



ENROLLMENT CHECKLIST

Please complete and return the following to the School Office:

- Application for Enrollment - One per Family Page 2
- Tuition and Fee Agreement Page 4
- Automated Withdrawal Authorization Page 5
- Permission/Agreements Form Page 6
- Proof of Immunization Page 7
- Student Health Information Form Page 8
- Insurance and Medication Authorization Page 9
- Release from Liability Form Page 11
- Student Agreement Page 12
- Parent Agreement Page 13
- Enrollment Deposit or First Month Tuition
- Family Registration Fee (if applicable)
- Book/Activity Fee (unless other arrangements have been made)
- Financial Aid Forms (if applicable; see page 3, 14, and 15)
- Legal Documentation of Custody (if applicable; see page 6)



**APPLICATION FOR ENROLLMENT
2011-2012 SCHOOL YEAR**

FIRST AND LAST NAME OF STUDENT/S	MALE OR FEMALE	BIRTH DATE	GRADE ENTERING (IF KINDERGARTEN, INDICATE ALL-DAY OR HALF-DAY)
1.			
2.			
3.			
4.			
5.			

ADDRESS WHERE STUDENT/S RESIDE: _____ ZIP CODE _____
 STUDENT'S HOME PHONE NUMBER: _____
 WOULD YOU LIKE TO ADD YOUR PHONE NUMBER TO THE CARPOOL LIST? ___ YES ___ NO

PARENT/GUARDIAN INFORMATION

YOUR RELATIONSHIP TO STUDENT/S: _____
 NAME AND CELL PHONE NUMBER: _____
 EMPLOYER, WORK NUMBER, EMAIL: _____
 HOME ADDRESS & PHONE: _____

YOUR RELATIONSHIP TO STUDENT/S: _____
 NAME AND CELL PHONE NUMBER: _____
 EMPLOYER, WORK NUMBER, EMAIL: _____
 HOME ADDRESS & PHONE: _____

YOUR RELATIONSHIP TO STUDENT/S: _____
 NAME AND CELL PHONE NUMBER: _____
 EMPLOYER, WORK NUMBER, EMAIL: _____
 HOME ADDRESS & PHONE: _____

YOUR RELATIONSHIP TO STUDENT/S: _____
 NAME AND CELL PHONE NUMBER: _____
 EMPLOYER, WORK NUMBER, EMAIL: _____
 HOME ADDRESS & PHONE: _____

FORMER SCHOOL NAME: _____ **CITY:** _____
 HAS THE STUDENT EVER BEEN EXPELLED/SUSPENDED FROM ANY SCHOOL? ___ IF SO, PLEASE ATTACH A DETAILED EXPLANATION.

WHO MAY WE THANK FOR REFERRING YOU? _____

Tuition Rates for 2011 - 2012

		(June - May)	(August - May)
PK – 3 (3 - 1/2 days)	8:45-11:30 am Mon - Wed - Fri	195.00 x 12	235.00 x 10
PK – 4 (5 -1/2 days)	8:45-11:30 am Mon-Fri	325.00 x 12	390.00 x 10
All Day Kindergarten (ADK)	8:30 am-3:00 pm	540.00 x 12	650.00 x 10
Grades 1 - 6	8:30 am-3:00 pm	540.00x 12	650.00 x 10
Junior High	8:30 am-3:00 pm	583.00 x 12	700.00 x 10

*The following discounts apply: 5% for the 2nd child, 7% for the 3rd, and 10% for the 4th.

REFERRAL CREDIT:

We will extend a \$200.00 credit to your family's account when you refer a family to Ivy Hall. In order to qualify, the student you refer needs to enroll and attend Ivy Hall. One credit of \$200 will be granted for each family referred, regardless of the number of children. The new family needs to notify the office as to who referred them. If more than one family refers a student, credit will be divided equally.

FEES AND DEPOSITS:

Family Registrations Fee (\$100) - applies to new families and is due at time of enrollment. Written request is needed for refunds.

Enrollment Deposit of \$200 per child is non-refundable, but **will be applied to your last month's tuition in May.** Space in the classroom is not guaranteed without deposit.

Book/Activity Fee (see grade below) - fees are per child and **non-refundable**. Fees are pro-rated for mid-year starters. This fee covers textbooks, educational novels, yearbooks, classroom materials, and field trip costs.

PK - \$75

Kindergarten - \$100

1st-8th Grade - \$200

FINANCIAL AID:

Several options are available for Financial Aid. Please contact the school office for further assistance.

1. Ivy Hall Academy Reduced Tuition (A form is included in this packet)
2. Ivy Hall Academy is approved for Sallie Mae financing if borrowing tuition is necessary. Interest rates are very low. Please visit their website at www.slmeducationloans.com for more information.

Ivy Hall Academy admits students of any race, color, and national or ethnic origin.

TUITION AND FEE AGREEMENT

I/We agree to pay the Family Registration Fee (if applicable) at the time of enrollment. The Book/Activity Fee is also due at the time of enrollment, unless other arrangements have been made.

I/We agree to pay our tuition for the current year:

{ } in full at the time of enrollment.

{ } in 12 monthly payments due on the first of each month. Payments begin June 1st.

{ } in 10 monthly payments due on the first of each month. Payments begin August 1st.

Terms and Conditions:

- 1) **The first monthly tuition payment is non-refundable.** If the first monthly payment is not received, the student will be removed from the enrollment process.
- 2) Tuition is due on the 1st of each month and past due after the 10th. **Automatic withdrawal is available for your convenience.** See page 5.
- 3) A late fee of \$40 will be added to your account if tuition is not paid by the last day of the month, unless other arrangements have been made.
- 4) A \$20 fee will be charged for all non-sufficient withdrawals or checks.
- 5) After the second returned check or non-sufficient withdrawal, the remaining payments must be made by cashier's check, money order, or cash.
- 6) If an account becomes delinquent by two months, students will be suspended until payment is made.
- 7) No monthly billing is sent out unless the account is past due.
- 8) Tuition for a partial month will not be refunded, unless student is expelled.
- 9) Previous accounts must be cleared before students will be admitted for the current year.
- 10) Report cards are not given out and student records will not be transferred if an account is not paid in full.
- 11) Tuition and Book/Activity Fee will be pro-rated for students entering after the first day of school.
- 12) If an account is sent to collections, all attorneys' fees, court costs, filing fees, and all collection costs, up to 50% of amount owing may be assessed by any collection agency retained to pursue the matter. Interest at a rate of 18% will be charged.

By my/our signature below, I/we agree to adhere to the terms and conditions set forth on this Tuition and Fee Agreement.

Signature

Signature

Social Security Number
(will be kept confidential)

Social Security Number
(will be kept confidential)

Name (Print)

Name (Print)

**AUTHORIZATION AGREEMENT FOR
AUTOMATED WITHDRAWALS**

I/We hereby authorize and request IVY HALL ACADEMY to initiate withdrawal entries and to initiate, if necessary, deposit entries and adjustments for any withdrawal entries in error to my/our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to deposit to or withdraw from such account.

This authority is to remain in full force and effect until IVY HALL ACADEMY and FINANCIAL INSTITUTION receive written notification from me/either of us of its termination in such time and in such manner as to afford IVY HALL ACADEMY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Withdrawals will be made on the 10th of the month. If the 10th occurs on a Saturday or Sunday, the withdrawal will occur on the Monday following the 10th.

Bank Name

Branch

Bank's 9 digit Routing Number

Account Number

Name on Account

Type of Account (Checking, Savings, etc.)

Account Holder's Signature

Date

Please staple a voided check here. Thank you.

Permission/Agreements

PARENT/GUARDIAN AUTHORIZATION

Only parents or guardians with legal custody may enroll a student at Ivy Hall or make decisions regarding child/ren. Below, please check the statement of custody that applies for your family.

Married – Both parents must sign the Enrollment Application. Either parent may make decisions regarding child/ren.

Sole Custody – Custodial parent must sign the Enrollment Application. Only the custodial parent may make decisions regarding child/ren. *Legal documentation regarding custody must be submitted with the Enrollment Application.*

Joint Custody - Both parents must sign the Enrollment Application. Either parent may make decisions regarding child/ren.

Guardian - *Legal documentation regarding guardianship must be submitted with the Enrollment Application.* Legal guardians must sign the Enrollment Application.

Other – For all other situations, legal documentation must be submitted with the Enrollment Application. Documents must name person/s that has legal authority to act on behalf of the child/ren.

TEMPORARY GUARDIANSHIP

In the event that your child/ren need/s to be left in the care of another adult, you must submit a letter to the school office with the following information.

1. Full name/s, address and phone numbers of the temporary guardian/s your child will reside with during your absence.
2. A statement authorizing your child's temporary guardians to act on your behalf.

STUDENT INTERNET USE

Ivy Hall Academy students are provided with internet access for educational purposes. Students use the internet under adult supervision. No 'surfing' is allowed. Teachers provide specific websites to be visited.

Yes, my student/s may use the internet.

No, my student/s may not use the internet.

Authorized Signature _____

Date _____

PUBLISHING RELEASE

We regularly update our website with current photos of life at Ivy Hall Academy. We may also submit photos or student work to newspapers and other media for promotional and informational use. Please check the level at which you would like to participate. **We do not use names on our websites.**

Yes, my child/ren's photograph, name and/or project may be published:

On the internet In the newspaper In magazines

No, I do not want my child/ren's photos or work published.

EMERGENCY ZIPLOCS

The following supplies are needed at school in case of emergency. They are due by September 30th. Please label bags with students name and grade. Bags will be sent home at the end of the year.

Emergency bags must have 2 granola bars and 1 Mylar blanket. Optional supplies may include: hard candy, family photo, a note from home, small game. Please put everything in a Ziploc bag.

Those without supplies by Sept. 30th will be charged \$10 and Ivy Hall will purchase supplies.

IMMUNIZATION REQUIREMENTS

A child may be allowed to attend school conditionally if at least one dose of each required immunization series has been completed *and the child is currently on schedule to finish the rest*. The remaining immunizations must be completed on schedule for the child to remain in attendance.

If you elect to take an exemption from immunizations, you must bring a copy of your exemption form to the school office. Exemption forms may be obtained through the Utah Department of Health.

Please submit written proof of your child's immunization record with your enrollment form.

Kindergarten Entry Requirements for Grades K-12

<p>Student born AFTER July 1, 1993 – at Kindergarten entry</p> <hr/> <p>*5 DTP/DtaP/DT **4 Polio 2 Measles, Mumps, Rubella 3 Hepatitis B <u>A student born AFTER July 1, 1993 and entering the 7th grade must have the above immunizations AND</u> 1 Tdap booster 1 Varicella (Chickenpox) – history of disease acceptable, parent must sign verification statement on school immunization record</p>	<p>Student born AFTER July 1, 1996 – at Kindergarten entry</p> <hr/> <p>*5 DTP/DtaP/DT **4 Polio 2 Measles, Mumps, Rubella 3 Hepatitis B 2 Hepatitis A 1 Varicella (chickenpox)- History of disease acceptable, parent must sign verification statement on school immunization record</p> <p>*DTP/DTaP/DT – 4 doses if 4th dose was given on/after the 4th birthday. ** Polio – 3 doses if 3rd dose was given on/after the 4th birthday.</p>
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Progressive Grade Requirements

Beginning with 2002-2003 school year, Hepatitis A and Varicella vaccinations became a requirement for kindergarten entry. Beginning with 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirement for 7th grade entry. Beginning with 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh (7th) grade booster dose. In order to keep track of what grades are required to have which immunization, please refer to the chart below.

HEPATITIS A, HEPATITIS B, & VARICELLA	
<u>School Year</u>	<u>Grades Required</u>
2008-2009	K, 1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th
2009-2010	K, 1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th
2010-2011	K, 1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th
HEPATITIS B, VARICELLA & Tdap booster	
2008-2009	7 th , 8 th , 9 th
2009-2010	8 th , 9 th
HEPATITIS A & B, VARICELLA & Tdap booster	
2009-2010	7 th
2010-2011	7 th , 8 th

STUDENT HEALTH INFORMATION FORM

Student Name: _____ Grade: _____

Please describe below any health conditions this student may have that require special considerations by the school.

Student Name: _____ Grade: _____

Please describe below any health conditions this student may have that require special considerations by the school. Please list any medications the student is taking.

Student Name: _____ Grade: _____

Please describe below any health conditions this student may have that require special considerations by the school. Please list any medications the student is taking.

Student Name: _____ Grade: _____

Please describe below any health conditions this student may have that require special considerations by the school. Please list any medications the student is taking.

All medication, prescription or otherwise, is to be kept in the school office.

Emergency Contacts – If parents cannot be reached, the people listed here are authorized to pick up the above named children from school in case of emergency, illness, or children are left at school after 3:45 p.m. Use a separate sheet of paper for additional names and attach it to this sheet.

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Family Physician _____ Phone: _____

Family Dentist _____ Phone: _____

If your family physician or dentist is not available, may we call another? _____

In the event of an emergency, the school will call paramedics if we deem it necessary.

MEDICAL/DENTAL INSURANCE

Should Ivy Hall Academy need to seek emergency medical or dental assistance for my child/ren, I agree to be personally responsible for any and all medical/dental costs.

Signature

Date

Print Name

Insurance Carrier

I.D. Number

Group Number

Dental Code

(Initial) We do not have any health insurance, but we understand that we are responsible for any medical costs for our children.

OVER-THE-COUNTER MEDICATION

Ivy Hall Academy may administer over-the-counter medications according to my directions below. Medication, prescription or otherwise, is administered by the Office Manager or Director only.

Child	Children's Tylenol	Adult Extra Strength Tylenol	Benadryl	Cough Drop

ASTHMA INHALERS

Utah students, by law, are allowed to carry and self-administer an asthma inhaler. Please check your preference below in regard to this policy.

{ } My student _____ has my permission to carry and self-administer an asthma inhaler.

{ } I prefer to have Ivy Hall staff hold and administer my child's asthma inhaler.

Regardless of your choice, please note on the Student Health Information Form your child's asthma medication and dosage.

PRESCRIPTION MEDICATION

Please list any medication that Ivy Hall Academy will be administering to your child on a regular basis.

Child	Name of Medication	Dosage	Time to be given

Staying Healthy

In order to keep everyone as healthy as possible, we would like to present you with a few guidelines concerning illness.

By keeping sick children home, the chances of spreading the illnesses is greatly reduced. If your child shows any of these signs while they are at school, we will notify you immediately so that you can take them home until they have recovered.

We greatly appreciate all that you do to ensure that your children are in school each and every day when they are healthy. Attendance is so important for student success. When your child is ill or absent for appointments etc., please call the school office to excuse them. We greatly appreciate your cooperation in helping us keep our school a safe and healthy place to be.

Should They Stay or Should They Go?

Children, staff, parents and/or volunteers will be excluded from the classroom if any of the following are noted:

- Fever of 100° or above, orally--may return after 24 hours with no fever
- Vomiting--may return after 24 hours of not vomiting
- Serious nausea or stomach pains
- Diarrhea (frequent, loose, watery stools)--may return 24 hours after symptoms end
- Unusual drowsiness or tiredness
- Inflamed sore throat, acute cold or persistent cough
- Runny nose (thick green/yellow discharge)(non allergenic)
- Red, inflamed or discharging eyes (pink eye) (non allergenic) must be treated with antibiotic drop/ointment for at least 24 hours before returning to school
- Swollen glands around jaws, ears or neck
- Any skin sore oozing of fluid, suspected impetigo (may have a yellow crusty discharge from sore)
- Suspected head or body lice (untreated)
- Earache
- An unexplained rash
- Symptoms which may suggest an acute illness

Students with conditions needing treatment with an antibiotic may return to the classroom after at least 24 hours of treatment **and** a decrease in symptoms.

RELEASE FROM LIABILITY

We, the undersigned, parents of _____, hereby give our consent to have our child participate in field trips arranged by Ivy Hall Academy. We expressly agree that we will be responsible for the conduct of our child during the course of any activity. We hereby release and hold harmless Ivy Hall Academy, its partners, agents, employees and all personnel from any and all liability or damages incident to or arising out of the activity. And do furthermore bind our respect heirs, legal representatives and assigns to refrain from making any claim or demand, or to commence, cause, or permit to be prosecuted, any action in law or equity against Ivy Hall Academy on account of any personal injury, disability, property damage, loss of services, expenses, or damages of any kind the undersigned or their family may sustain during this activity.

We, the undersigned, do also release and hold harmless Ivy Hall Academy, its partners, agents, employees and all personnel for any and all liability or damages incident to or arising out of day-to-day school activities.

We, the undersigned, do expressly agree that this instrument may be treated as a defense to any action or proceeding that may be brought, instituted, or taken by the undersigned, on his or her behalf, and shall forever be a complete part of the commencement or prosecution of any action or proceeding, on account of injuries and damages sustained by the undersigned or their family.

DATED this ____ day of _____, 20____.

Signature of Parent or Guardian

Name of Parent or Guardian (Print)

DATED this ____ day of _____, 20____.

Signature of Parent or Guardian

Name of Parent or Guardian (Print)

IVY HALL STUDENT AGREEMENT

Attending a private school is a great opportunity. In order to take full advantage of the learning experience provided at Ivy Hall Academy, your support is required as outlined in the following student agreement.

As a STUDENT of Ivy Hall Academy, I agree to:

1. Know and follow the guidelines of the school, its teachers, and administrators.
2. Attend school every day, unless sickness prevents, ready to learn.
3. **Do my part to arrive on time.**
4. Complete homework as assigned, applying my best efforts.
5. Use language which is uplifting and positive. I understand that swearing, sexually explicit terms, calling names, making fun of others, and telling 'questionable' jokes are inappropriate.
6. Show respect for teachers, administrators, parents, peers, other's belongings and this building and equipment. This includes allowing each member of the class to enjoy an environment where learning can take place.
7. Wear the school uniform as it is prescribed – all day, every day. This is to be clean, wrinkle free, and without tears or holes.
8. Participate fully in the school curriculum and programs including, but not limited to: school choir, field trips, Christmas Program, Spring Program and S.A.T.s-- realizing that all these activities contribute to your growth and development.
9. Contact teachers or administrators with concerns.
10. Realize that we, at Ivy Hall Academy, are here to help you develop a love of learning!

Print Name and Grade

Signature

Print Name and Grade

Signature

Print Name and Grade

Signature

Print Name and Grade

Signature

IVY HALL PARENT AGREEMENT

Attending a private school is a great opportunity. In order to take full advantage of the learning experience provided at Ivy Hall Academy, your support is required as outlined in the following student agreement.

As a PARENT of an Ivy Hall Academy student, I agree to:

1. Know and support the guidelines of the school, its teachers and administrators.
2. Have my student in attendance each school day unless sickness prevents it. If there is sickness resulting in absence, call the school by **9:00 a.m.**
3. Deliver my student/s on time, which is **between 8:30 and 8:45 a.m.**
4. Pick-up my student/s on time, which is between 11:30 a.m. and 11:45 p.m. for half day students; between 2:45 and 3:00 p.m. for full day students.
5. Help with at least one class party and, where possible, drive for field trips.
6. Purchase specified articles of uniform clothing. Keep them clean and send my student to school in a complete, intact, and wrinkle-free uniform.
7. Provide needed school supplies to enable effective learning to take place.
8. Provide a place and time to complete homework as assigned. Support teachers in making sure homework is completed on time. Help to reinforce consequences when homework is not completed.
9. Participate fully in the school curriculum and programs including, but not limited to: school choir, field trips, Christmas Program, Spring Program and S.A.T.s -- realizing that all these activities contribute to your student's growth and development.
10. Contact teachers and administrators with concerns.

Print Name

Signature

Date

REDUCED TUITION APPLICATION

SUSAN KIRBY, DIRECTOR
1598 WEST 820 NORTH
PROVO, UT 84601
TEL (801) 356-1000
FAX (801) 356-0484

SCHOOL YEAR APPLYING FOR: _____ GRADE APPLYING FOR: _____
STUDENT'S NAME: _____ BIRTHDAY: _____ AGE: _____
STUDENT'S HOME ADDRESS: _____
STUDENT'S HOME PHONE NUMBER: _____

PLEASE PROVIDE THE FOLLOWING IF DIFFERENT THAN STUDENT'S. IF SAME, PLEASE WRITE "SAME".

FATHER'S FULL NAME: _____ S.S.N.: _____
FATHER'S HOME ADDRESS: _____
FATHER'S EMPLOYER: _____ EMPLOYER'S PHONE: _____
EMPLOYER'S ADDRESS: _____

PLEASE PROVIDE THE FOLLOWING IF DIFFERENT THAN STUDENT'S. IF SAME, PLEASE WRITE "SAME".

MOTHER'S FULL NAME: _____ S.S.N.: _____
MOTHER'S HOME ADDRESS: _____
MOTHER'S EMPLOYER: _____ EMPLOYER'S PHONE: _____
EMPLOYER'S ADDRESS: _____

PARENT'S CURRENT MARITAL STATUS: _____
NAMES AND AGES OF DEPENDENT FAMILY MEMBERS: _____

PLEASE ATTACH THE FOLLOWING. INFORMATION IS VIEWED BY THE BOARD OF TRUSTEES ONLY AND IS KEPT CONFIDENTIAL.

1. A COPY OF YOUR 1040, 1040A, OR 1040EZ FOR THE LAST TWO YEARS.
2. If there are extenuating circumstances of hardship, please write a brief explanation on an accompanying sheet of paper.

CONDITIONS OF ELIGIBILITY

- I CERTIFY THAT THIS STUDENT WILL BE IN GRADE PK THROUGH 8TH FOR THE YEAR I AM APPLYING.
- I CERTIFY THAT OUR FAMILY FINANCIALLY QUALIFIES AS LOW-INCOME ACCORDING TO THE UTAH FAMILY INCOME TABLE (ON REVERSE) **OR** A HARDSHIP CONDITION MENTIONED IN THE ATTACHMENT.
- I UNDERSTAND THAT REDUCED TUITION IS A 30% DISCOUNT OFF THE FULL TUITION. I AM RESPONSIBLE FOR PAYING 70% OF THE FULL TUITION AND **GIVING 10 HOURS OF SERVICE TO THE SCHOOL PER STUDENT.**
- I UNDERSTAND THAT REDUCED TUITION IS ISSUED ON A **SPACE-AVAILABLE** BASIS BY CLASS. I WILL BE NOTIFIED AFTER AUGUST 1ST REGARDING SPACE AVAILABILITY.
- I UNDERSTAND THAT I MUST REAPPLY EACH SCHOOL YEAR FOR REDUCED TUITION.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONDITIONS OF ELIGIBILITY. I ALSO CERTIFY THAT, TO MY KNOWLEDGE, ALL THE INFORMATION I HAVE PROVIDED IS TRUE.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE OF APPLICATION

Family Income Table

Your family qualifies for Reduced Tuition if:

<u>the total number of people in your family is</u>	AND	<u>your total family income is less than:*</u>
2		\$26,849
3		\$32,436
4		\$38,023
5		\$43,610
6		\$49,297
7		\$54,784
8		\$60,371

(For each additional family member, add \$5,365)

*BASED ON CHILDREN FIRST UTAH INCOME SCALE

IVY HALL ACADEMY BOY'S UNIFORM POLICY

Boy's Dress Uniform – Worn on Wednesday

Pants

- Navy. Woven cotton blend or corduroy. No cargo or carpenter pants.

Shorts May be worn Sep-Nov and Mar-May

- Navy. Woven cotton blend or corduroy. No cargo or carpenter shorts. Walking length, no more than 3 inches above the knee.

Shirts

- White. woven, button down with collar. No knits or decoration. Short or long sleeve ok.

Cardigan Sweater (Optional)

- Hunter green from Dennis Uniform.

Vest Worn Oct-Apr. **Purchased from Dennis Uniform. No substitutes please.**

- Hunter green, V-neck, sleeveless

Tie (K-8th grade)

- Worn Oct-Apr. Solid navy or Columbia plaid (available from Dennis Uniform).

Shoes

- Black or brown **dress shoe**. No running shoes, hiking boots, or other casual shoe.

Socks

- Brown, black, white, navy, or hunter green. Solids only, no patterned socks please.

Belt (1st-8th grade only)

- Black, brown or navy. Boy Scout belts without achievement loops ok. Solid color only.

Boy's Casual Uniform – Worn Monday, Tuesday, Thursday

Pants

- Navy or khaki. Woven cotton blend or corduroy. No cargo or carpenter pants.

Shorts May be worn Sep-Nov and Mar-May

- Navy or khaki. Woven cotton blend or corduroy. No cargo or carpenter shorts. Walking length, no more than 3 inches above the knee.

Shirts

- White, navy, or light blue; no embroidery or decoration (excluding the Ivy Hall eagle). Knit or woven collared shirt. Short or long sleeve ok.

Cardigan Sweater or Sweatshirt

- Navy, white, or light blue. Sweatshirt must be worn with a collared shirt underneath.
- Ivy Hall Academy Hoodie, if purchased from www.CustomSchoolUniforms.com.

Shoes

- Running shoes, hiking boots, or other casual shoe. Must be closed-toed. No shoes with wheels.

Socks

- Brown, black, white, navy, or hunter green. Solids only, no patterned socks please.

Belt (1st-8th grade only)

- Black, brown or navy. Boy Scout belts without achievement loops ok. Solid color only.

Boy's Friday Uniform

As above, but Ivy Hall Academy school t-shirt required.

General Dress Code Policy

1. Hair should be worn off the collar, out of the eyes and be clean. No extreme hairstyles or colors.
2. Shorts are to be walking length (no more than 3 inches above knee).
3. Shirts are to have sleeves. No halter tops, tank tops, spaghetti straps, etc.
4. Shoes must be closed-toed. Open back sandals are ok, as long as shoe covers toes.
5. Clothing decorations are to be tasteful.
6. No earrings, jewelry for boys. Religious jewelry allowed.
7. Fads will be clarified as they occur and will be up to the discretion of the administration.

IVY HALL ACADEMY GIRL'S UNIFORM POLICY

Girl's Dress Uniform – Worn on Wednesday

- Jumper (PK-6th grade) **Purchased from Dennis Uniform. No substitutes please.**
- Columbia plaid, knife pleats.
- Skirt (7th & 8th grade). **Purchased from Dennis Uniform. No substitutes please.**
- Columbia plaid, knife pleats.
- Sweater Vest (7th & 8th grade). Worn Oct-Apr. **Purchased from Dennis Uniform. No substitutes please.**
- Hunter green, V-neck, sleeveless.
- Shirts
- White, woven, button down with rounded (Peter Pan) collar or white turtleneck. No other knits, polo shirts, or decoration on shirt. *Shirts must be long enough to be tucked in.* Short or long sleeve ok.
- Shoes
- Black, white, navy or brown **dress shoe**. No running shoes, hiking boots, or other casual shoe. **Boots** may be worn Oct-Apr. with dress uniform if they are brown or black only—**NOT ON PICTURE DAY.**
- Socks
- Brown, black, white, navy, or hunter green. **Solids** only, no patterned socks please. **Must wear socks.**
- Cardigan Sweater (optional)
- Hunter green from Dennis Uniform.
- Tie (7th & 8th grade only; optional)
- Solid navy or Columbia plaid (available from Dennis Uniform).

Girl's Casual Uniform – Worn Monday, Tuesday, Thursday

- Pants, Capris, Jumpers, and Skirts
- Navy or khaki. Woven, no knits or denim. No cargo/carpenter pants. *Skirts must be walking length (no more than 3 inches above the knee).*
- Shorts (May be worn Sep-Nov and Mar-May)
- Navy or khaki. Woven, no knits or denim. No cargo/carpenter shorts. Walking length, **no more than 3 inches above the knee.**
- Shirts
- White, light blue, or navy, no embroidery or decoration (excluding the Ivy Hall eagle). Knit or woven with a finished neckline. No t-shirts. *Shirts must be long enough to be tucked in* Cardigan Sweater or Sweatshirt
 - Navy, light blue, or white. Sweatshirt must be worn with a collared shirt underneath.
 - Ivy Hall Academy Hoodie, if purchased from www.CustomSchoolUniforms.com.
- Shoes
- Running shoes, hiking boots, or other casual shoe. Must be closed-toed. No shoes with wheels. Boots may be worn Oct-Apr. with uniform if they are brown, black or navy only.
- Socks
- Brown, black, white, navy, or hunter green. **Solids** only, no patterned socks please. **Must wear socks.**
- Belt (1st-8th grade only)
- Black, brown or navy. Solid color only.

Girl's Friday Uniform

As above, but Ivy Hall Academy school t-shirt required.

General Dress Code Policy

1. Hair should be kept neat, out of the eyes and be clean. No extreme hairstyles or colors.
2. Shorts are to be walking length, no more than three inches above the knee.
3. Shirts are to have sleeves. No halter tops, tank tops, spaghetti straps, etc. No bare midriffs.
4. Shoes must be closed-toed. Open back sandals are ok, as long as shoe covers toes.
5. Clothing decorations and jewelry are to be tasteful. Earrings must be posts only, one per lobe, and non-dangling. Necklaces, rings, and bracelets are not allowed. Religious jewelry is acceptable.
6. Conservative make-up may be worn in 6th-8th grades. No colored lip gloss in younger grades.
7. Fads will be clarified as they occur and will be up to the discretion of the administration.

SCHOOL POLICIES

Ivy Hall Academy is a 501c3 Non-Profit Corporation. In order to maintain that status we must treat all clients equally. The following is a list of governing school policies. This list is subject to change at any time. You will receive a new copy of our policies should we change them.

1. Parental Involvement in Disputes – When difficulties arise between two students, teachers are to settle the dispute. No parent, in anger, is to directly speak to or touch another parent’s child. Teachers have an obligation to intervene if such a situation occurs.

Parents who involve themselves in this conduct will have a trespassing order issued to restrict them from access to this property. Safety of students, while at school, is paramount for an effective learning environment.
2. Unacceptable Behavior – Teachers and Administrators give students multiple warnings regarding unacceptable behavior before sending them to see Mrs. Kirby. If a student is sent to meet with her, parents will be notified, and a plan of action will be determined. A “three strikes and you’re out” policy applies. *The Director reserves the right to immediately expel any student who may be a danger to others.*
3. Raising the Bar – students who score one or more years below grade level on S.A.T.s will require professional testing, printed recommendations, and approval from the Director before being re-admitted the following year.
4. Uniforms – If a student is out of uniform the following actions will be taken (each month students begin with a clean slate):
 - 1st offense – Student will complete a task for Director at lunch recess; usually a cleaning chore.
 - 2nd offense – Student will work the entire lunch recess for Director.
 - 3rd offense – Student will work during all three recesses for Director. Parents will be called.
 - 4th offense – Parents will be called and student will wait in the office until the appropriate uniform is brought to school.
5. School Records – Ivy Hall records are released upon request to other schools as long as accounts are paid in full. Any public school records we have are promptly transferred.
6. Pets at School – Pets must be approved by teachers in advance. **Pets cannot be left at school for the day; they must go home after being shown.**
7. Corrected Assignments – Corrected assignments are worth half credit. Please see teacher’s individual disclosure statements for further details.
8. Extra Credit – Teachers may outline extra credit for students. Extra credit is at the sole discretion of the teacher and will not replace test scores.
9. Videos – Only educational or G-rated videos/DVD’s are shown on a regular basis in classrooms. These are cleared by the Director in advance. No PG-13 or R-rated movies will be shown. **If it is a PG rating, parental permission slips will be sent home prior to showing. Everyone in the class must have permission before they may watch the video/DVD in question.**
10. Divorced Parents - Newsletters, flyers, teacher conferences, etc., will all be sent to the parent/s paying the tuition. We will send additional copies and schedule additional parent conferences at the request of the paying parent/s.
11. No classroom reference books are to be taken home by students.
12. Attendance policy—Students are required to attend 90% of the time. If attendance drops below 90%, the Board of Trustees will discuss individual cases. School policies of no work accepted over one week late, #3 above, and passing grades to advance will apply.

Grandparents

Grandparents are an important part of your child's life. They love to be involved and keep up on what grandchildren are doing.

We would love to add them to our e-mailing list and ensure they receive our monthly school newsletter. We have **"gone green"**! In other words, our Newsletter is being sent as an attachment to an email. Please fill out this form and return it to the school office with their email address. Note: If a Grandparent does not have email, the Newsletter is available on our website at ivyhallacademy.org or we would be happy to mail out the Newsletter monthly to them. Please indicate an address where we can mail the Newsletter to them if email is not accessible...

Thank you.

Student/s Name: _____

Grandparent Name: _____ Email Address: _____

Grandparent Name: _____ Email Address: _____

Grandparent Name: _____ Email Address: _____

Grandparent Name: _____ Email Address: _____
