\_

Please comment on your concerns regarding your child's sensory issues: \_\_\_\_\_

### ACADEMIC QUESTIONS

Does your child like school? \_\_\_\_\_

What type of teacher does your child best relate to? \_\_\_\_\_

What is your child's biggest challenge in school? \_\_\_\_\_

What is your child's greatest academic strength? \_\_\_\_\_

Was your child's entrance into kindergarten delayed? \_\_\_\_\_

### GENERAL QUESTIONS/COMMENTS

Does your child have any special interests? \_\_\_\_\_

What is your child's greatest strength? \_\_\_\_\_

What is your child's greatest weakness? \_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

What are your child's playtime activities? \_\_\_\_\_

What are your child's favorite TV shows/movies/books? \_\_\_\_\_

Does he/she get along with siblings? \_\_\_\_\_

What are your child dislikes? \_\_\_\_\_

Please make any other comments you feel would be helpful to us in knowing and working with your child. Feel free to attach a separate sheet for this answer: \_\_\_\_\_

Please note: While we do not have a recommended or cut off IQ score, our students need to demonstrate cognitive potential to benefit from our programs. Classroom compositions will ensure a balance of students that can work, grow, and learn in collaboration. As we are here to provide the optimal educational experience

for our students, we require that all questions must be answered with complete honesty and all of the above documents must be disclosed. The Keystone Academy reserves the right to deny admission or remove for expulsion if there are any material disclosures that were not made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## QUESTIONS & ANSWERS ABOUT SCHOOL

### TUITION & FEES

Q: What does the tuition and activity fee include?

A: Tuition includes your child's classroom instruction by a certified teacher and teacher's assistant, the adapted curriculum used in the school, and the special subject areas of art, music, and physical education. Teacher supervision by the Educational Director and Psychologist, and all of the equipment, materials, and supplies used in the school are covered by tuition. Please see tuition schedule for details.

Q: What are related services and how are they determined?

A: Related services are Speech-Language and Occupational Therapy, Physical Therapy, and Psychological services. These are charged separately from tuition on an hourly basis and are often covered by insurance. Outside related services are welcomed once approved by the Board of Directors.

Q: Are The Keystone Academy related services required if my child received outside therapies?

A: Yes, outside therapies are not a replacement for related services at Keystone Academy. Although some students receive outside therapies, they are in addition to their The Keystone Academy program. The academic success of The Keystone Academy student is a result of our integrated team model. In addition to targeting specific skills, the related service providers within the school setting enable students to access the curriculum by providing in-class support and guiding students in generalizing emerging skills during their school day. The daily team collaboration promotes consistency and maximizes student success. The Keystone Academy clinicians will coordinate and collaborate with outside providers at the request of the family.

Q: How will related services be delivered?

A: The Keystone Academy model allows for flexible and creative delivery of services addressing the student's IEP goals. Students receive related services therapies in a variety of ways and settings, which include individual, group, and consultation. Services can be provided within the classroom, in pull-out services, or in any setting that is related to the child's goals. A child's services may include a combination of any of these effective delivery models. The cost for related services is the same for all delivery methods.

Q. What is the 2010-2011 Fee schedule?

Pre-K (Tier 1): \$11,000

K-12 (Tier 2): \$21,000

K-12 (Tier 3): \$35,000

The Keystone Academy accepts the John McKay scholarship.

Please consult with the Director to determine if tuition may be covered by insurance.

Q: Are there payment options for tuition and related services?

A: There are four payment options available to parents:

Parents may pay in advance by semester—the first semester payment is due July 15, and the second payment is due January 3, 2011.

Parents may pay monthly through AMS, a service available from Academic Management Services, for a fee.

Qualified parents may obtain a Sallie Mae loan. Information is available from the Keystone Academy office.

Parents may use a combination of a Sallie Mae loan for a portion of the tuition, and monthly AMS payments for the remaining tuition balance.

Q: Are related services reimbursable through my insurance provider?

A: Coverage for related services depends upon the insurance provider and plan. Due to the psychological/clinical setting, insurance may cover some expenses.

Q: If payment is not received when due, will my child still be enrolled?

A: Unless special arrangements are made, your child could be discharged from the school if payment is not timely. Before any child is discharged from the school, parents or legal guardians are informed.

Q: Am I responsible for the full year's tuition if I withdraw my child prior to the end of the school year?

A: Yes, because the budget of Keystone Academy is established and based upon the total enrollment of the school and the commitments made pursuant to the school year contract. Therefore, the obligation to pay the entire tuition remains regardless of whether your child completes the academic year.

Q: Can I authorize automatic payment via my credit card for related services?

A: Yes. Many parents are authorizing payment this way because it is convenient and saves time. A specific form is available from the Keystone Academy office to authorize payment via credit card.