



APPLICATION PROCEDURES

At TSH, we believe in a partnership with parent(s) or guardian(s) to provide the best education for children. Any information that assists us in this task ultimately benefits your son or daughter. The following is requested to ensure that each student's individual learning needs are met to the best of our ability. Our application process is as follows:

Application:

- Complete this application and return it to:
Thrasher School House
PO BOX 4445
Longview, TX 75606

A \$25 non-refundable deposit should accompany this application. Application files are reviewed in the order in which they are received.

- A completed application file includes:
 - Registration Form
 - A copy of the student's birth certificate
 - Current shot records (vaccinations are **not** required)
 - \$25 non-refundable application fee
 - Vision & Hearing testing results within the last year if available
 - Report Card of the last year or 2 semesters
 - Any prior diagnostic testing to show learning difference

Acceptance:

- Written notification of acceptance will be mailed approximately 1 to 2 weeks after application requirements are completed.
- The basis for denying a student into the program are: Capacity- maintaining correct student to teacher ratio, in addition to space availability; Severity of accommodation needs- student requires more care than we can provide at the time.

Note: Thrasher School House is an equal opportunity facility and does not discriminate based on race, color, national or ethnic background. However, we do reserve the right to refuse acceptance on other grounds.

SCHEDULE OF FEES

Rates are based on careful assessment of all factors associated with the operation of a private school that receives no public funds. Tuition and fees are reviewed annually and adjusted as necessary.

Tuition & Fees

TSH families may choose one of the following 3 tuition payment options. Tuition for full time for one school year is \$8,000. Part time enrollment for one full school year is \$5,000.00. Payment in full by Aug 1st receives a 3% discount.

| | | |
|----------------------|--|------------------------|
| Full Time | Due 1st of the month | Due each Friday |
| 12 monthly payments: | \$667.00 | N/A |
| 10 monthly payments: | \$800.00 | \$200.00 |
| Part Time | Due 1st of the month | Due each Friday |
| 12 monthly payments: | \$417.00 | |
| 10 monthly payments: | \$500.00 | \$125.00 |

NOTE: *Above amounts are based on full tuition, excluding any awarded scholarship

Payments are due by the 1st for the following month. Payments not received by the 10th will accrue a \$20.00 late fee and will increase by \$5.00 each day thereafter until the payment and late fee are paid in full. Payments not received by the 45th day will result in your child's termination from TSH with the full balance of tuition due.

*Returned checks or unavailable drafts will be considered non-payment and will need to be covered immediately following notification.

No school records will be released until the entire balance due is paid in full. Immediate release will then occur only if funds due are paid in cash or certified check. Any personal check must clear the bank before records are released.

Payments can be made via check or Zelle with no extra fee. Venmo requires an additional fee of 4%.

ADMISSIONS CHECKLIST

- ____ REGISTRATION FORM
- ____ COPY OF BIRTH CERTIFICATE
- ____ COPY OF SOCIAL SECURITY CARD
- ____ CURRENT IMMUNIZATION RECORD/EXEMPTION
- ____ VISION AND HEARING TEST RESULTS
- ____ COPY OF REPORT CARD
- ____ DIAGNOSTIC TESTING: ACADEMIC and/or MEDICAL
(EX. 504/IEP, DIAGNOSIS PAPERWORK)
- ____ PARENT PERSPECTIVE
- ____ AUTHORIZATION TO RELEASE INFORMATION
- ____ COPY OF INSURANCE INFORMATION
- ____ APPLICATION FEE \$25

Questions?:

Email them to Athena@ThrasherSchoolHouse.com

Call us at 903-315-9338

www.thrasherschoolhouse.com

Check us out on Facebook



Thrasher School House

903-315-9338

www.ThrasherSchoolHouse.com

Student's Full Name _____

Race: _____ Gender: Male Female Date of Birth _____

Grade applying for: _____ Does your child wear glasses? Yes No

Known allergies: _____

What are your child's strengths? _____

Primary Guardian (student resides with)

Name: _____
Relation to student: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Cell
Phone: _____
Work Phone: _____

Parent or Guardian

Name: _____
Relation to student: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Cell
Phone: _____
Work Phone: _____

Prior Schooling

Current School: _____ Current Grade _____

School district in which the child lives: _____

Has your child ever repeated a grade? Yes _____ No _____ Grade? _____

Has your child been tested for any special concerns? Yes _____ No _____
If yes, please provide copies of the testing.

Does your child have a 504 plan? Yes _____ No _____
If yes, please provide a copy of the goals.

Has your child had special education services? Yes _____ No _____
If yes, please provide copies of the ARD goals.

Siblings

Please list the names of brothers and sisters.

Name: _____ Grade: _____ School: _____

Any learning differences? _____

Name: _____ Grade: _____ School: _____

Any learning differences? _____

Name: _____ Grade: _____ School: _____

Any learning differences? _____

Medical Information

Student:

- Has your child ever been critically or chronically ill? Yes___No___
If yes, please explain_____
- Were any complications encountered in the birthing process? Yes___No___
If yes, please explain_____
- Has your child ever had an extremely high fever? Yes___No___
If yes, please explain._____
- Has your child ever had a severe blow to the head? Yes___No___
If yes, please explain. _____
- Has your child been on medication for behavioral purposes? Yes___No___
If yes, please explain._____

List any medications taken regularly:

Local Hospital Choice

Please list your child's

Pediatrician:_____ City:_____ Phone:_____

Counselor:_____ City:_____ Phone:_____

Psychologist: _____ City:_____ Phone:_____

Psychiatrist: _____ City:_____ Phone:_____

Insurance provider: _____

Name of Insured: _____

Policy Number:_____Group Number: _____

Student Release and Emergency Contact

Student _____

Your child will be released only to a parent or person named by the parent. Please list those authorized persons:

Name of emergency contact: _____

Relation to student: _____

Emergency contact phone number : _____

Name of emergency contact: _____

Relation to student: _____

Emergency contact phone number : _____

Name of emergency contact: _____

Relation to student: _____

Emergency contact phone number : _____

Name of emergency contact: _____

Relation to student: _____

Emergency contact phone number : _____

Student: _____

Please Read CAREFULLY then Initial each of the Following:

_____ I understand that any medication (including Aspirin, Tylenol, etc.) given to my child at school must be 1. Labeled with the student's name; 2. Be in its original container with doctor's directions for dispensing; and 3. Must be accompanied by a parent permission slip.

_____ In the event of an emergency, I authorize the administration of Thrasher School House to take whatever steps may be necessary to obtain emergency medical care for my student.

_____ I authorize area hospitals to give emergency medical care and release the physician on duty to treat my student.

_____ I also give my permission for my student to participate in all school activities, including sports, field trips, and school sponsored trips away from the school premises. I absolve Thrasher School House and its representatives from liability to us or our student because of an injury at school or during any school activity.

_____ I hereby **do** _____ **do not** _____ give permission for corporal punishment to be administered to my student whenever deemed appropriate by school officials. I understand that I will be contacted by phone or in writing whenever corporal punishment is administered, but not necessarily before administration of punishment.

_____ **I have read the Parent Handbook and agree to abide by it.**

_____ I agree to allow my student's photo/likeness to be used in the yearbook, on Facebook, in TV media, and/or other publicity purposes.

Signature of Parent/Guardian _____ **Date** _____

PARENT'S PERSPECTIVE FORM

Student: _____

FATHER/GUARDIAN OF APPLICANT

Please provide us with your perspective on your child. Describe your child's strengths and abilities, special areas of interest or concerns. Please share with us your ideas on how Thrasher School House School can help your child. We appreciate your effort in trying to help us know your child better.

| YES | NO | |
|-------|-------|---|
| _____ | _____ | Do you have to often repeat instructions to your child? |
| _____ | _____ | Does your child seem to have difficulty following directions? |
| _____ | _____ | Does your child seem to spend more time than is appropriate on homework? |
| _____ | _____ | Does your child seem to need an extraordinary amount of help with homework? |
| _____ | _____ | Do you consider your child's handwriting to be legible? |
| _____ | _____ | Does your child seem to have more difficulty in reading, writing and spelling than in most other subjects? |
| _____ | _____ | Do your child's grades in reading, writing and spelling seem low compared to his ability to think and understand? |
| _____ | _____ | Do you spend time reading to your child? |
| _____ | _____ | Does your child seem to enjoy being read to? |
| _____ | _____ | Does your child hesitate to read to you? |
| _____ | _____ | Does your child talk favorably about school? |
| _____ | _____ | Has any member of your family had a learning problem? Please explain: _____ |
| | | _____ |

- My greatest dream for my child is: _____

- My greatest fear for my child is: _____

- My goals for my child are: _____

- When my child comes home from school, I would like to see: _____

Additional Comments:

Father/Guardian Signature _____ Date _____

PARENT'S PERSPECTIVE FORM

Student: _____

MOTHER/GUARDIAN OF APPLICANT

Please provide us with your perspective on your child. Describe your child's strengths and abilities, special areas of interest or concerns. Please share with us your ideas on how Thrasher School House can help your child. We appreciate your effort in trying to help us know your child better.

| YES | NO | |
|-------|-------|---|
| _____ | _____ | Do you have to often repeat instructions to your child? |
| _____ | _____ | Does your child seem to have difficulty following directions? |
| _____ | _____ | Does your child seem to spend more time than is appropriate on homework? |
| _____ | _____ | Does your child seem to need an extraordinary amount of help with homework? |
| _____ | _____ | Do you consider your child's handwriting to be legible? |
| _____ | _____ | Does your child seem to have more difficulty in reading, writing and spelling than in most other subjects? |
| _____ | _____ | Do your child's grades in reading, writing and spelling seem low compared to his ability to think and understand? |
| _____ | _____ | Do you spend time reading to your child? |
| _____ | _____ | Does your child seem to enjoy being read to? |
| _____ | _____ | Does your child hesitate to read to you? |
| _____ | _____ | Does your child talk favorably about school? |
| _____ | _____ | Has any member of your family had a learning problem? Please explain: _____ |
| | | _____ |

- My greatest dream for my child is: _____

- My greatest fear for my child is: _____

- My goals for my child are: _____

- When my child comes home from school, I would like to see: _____

Additional Comments:

Mother/Guardian Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION
Thrasher School House
PO BOX 4445
Longview, Texas 75606

Instructions to Parents/Guardian: Please complete all information on this form, sign, and date. Take it to your child's school, or Thrasher School House can fax the request of records.

Student Name _____ Date of Birth _____

Current Grade _____ Grade applied for _____ Year _____ Current School _____

I hereby authorize the release of the information requested below to Thrasher School House.

Parent/Guardian Signature

Date

Instructions to School: The following information is requested in completing our files for the above named student. Any additional information you deem relevant would be appreciated.

- Cumulative folder information

- Special education record

- Test records

- Current report card

- Health records

- Discipline Records

The following list of requested information may not apply to each student. Please forward if applicable.

- Bilingual program information

- Early childhood information

- Other _____

Please return these materials to:

Thrasher School House
PO BOX 4445
Longview, TX 75606
athena@thrasherschoolhouse.com

Tuition Plan Agreement

Student: _____

Beginning balance \$ _____
Applied payments \$ _____
Remaining balance \$ _____

Please initial below.

____ Option 1

Full time enrollment \$8,000.00

Part time enrollment \$5,000.00

____ Paid by August 1st for 3% discount (\$240/\$150)

____ Option 2

Monthly payments due the 1st of the month

Full time enrollment:

____ 12 month payment plan starting June 1st

Monthly payments: \$667.00

____ 10 month payment plan starting August 1st

Monthly payments: \$ 800.00

Part Time enrollment:

____ 12 month payment plan starting June 1st

Monthly payments: \$417.00

____ 10 month payment plan starting August 1st

Monthly payments: \$ 500.00

____ Option 3

Weekly payments due each Friday prior to the week of school

____ Full time enrollment \$200.00

____ Part time enrollment \$125.00

Signed _____ Date _____

- There will be a \$30.00 fee on all insufficient drafts or checks.
- Payments are due by the 1st for the following month. A late fee of \$20.00 will be assessed on the 11th and will increase by \$5.00 each day thereafter until the payment, and late fee, are paid in full. Payments not received by the 45th day will result in your child's termination from Thrasher School House with the full balance of tuition due.
- *Insufficient checks or drafts will be considered non-payment and will need to be covered immediately following notification.
- Accounts with past due balances will not be able to complete reenrollment until balance is paid.

Permission for Travel

Field trips are an integral part of the educational experience at Thrasher School House. For students to attend a school-sponsored field trip, parents/guardians must sign and return an official school field trip form for each field trip. A handwritten note from the parent or guardian or a telephone call may be accepted in lieu of a signed official permission form for a specific trip if this document is signed and on file.

I am aware that students of Thrasher School House will be traveling for off campus learning opportunities. My child, _____, has my permission to travel with Thrasher School House staff and parents for these events.

Furthermore I, the parent of guardian of, _____, grant permission to Thrasher School House staff or chaperones to act on my behalf for my child in the event of a medical emergency. I hereby grant permission for Thrasher School House and its employee's to have full authority to take whatever action they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence, and fully release Thrasher School House and its employees from any liability and expense in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, if needed. I understand that any such action will be taken in the best interests of my child and will be reported to me as soon as possible.

Parent/Guardian signature

Date