



**The King's Academy Discovery Program**  
**Returning Student Application**  
School Year \_\_\_\_\_

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

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade (application year) \_\_\_\_\_ Gender M / F

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

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

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

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EDUCATIONAL HISTORY**

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

Student has been diagnosed as: Learning Disability \_\_\_\_ ADHD \_\_\_\_ Executive Function \_\_\_\_ Anxiety/Depression \_\_\_\_  
Other \_\_\_\_\_

Is she/he currently on medication? Y / N

Pertinent information:

Y / N - repeated grade(s); if so, grade(s) repeated \_\_\_\_\_

Y / N - receives/received speech/language; if so, subjects(s) & dates \_\_\_\_\_

Y / N - enrolled in a physical/occupational; if so, describe & dates \_\_\_\_\_

Y / N - receives/received counseling services & dates \_\_\_\_\_

Y / N - receives/received special class & dates \_\_\_\_\_

Y / N - receives/received tutoring services, if so, type & dates \_\_\_\_\_

Y / N - receives/received other services/therapy & dates \_\_\_\_\_

Additional comments or information regarding child's schooling: \_\_\_\_\_

State the area (s) in which you feel the child needs help: \_\_\_\_\_

## PERMISSION FOR TESTING

---

---

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

Student: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

### **ADDITIONAL PERMISSION TO:**

---

1. Allow the student's TKA Discovery therapist to disclose any pertinent diagnostic information from the most recent psycho-educational or pertinent testing report(s) to teacher(s) and other significant personnel (nurse, coach, etc.).

Signature: \_\_\_\_\_

2. Allow teacher(s) and other significant personnel (nurse, coach, etc.) to review with an Educational Therapist the most recent psycho-educational or pertinent testing report(s).

Signature: \_\_\_\_\_

2. Allow the child's Educational Therapy session to be observed/recorded for the purpose of evaluation and/or training of therapists/teachers.

Signature: \_\_\_\_\_

3. Allow the child's picture to be used on a brochure, display, or website for the purpose to provide information about the TKA Discovery Program.

Signature: \_\_\_\_\_

4. Allow the child's Educational Therapy session to be observed by a prospective parent/employee for the purpose of answering questions about the nature of Educational Therapy.

Signature: \_\_\_\_\_

# The King's Academy Discovery Program Educational Therapy Agreement

TKA Discovery Services: \_\_\_\_\_

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

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

## 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 and sustainable gains.
- 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 an individual's area of difficulty in perceptual and cognitive functioning. It affords appropriate classroom accommodations and modifications while deficits are targeted in Educational 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 Educational Therapist while all questions pertaining to the regular classroom should be directed to the classroom teacher(s).

## SERVICES

Period of agreement: \_\_\_\_\_ school year.

Educational Therapy students will receive 120 minutes or 80 minutes of Educational Therapy weekly. The student will leave the regular classroom for TKA Discovery therapy.

AMP only students will receive oversight, of accommodations being received, by an Educational Therapist.

## FINANCES

Enrollment Fee	\$ 250.00 per year
Educational Therapy Tuition	\$7,100.00 per year, paid in 10 installments of \$710.00
Educational Therapy Plus (+80 min. per wk.)	\$3,450.00 per year, paid in 10 installments of \$345.00
Educational Therapy-2/FIE Tuition	\$4,370.00 per year, paid in 10 installments of \$437.00
AMP Only	\$ 250.00 per year
Rhythmic Writing Supervision	\$ 15.00 per session
TKA Discovery Only Application Fee	\$ 150.00 one-time fee
TKA Discovery Only Registration Fee	\$ 375.00 per year

\*Registration is by semester. If the student withdraws before the end of the semester, the fee will be incurred for the whole semester.

Tuition and fees for Educational Therapy are in addition to The King's Academy tuition and fees. Payments due the 1<sup>st</sup> of the month, Aug.-May.

## PARENTAL EXPECTATIONS-Please Initial (not applicable for AMP Only)

\_\_\_\_\_ Attend the initial six sessions to become acquainted with the Educational Therapy process and one session per month.

\_\_\_\_\_ Attend all parent meetings.

\_\_\_\_\_ Supervision of Rhythmic Writing at home on non-therapy days and supervision of other assigned homework.

\_\_\_\_\_ Purchase of a chalkboard (3'x5'), chalk, chalk holder, eraser, and replacement of damaged or lost TKA Discovery materials.

## ABSENCES

Educational Therapist absences will be made up. Student absences will be made up if 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_