

# Enrollment Information

Financial Office Hours: 8:00 - 3:30

Phone 843-355-9400 Fax 843-355-7734 Kingstree, SC 29556

E-mail [dflinchum@williamsburgacademy.com](mailto:dflinchum@williamsburgacademy.com)

## Tuition

K3, K4, K5	\$3400
Grades 1-5	\$4375
Grades 6-12	\$4475

## Fees

Cons./Tech Fee	\$190
Testing Fee (Grades 1-12)	\$25
Enrollment Fee	\$100
Late Enrollment \$200 (After February 28)	

## Resource Program

LD/Resource	\$1,500
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## Building Fund

Per Family	\$500
\$200 due the first year & \$100 per year for the next 3 years	

## Incentive Program

Students enrolling for grades 2-12 may be eligible for a \$1000 incentive.

Call the school for details.

Sports Fee: \$125 per season

**2020-2021**

## ADMINISTRATION

**Head of School**  
Glenn Matthews

**Assistant Head of School**  
Paige Brown

**Director of Guidance**  
Gina Taylor

**Director of Finance**  
Dena Flinchum

**Director of Athletics**  
Don Shelley

## Prospective Parents

If you are interested in touring Williamsburg Academy, please call the school to set up an appointment.

## Existing Parents

Please return enrollment/medical form, enrollment fee and finance form to the finance office by February 28, 2020.

Early Enrollment Fee is \$100.

Enrollment fee after March 1 is \$200.

Tuition is broken down into 10 payments due by the 10th of each month (August –May)

Additionally, you may lower your monthly balance by making payments to your account in June and July.

**All students enrolling for the first time must bring a copy of their birth certificate, immunization record, and social security card.**

## New Students in Grades 2 -12

A written application for admission must be completed by the parents or guardian of all prospective students. The application must be accompanied by copies of all academic, attendance, and discipline records from all previous schools, copies of all standardized testing, a copy of birth certificate, social security card and immunization record. No admission decisions may be made until all documentation is received and reviewed.

## After School Care

After School care is provided for K3 - 5th Grade students. Hours are 2:15-5:30 and rates are \$10 per day for first child and \$6 per day for each additional child. Rate for students picked up at 3:30 is \$5 per day. Students not picked up by 5:30 will be charged an additional \$5 per 15 minutes.

## Bus Fees

Bus fees are due on the 1st of each month. Full family \$100, Full time Rider \$75, 1 Way Rider \$37.50, 1 Way per Day \$2, 2 Way per day \$4.



## **Early Enrollment fee of \$100 Feb. 10<sup>th</sup>- Feb 28<sup>th</sup>**

### **After Feb. 28<sup>th</sup> –Enrollment fee is \$200**

It is very important to enroll early. During this time we are calculating the number of students per grade /class room and extending contracts to teachers. Having a better mind set of how many students we will have enrolled helps the Head of School to determine the need for new teachers in the upcoming school year. Late enrolled children are not guaranteed classroom placement and/or classroom curriculum material.

### **Tuition and Fees 2020-2021**

**(Every additional child after 3<sup>rd</sup> is half)**

<b>K3-5K</b>	<b>Tuition</b>	<b>\$3400</b>	<b>Monthly</b>
	<b>Tech/consumable fees</b>	<b>\$190</b>	
	<b>Total</b>	<b>\$3590.00</b>	
<b>1<sup>st</sup>-5<sup>th</sup></b>	<b>Tuition</b>	<b>\$4375.00</b>	<b>\$459.00</b>
	<b>Tech/consumable</b>	<b>\$190</b>	
	<b>Testing</b>	<b>\$25</b>	
	<b>Total</b>	<b>\$4590.00</b>	
<b>6<sup>th</sup>- 12<sup>th</sup></b>	<b>Tuition</b>	<b>\$4475</b>	<b>\$469.00</b>
	<b>Tech/consumable</b>	<b>\$190</b>	
	<b>Testing</b>	<b>\$25</b>	
	<b>Total</b>	<b>\$4669.00</b>	
<b>L/D Resource</b>		<b>\$1500.00</b>	

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**Building Fund \$500 per family-1<sup>st</sup> payment due August 1st**  
**\$200.00 1<sup>st</sup> year; \$100.00 years 2-4**

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**Sport participation fees \$125.00 per season**

# Andrews Bus Fees-Due

**1<sup>st</sup> of each month;**

Any student who rides more than a total of 10 days in the month will be charged \$37.50 or who rides more than 15 days in the month will be charged \$75. A family of riders will be charged \$75 for more than 10 days or \$100 for more than 15 days .

**Full Family                      \$100.00**

**Full Time Rider              \$75.00**

**1 Way Rider                      \$37.50**

**1 Way (M or A)              \$2.00**

**2 Way Per Day              \$4.00**

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**Daycare-**

**Hours- 2:15-5:30              Students: 3k - 5<sup>th</sup> grade**

**\$10.00 per day per child**

**\$6.00 per day for each additional child in the family**

**\$5.00 per day- 3:30 pick up**

**If not picked up by 5:30-additional \$5.00 per 15 minutes until  
picked up**

## **Incentive Plan**

The Incentive Plan Form must be completed and presented at the time of enrollment for the new student. This program is available for a new student in grades 2-12, who have never attended Williamsburg Academy.

**The New Student receives a \$1000.00 discount**

**&**

**The Referring family receives a \$500.00 discount per referred student and is not limited to the number of students enrolled by referring family. This discount is for referring a new student who has never attended WA.**



## Williamsburg Academy Enrollment and Medical Form 2020-2021

Student Name: \_\_\_\_\_ Grade Level for 2020-2021 \_\_\_\_\_

Allergies to Insects, etc. \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Allergies to Food: \_\_\_\_\_

Does your child have an Epi-Pen? Yes No Does your child use an inhaler? Yes No

Please provide school with Epi-Pen and/or inhaler to keep in front office.

Daily Medications/Medications for Long-Term Illness: \_\_\_\_\_

Other Relevant Medical Information: \_\_\_\_\_

May the student be given Motrin at school? Yes No May the student be given Tylenol? Yes No

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**Medical Treatment Consent:** I recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

**Family Education Rights and Privacy Act ( FERPA):** I hereby grant Williamsburg Academy permission to make video/audio recordings, take photographs, and publish my child's name and/or picture in the newspaper, honor roll lists, Williamsburg Academy's web site, and other academic distributions.

**Field Trip Permission:** I give my permission for my child to go on any field trip within the state of SC that is taken this school year. I understand that all field trips will be supervised, and all precautions taken to avoid accidents. However, in the event of an accident, I will not hold either Williamsburg Academy or any chaperone responsible for such accident with exception to any mandatory liability insurance or premises liability that might be applicable to the vehicle in which my child is riding or the premises to which they might be taken. Any field trip taken out of state or a trip involving overnight stay will require additional parental permission.

### Emergency Contact Information

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

Additional Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

### Review/Update Headmaster Online Parent/Student Profile

\_\_\_\_\_ I have reviewed my Headmaster Online Profile and made changes as necessary. (Existing Families only)

\_\_\_\_\_ I have read the WA Student Handbook Online and understand the rules and procedures outlined.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## Williamsburg Academy Enrollment Form- Return to Finance Department

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name and Grade:

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Payment Plan:

\_\_\_\_ 10 month (Aug.-May)      \_\_\_\_ Twice a year (Aug. and Jan.)      \_\_\_\_ payment in full-August  
(The 10 month plan can be prepaid by making payments in June & July)

**Enrollment Fee:** An early \$100 enrollment fee per child will be offered. Enrollment will be \$200.00 after the early enrollment date has expired. Enrollment monies must accompany this application. On the monthly payment plan, tuition is due on the first day of each month, but no later than the 10<sup>th</sup>. A \$10.00 late fee will be added on to your account after the 10<sup>th</sup>. Late fees will apply to other payment plans as well. Any family falling delinquent over 60 days will result in withdrawal.

**Athletic Fees:** All students playing a sport must pay the sports participation fee of \$125.00; per sports season

**Lunch Accounts:** should maintain a positive balance

**Building/Maintenance Fee/Other fees:**

I/We pledge and agree to pay a Building/Maintenance fee of Five Hundred Dollars (\$500.00) to Williamsburg Academy. I/We understand that this is a onetime fee imposed on each family whenever the first child becomes enrolled at WA. The terms of the building fee repayment: \$200 upon signing agreement or before first day of school and \$100 for the next three (consecutive) years after the enrollment of the first child, which is due at registration or before the first day of school. Other yearly fees include a technology fee \$110, consumable fee \$80 and a testing fee of \$25.00. These fees will be included in your monthly tuition payments.

I understand that the rules and regulations for a student at Williamsburg Academy are published in the WA Handbook. I agree to read the handbook and abide by all the rules and regulations contained therein. If this application is accepted, I agree to pay the full tuition as long as I remain a resident of this area and as long as my child continues to attend Williamsburg Academy. In the event the child's residence shall be removed from the area served by the Academy prior to the first day of school, the \$100/\$200 enrollment fee will be refunded. After this, no refunds will be made. I further agree that if I withdraw my child from WA after the school year begins, the tuition due for the month in which the child withdraws must be paid in full.

\_\_\_\_\_  
Signature or Parent or Legal Guardian responsible for payment

\_\_\_\_\_  
Date



# Williamsburg Academy

1000 Sandy Bay Road, Kingstree, SC 29556

843-355-9400 Fax 843-355-7734

10 Teachers Return  
11 Open House 6:00 pm  
13 Students Return

AUGUST '20						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

15 Presidents' Day/No School

7 Labor Day-No School

SEPTEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MARCH '21						
S	M	T	W	Th	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

01 STANFORD Begins

12 Columbus Day-No School  
31 Halloween

OCTOBER '20						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

02 Good Friday  
04 Easter Sunday  
05-09 Spring Break  
23 Prom

06 SCISA Teacher  
Workday-No School  
23-27 Thanksgiving Holidays  
26 Thanksgiving Day

NOVEMBER '20						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY '21						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

09 Mother's Day  
13,14,17 Exams  
16 Baccalaureate  
21 Graduation  
24-28 School Offices Closed  
31 Memorial's Day

16, 17, 18 Exams/11:30  
Dismissal  
21-31 Christmas  
Holidays- NO School  
25 Christmas Day

DECEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE '21						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

20 Father's Day

01 New Year's Day  
04 School Resumes  
18 M.L. King Day-No  
School

JANUARY '21						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JULY '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

4 Independence Day

For a more complete calendar, please visit [www.williamsburgacademy.com](http://www.williamsburgacademy.com).  
The following days will be used as Weather Make-Up Days if needed: September 7, October 12,  
November 6, January 18, February 15 and April 2.

## Enrollment Form for New Students

## Student's Information

Student's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Blood Type: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Medications for long term illness: \_\_\_\_\_

Relevant Medical Information: \_\_\_\_\_

May the student be given Motrin at School? Yes No May the student be given Tylenol at School? Yes No

## Primary Family Information

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\_\_\_\_\_ City State ZIP Code County

Home Phone 1: \_\_\_\_\_ ☐ Listed Home Phone 2: \_\_\_\_\_ ☐ Listed

## Father's Information

Father's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact: ☐  
Allowed to pick up child: ☐

## Mother's Information

Mother's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact: ☐  
Allowed to pick up child: ☐



## Emergency Information

### Emergency Contacts (Other than Parents)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Pickup Information (People authorized to pickup children from school)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DL#: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DL#: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DL#: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

# Williamsburg Academy

## 2020-21 New Student Enrollment

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Copies of the following documents must be provided prior to students attending school:

- Birth Certificate \_\_\_\_\_
- Social Security Card \_\_\_\_\_
- Current IEP-if applicable \_\_\_\_\_
- Updated SC DHEC 1148 Immunization Form ( New & Current Students) \_\_\_\_\_
- Previous School Records\* \_\_\_\_\_

\*Provide Previous School Name, Phone Number and Contact:

\_\_\_\_\_

New Students in Grades 2-12 must provide copies of all academic, attendance, and Discipline records from previous schools, and copies of all standardized testing, which will be due at enrollment. No admission decisions may be made until all documentation is received. Students transferring from member schools of SCISA that hold advanced accreditation and who are achieving in the 60<sup>th</sup> percentile or higher will be admitted upon transfer of records.

\*Please provide the name and address of previous school your child attended:

School Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date





WILLIAMSBURG ACADEMY  
OFFICIAL RECORDS REQUEST FORM

Student's Current Name:	
Student's DOB:	
School Receiving Request:	
Address:	
City/State/Zip:	
Contact Telephone Number:	

The above-referenced student has applied for admission to Williamsburg Academy. Official copies of all academic, attendance, and discipline records, including copies of all standardized testing are required as part of the admissions process. Please mail, fax or email an official copy of his academic, attendance and discipline records, including copies of all standardized test results to:

Williamsburg Academy  
ATTN: Guidance  
1000 Sandy Bay Road  
Kingstree, SC 29556  
(843) 355-9400 (phone)  
(843) 355-7734 (fax)  
[gtaylor@williamsburgacademy.com](mailto:gtaylor@williamsburgacademy.com)

\_\_\_\_\_  
Signature of parent/legal guardian

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

\_\_\_\_\_  
FOR INTERNAL USE ONLY:

Transcript Request 1:		Date:
Transcript Request 2:		Date: