



Chatham Academy at a Glance

- Chatham Academy is one of Royce Learning Center's three programs (we also have The Tutoring Center and Adult & Community Education).
- We teach students with learning differences. This includes learning disabilities, ADHD, Dyslexia and similar learning differences.
- We help students meet success at their individual level.
- We are accredited by the Southern Association of Colleges and Schools (SAIS/SACS).
- We teach a curriculum of academic classes sanctioned by SAIS/SACS and award a traditional high school diploma.
- Our students are grouped by age and skill level so they can learn at their own pace.
- We help each student overcome his/her individual area of frustration in school.
- We maintain a 10-1 student-teacher ratio.
- We provide art and physical education as part of the weekly schedule.
- We provide extra-curricular sports and activities, which include soccer, flag football, basketball, cheerleading, and baseball.
- We are funded through tuition and donations.
- Limited financial aid is available to qualified families who apply.
- We accept the Georgia Special Needs Scholarship.

Chatham Academy...
Where Children Succeed!

Program Description

Chatham Academy believes that a student's self-concept, attitude and past experiences affect the daily learning process of the child. Teaching academic skills, appropriate daily behavior and social skills are an important part of the curriculum. In order to teach these skills, daily instruction is on going and constant. Built into the curriculum, sequence of skills and teaching style is the constant review of key ideas and skills so that the information is transferred from short to long-term memory at each student's individual level.

Chatham Academy has designed the classrooms, teaching techniques and curriculum to allow each child to experience academic and social success. Students are grouped in classes by age and skill level, which allows the teacher to provide for academic success. Each class is structured so that students have clear expectations and are aware of consequences for inappropriate actions. Basic class rules are the same throughout the school to provide consistency. There are slight variations in consequences based on student age individual needs.

In order to teach appropriate classroom behavior, peer interaction and social skills, logical consequences is the main method that is used. Along with consistent follow through, helping the students build a repertoire of acceptable choices when facing different situations is a major facet of the overall program. Through the use of discussions and consequences students learn to think before they act and develop good habits that will allow them to function successfully in a traditional environment. The gradual acquisition of appropriate behavior is developed over time.

In the beginning of the program, students are given a great deal of support. The teachers provide situations that compensate for the student's academic and behavioral weaknesses. Once the student is stronger, both academically and socially, then the student is required to do more compensating with less and less of the teacher's help. Each student is provided with as much structure as they individually need and is constantly given the chance to assume more responsibility. Counseling is provided informally to help students through this difficult transition.

Our goals are to teach each student the academic skills appropriate for their level, to accept responsibility for their actions and their learning, and to advocate responsibly for themselves. Students return to traditional classrooms when they can learn and compete successfully in that learning environment.



CHATHAM ACADEMY APPLICATION INSTRUCTIONS AND CHECKLIST

- APPLICATION FORMS must be submitted with a non-refundable application fee of \$50.00.
- RECENT PHOTOGRAPH should be attached to your application.
- CURRENT PSYCHO/EDUCATIONAL TESTING by a licensed psychologist including intelligence and achievement testing.
- PLACEMENT TESTING is scheduled following receipt of the application form.
- CONFIDENTIAL TEACHER REPORTS are given by parents to the student's current teacher and to other specialists to be returned to Chatham Academy, 4 Oglethorpe Professional Blvd. Savannah, GA 31406.
- TRANSCRIPT RELEASE & CONFIDENTIALITY FORMS are submitted to Chatham Academy.
- FINANCIAL AID packet will be sent upon request. Please call for more information.



APPLICATION FOR ADMISSION

Today's Date _____ for School Beginning (month) _____ (year) _____

Name of Applicant _____
Last First Middle

Preferred Name _____ Birthdate _____

Address _____

City/State/Zip _____ Telephone _____

Ethnicity _____ Male Female

Present Grade _____ Current School _____

Family Information

Father/Legal Guardian _____ Mother/Legal Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

With whom does the applicant reside? _____

IF CHILD DOES NOT LIVE WITH PARENTS IN ONE HOUSEHOLD, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Step-Father Step-Mother Other Step-Father Step-Mother Other

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Permission to share applicant's information with the above person Permission to share applicant's information with the above person

Names/Ages/School of all children in family:

Name (Last, First) Age Current School

EMERGENCY CONTACT

Name _____ Phone Number _____

Parent/Guardian Information

Father/Legal Guardian

Mother/Legal Guardian

| | | |
|---------------------------|----------------------------------------------------------|----------------------------------------------------------|
| First/Middle/Last Name | Mr./Dr. _____ | Ms./Mrs./Dr. _____ |
| Preferred First Name | _____ | _____ |
| Relationship to Applicant | _____ | _____ |
| Home Address | _____ | _____ |
| City/State/Zip | _____ | _____ |
| Home Phone | _____ | _____ |
| Cell Phone | _____ | _____ |
| E-mail | _____ | _____ |
| Employer | _____ | _____ |
| Position in Firm | _____ | _____ |
| Business Address | _____ | _____ |
| City/State/Zip | _____ | _____ |
| Business Phone | _____ | _____ |
| Education | _____ | _____ |
| U.S. Citizen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Grandparents

Name of Paternal Grandparents _____ Tel. _____
Address _____ City/State/Zip _____
Name of Maternal Grandparents _____ Tel. _____
Address _____ City/State/Zip _____

Adoption

Was the applicant adopted? Yes No If so, at what age? _____

Does the applicant know he/she was adopted? Yes No

Discuss the applicant's adjustment to learning of adoption _____

Education History

Name of Current School Head/Principal & Counselor _____

Address of School _____

Telephone _____ Fax _____

Please list all schools attended, beginning with current school:

| Name of School | City, State | Grades Attended | Reason for Leaving |
|----------------|-------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has your child ever skipped or repeated a grade? Please state the grade(s), the school(s), and the circumstances involved.

Please list the kind of special counseling or remedial work your child is receiving/has received.

In what ways would you most like to see your child develop during his/her years at Chatham Academy?

Special interests, hobbies, and abilities of the applicant _____

Please describe briefly any particular circumstances which may have affected the applicant's record in school including but not limited to attention or behavioral difficulties, difficulties in reading, math and/or language, medical needs, hospitalization(s), learning styles, and frequent changes of schools. Please include dates whenever possible: (continue on back if needed)

Name and relationship of any friends/relatives who have attended Chatham Academy _____

Has the applicant attended Summer Programs at Royce or tutoring at Royce's Tutoring Center? _____

If so, what year? _____

Medical History

Please indicate if your child has a history of:

- | | | | |
|----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Vision Deficit | <input type="checkbox"/> Hearing Deficit | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Infectious Disease (specify) | <input type="checkbox"/> Ear Infections/Tubes in Ears | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Epilepsy | | | |

Are there any situations or pertinent information that we should be aware of in order to further understand your child? Please Explain _____

Does your child take any medication on a regular basis Yes No

If yes, please list medication(s), dosage, times given, and reason

Individual Responsible for Tuition Payments

Name _____ Relationship _____

Address _____ City/State/Zip _____

Please check here if you are interested in receiving an application for financial aid.

Before this application can be processed, we must receive a \$50 application fee (non-refundable), psycho/educational testing (intelligence and achievement scores) and a recent photo.

Thank you for applying to Chatham Academy.

Signature: _____ Date: _____

Please tell us how you heard about Chatham Academy _____

Chatham Academy welcomes students without bias towards race, gender, religion or national origin.



PROFESSIONAL CONTACT FORM

Please complete the form and return to Chatham Academy

Child's Name _____

I give Chatham Academy permission to contact the following organizations and individuals for release of transcripts, teacher reports, evaluations, and any standardized testing. Please provide Name of person or place, complete address, and telephone number

Current School _____

Address City State Zip Telephone

Classroom Teacher _____

Address City State Zip Telephone

Pediatrician _____

Address City State Zip Telephone

Psychiatrist _____

Address City State Zip Telephone

Psychologist _____

Address City State Zip Telephone

Neurologist _____

Address City State Zip Telephone

Speech and Language Therapist _____

Address City State Zip Telephone

Occupational/Physical Therapist _____

Address City State Zip Telephone

Educational Tutor _____

Address City State Zip Telephone

Additional services and individuals not listed above _____

Address City State Zip Telephone

Parent Signature: _____ Date: _____



TRANSCRIPT RELEASE & CONFIDENTIALITY FORM

Student's Name _____
Last First Middle Preferred Name

I authorize the release of the following data in my minor child's records from the person(s) listed below. Please release it to Chatham Academy, 4 Oglethorpe Professional Blvd., Savannah, GA 31406.

- Please initial the items to be released:
_____ Psychological reports (intelligence testing, social/emotional assessments)
_____ Cognitive assessments
_____ Educational assessments
_____ Medical records
_____ Psychiatric records
_____ Speech, hearing, vision
_____ Other (specify) _____

Request data from the following person:

Name _____
Title _____
Organization _____
Mailing Address _____
City, State, Zip _____

I further release all parties stated herewith from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that this consent expires automatically upon termination of services or on the following date or when the following even or condition transpires.

Executed this _____ day of _____, 20 _____

Witness _____

Signature of Client/Client's Parent of Legal Guardian _____



TUITION AND FEES

2011-2012 School Year

New student application fee - \$50.00 nonrefundable.

Tuition: Grades 1-12 \$15,050.00

| Payment Options | Due Dates | Finance Charges | Each Payment |
|------------------------|----------------------------------------------------------------|------------------------|---------------------|
| Annual | August 1 | -0- | \$15,050.00 |
| Semi-annual | Two payments, on August 1 and January 1 | 225.75 | 7,637.88 |
| 12 Months | Twelve (12) payments (due the first of each month, Aug - July) | 903.00 | 1,329.42 |
| 11 Months | Eleven (11) payments (due the first of each month, Aug - June) | 827.75 | 1,443.43 |
| 10 Months | Ten (10) payments (due the first of each month Aug – May) | 752.50 | 1,580.25 |

*Tuition may be tax deductible as a medical expense. Please call Chatham Academy at 912.354.4047 or talk to your accountant for more information.



Financial Assistance Information

Limited tuition assistance through Chatham Academy is available and awards are needs-based. Application for financial aid should be completed as part of the enrollment process. This application is used to determine financial need and to qualify potential students for aid.

Aside from financial aid from Chatham Academy, there are two state-operated programs and one private program your student may be eligible to participate in:

The Georgia Special Needs Scholarship Program (also known as SB10), allows students currently attending a Georgia Public School with an IEP to transfer to Chatham Academy and receive state financial aid to do so. Scholarship amounts for students generally range from \$2,500 to \$13,500 with an average amount of about \$6,000. There is no application process for GSNS, however your student must meet certain eligibility requirements which can be found on the [Georgia Department of Education's website](http://www.doe.k12.ga.us/sb10.aspx/). <http://www.doe.k12.ga.us/sb10.aspx/>

The second program is the **Tuition Tax Credit Scholarship**. We are currently accepting students under this program which allows students to receive a tax credit funded scholarship if they are coming to Chatham Academy from a public school. More details about this program and the tax incentive related to giving to this program can be found at [The Center for an Educated Georgia's website](http://www.educatedgeorgia.org). <http://www.educatedgeorgia.org>.

Additionally, our school is approved to accept the **Arete Scholarship** which is for students transferring from Georgia Public Schools to private school who are eligible for free or reduced lunch, an income based qualification. Find out more at [Arete Scholars website](http://www.aretescholars.org), www.aretescholars.org or speak with us.

Please ask for more information regarding these programs during your visit with us.

Tuition at school with dyslexia program medical expense (06/16/2005)

Federal Taxes Weekly Alert, 06/16/2005, Volume 51, No. 24

Tuition at school with dyslexia program is deductible medical expense

PLR 200521003

IRS has privately ruled that tuition for taxpayers' children diagnosed with dyslexia at a school with a program designed to allow them to deal with their medical handicap was a deductible medical expense.

RIA Observation: Medical science and the media have focused on the wide range of disabilities that may affect young children. Consequently, not only doctors, but parents, teachers, and other caregivers are more aware of the issue, and learning disabilities are more likely to be detected early and properly treated. The treatment for these learning disabilities can place a heavy financial burden on parents, particularly where more than one child is involved. Fortunately, the tax law may help by allowing a partial deduction for the cost of such children's school. However, like other deductible medical expenses, this cost is deductible only to the extent that medical expenses for the year cumulatively exceed 7.5% of the taxpayer's adjusted gross income.

Background: Medical care includes the cost of attending a special school designed to compensate for or overcome a physical handicap, in order to qualify the individual for future normal education or for normal living. This includes a school for the teaching of Braille or lip reading. The principal reason for attending must be the special resources for alleviating the handicap. The cost of tuition for ordinary education that is incidental to the special services provide at the school, and the cost of meals and lodging supplied by the school, also is included as a medical expense. (Reg. S 1.213-1(e)(1)(v)(a))

Facts: Taxpayers, who we'll call Peter and Mary, have two children that have been diagnosed as having disabilities caused by medical conditions, including dyslexia, that handicap their ability to learn. Peter and Mary have enrolled their children in School, which provided each handicapped child with a program of special education designed to enable the child to deal with his medical handicap and move on to study at a regular school.

Peter and Mary asked IRS to rule that the tuition for their dependent children is deductible.

Tuition is a medical expense. IRS ruled that the children are attending School principally to receive medical care in the form of special education in those years each child is

diagnosed as having a medical condition that handicaps his ability to learn. Their tuition at School is a medical care expense deductible under Code Sec. 213(a) for the years they continue to be diagnosed as medically handicapped.

IRS said that special education includes giving remedial language training to correct a condition caused by a birth defect, or overcoming other disabilities. Dyslexia can also be sufficiently severe as to be such a handicap.

RIA Observation: Similarly, special education includes programming dealing with attention deficit hyperactivity disorder (ADHD) and similar diagnosed afflictions of the young.

IRS explained that normal education is not medical care because it is not designed to help someone overcome a medical disability. Thus, for education to be medical care, a physical or other qualified professional must diagnose a medical condition requiring special education to correct that condition. A school need not employ doctors to provide that special education, but must have a professional staff competent to design and supervise a curriculum providing medical care. Overcoming the learning disabilities must be a principal reason for attending the school, and any ordinary education received must be incidental to the special education provided.

RIA Observation: The Tax Court has rarely considered a “regular” private school to be a special school. Although the individual attention, small class size, and strict discipline characteristic of good private schools often are beneficial to students suffering from mental or physical defects of illnesses, these schools rarely qualify. Similarly, the Tax Court has held that, where students who are blind, deaf, or have epilepsy go to private schools because they allow the students to attend school in a normal setting, the schools are not special schools because their purpose is academic, rather than therapeutic.

IRS advised Peter and Mary that whether tuition is deductible doesn’t depend on whether School is a “special school.” Deductibility depends on what the school provides an individual. A school can have a normal education program for the most students, and a special education program for those who need it. Thus, a school can be “special” for one student but not for another.

RIA Observation: The Tax Courts have held and IRS privately ruled that, where a school attended by a student with a medical problem doesn’t qualify as a special school because the ordinary education isn’t incidental to the special serviced provided, the costs of the special program or special treatment (but not the entire tuition) may still be a deductible medical expense.

References: For education as a medical expense, see FTC 2d/FIN, K-2150 et seq.; United States Tax Reporter, 2134.10 ; TaxDesk, 347,507 et seq.; TG, 18818

END OF DOCUMENT – Copyright 2005 RIA. All rights reserved



TEACHER EVALUATION FORM

PARENTS, PLEASE SUBMIT THIS FORM TO YOUR CHILD'S CURRENT TEACHER
WITH A STAMPED ENVELOPE ADDRESSED TO:

The Admissions Office
Chatham Academy
4 Oglethorpe Professional Blvd
Savannah, GA 31406

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____

City/State/Zip: _____

TO: PRINCIPAL, TEACHER, or COUNSELOR

The student named above has applied for admission to ____ grade at Chatham Academy for the academic year _____.
Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in this school: _____

Does student have a satisfactory attendance record? Yes No

Please evaluate the following areas with a check mark:

| | Excellent | Good | Average | Poor |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| General Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with Peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Maturity Age Level: Below age level Average Advanced

Reading Series and present level of child - please explain: _____

Math Series and present level of child - please explain: _____

Phonics Series (type of program) and present level of child - please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress:

Classroom Conduct: Discipline - please comment: _____

Please comment on - Behavior/Attitude, Work/Study Habits, and Peer Relationships: _____

Has the student ever been recipient of a Special Services Program, i.e. a Learning Disability Resource Center, a Developmental Reading, English, or Math Program, or Behavior Modification?

Has the student ever been so advised to participate in such a program? Yes No

Parent attitude and degree of involvement - Please comment: _____

Additional helpful information: _____

Thank you for the time and effort you have taken in completing this evaluation.
Your recommendations do have a bearing on our decisions.

Signature of person completing report Title

Telephone: _____ Date: _____