

THE B.E.E. ACADEMY

"Become Enriched & Encouraged"



19001 SW 106 Avenue

Suite 105

Miami, Florida 33157

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www.thebeeacademy.com

REGISTRATION PACKET

THE B.E.E. ACADEMY
"Become Enriched & Encouraged"

FEES
(KG through 12th Grade)

The BEE Academy mandatory uniform polo shirts- Fee \$20.00 each per student
Logos - \$6.00 (2 Colors: Gold, Black)
(Free school T-shirt per student with purchase of polo shirt only)

SCHOOL TUITION

Tuition Fee - \$14,500.00 per year - 10 Month

Or John McKay Scholarship/Step Up For Students Scholarship

Testing Fee — \$175.00

Other Fees - \$250.00

If parent does not qualify for McKay or SU4S, Low Income Family will be based on a sliding scale. (\$3,500.00 a year at \$350.00 monthly for 10 months) Withdrawal Fees - \$350.00

PRIVATE TUITION PAYMENTS

1. Those on a regular basis will automatically be charged on a ledger card in the school's office. Payment should be made on the first of each month. Any account that has not been paid for any reason when payment is due will be considered delinquent and your child may be in danger of being withdrawn from the school.
2. **There will be absolutely no refund.**
4. Monthly' private tuition will be due on August 1, and the first of each subsequent month. A late fee will be charged on the 11th of the month if payment has not been made on time.

THE B.E.E. ACADEMY
CLASSROOM RULES

1. Be in your seat ready to work when the class starts.
2. Bring all materials to class every day.
3. No heads rested on desk or no sleeping during class.
4. Follow directions the first time they are given.
5. Be respectful to your classmates, teacher(s), and other staff members.
6. **NO CELL PHONES OR ELECTRICAL DEVICES ARE ALLOWED.**
7. Keep your hands and feet to yourself at all times. Do not touch other students, teachers or other staff members.
8. Do not take or touch other people's property.
9. No student is allowed to take any books, materials, nor computers home without director or administrators' authorization.
10. Any student caught cheating in any way, will be referred to the administrator's office.

DRESS CODE

1. ***ALL STUDENTS MUST BE IN MANDATORY BEE ACADEMY UNIFORM: BEE ACADEMY POLO SHIRT; PANTS/SKIRTS/SHORTS COLOR: KHAKI, BLACK DICKIE TYPE PANTS & BLUE JEANS*** No holes, patches, faded or raveled edges, explicit writing or pictures on attire.
2. No shorts unless they are at least two inches above the knee. Shorts cannot be extremely tight or falling off the body.
3. No skirts or dresses that are shorter than two inches above the knee. No extremely tight skirts or dresses. However, shorts should be worn under skirts and dresses.
4. No pants without the use of a **BELT**. No pants or shorts that are hanging or falling off the waist is permitted. (Underwear must not be shown)
5. No baggy T-shirts hanging off the body. No attire with negative or explicit writing or pictures is permitted. Shirts should be tucked in neatly or well fitted.
6. Caps, hats or any head attire are not permitted in the classrooms.
7. Shoes and socks are to be worn at all times. Sandals or ragged tennis shoes are not permitted. All shoes must have a back strap for support or closed in for safety.
8. Every student should bring a jacket or sweater for winter wear.
9. Exotic hair colors are not allowed.
10. No jewelry or accessories pertaining to violence, drugs or gang are allowed.

ARRIVAL AND DEPARTURES

1. Students should arrive to school by 8:30 AM. Breakfast starts at 8:15 AM..
School hours are from 8:30 AM. until 2:00 P.M.
 2. There is absolutely no supervision before 8:00 AM.
 3. Students should be picked up from school no later than 2:00 P.M. to allow teachers time for the daily staff meetings which commences promptly at 2:45 P.M.
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Student's Signature

Parent/Guardian's Signature

Date

THE B.E.E. ACADEMY

STUDENT REGISTRATION APPLICATION

Date: _____

LAST NAME: _____ FIRST _____ MIDDLE: _____

SOCIAL SECURITY#: _____ D.O.B. _____ AGE: _____ SEX: _____

RACE: _____ BIRTHPLACE: _____ CITIZENSHIP: _____

ADDRESS: _____ HOME #: _____
(House #, Street, Apartment #) (Zip Code)

CURRENT GRADE: _____ M-DCPS ID#: _____

PREVIOUS SCHOOL ATTENDED: _____ PUBLIC OR PRIVATE? _____

SCHOOL'S ADDRESS: _____ PHONE#: _____

FAMILY INFORMATION

MOTHER: _____ FATHER: _____

LEGAL GUARDIAN: _____

WORK #: _____ CELLULAR#: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

MOTHER'S EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

LEGAL GUARDIAN'S EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

FATHER'S EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

THE B.E.E. ACADEMY

EMERGENCY CONTACT INFORMATION

Student Name _____ Grade: _____

D.O.B.: _____ Social Security # _____

Student Address _____
(House #, Street, Apartment #) (Zip Code)

Doctor/Physician Name _____ Phone# _____

Doctor/Physician Address _____

Medical conditions/Physical Difficulties _____

Medication name & dosage: _____

Other siblings currently enrolled in the BEE academy (Full name(s):

Parent/Guardian's home # _____ Cellular # _____

Work #: _____ E-mail address: _____

Father's home # _____ Cellular # _____

Work #: _____ E-mail address: _____

Contact information if parent cannot be reached in case of an emergency.
(Please list full name, no nick names).

(Full name) (Relation to student) (Phone#)

(Full name) (Relation to student) (Phone#)

(Parent/guardian's signature) (Date)

THE B.E.E. ACADEMY

STUDENT MEDICAL INFORMATION

STUDENT'S NAME: _____

ID#: _____ D.O.B.: _____

(Social Security #)

STUDENT'S WEIGHT: _____ HEIGHT: _____

MEDICAL FACILITY/DOCTOR: _____

PHONE#: _____

INSURANCE/MEDICAID #: _____

EMERGENCY/CURRENT MEDICAL INFORMATION:

MEDICATION GIVEN: _____

ANY MEDICATION TO BE ADMINISTERED TO THE STUDENT AT SCHOOL MUST BE ACCOMPANIED BY A MEDICAL STATEMENT OF AUTHORIZATION SIGNED BY THE CHILD'S MEDICAL FACILITY OR DOCTOR. MEDICATION MUST BE IN ORIGINAL BOTTLE WITH CURRENT PRESCRIPTION, AND GIVEN TO THE TEACHER.

ADDITIONAL MEDICAL INFORMATION/CONCERNS:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

THE B.E.E. ACADEMY

TRANSPORTATION REQUEST

Dear Parent/Guardian:

We are pleased to offer students at THE BEE ACADEMY transportation services as of November 1, 2007. This form must be completed and signed by a parent/guardian if student need transportation at The BEE Academy. The BEE Academy van will transport only students that have this completed form on file at the school Students who will be driving to school or who will be transported by a parent/guardian, sibling or friend, does not need to complete this form and will not be scheduled for van transportation pick-up or drop off

Student Name: _____ ID#: _____

Address: _____

Home Phone#: _____ Emergency#: _____

Please check me van transportation that you are requesting.

- _____ I am requesting morning transportation pick-up only.
_____ I am requesting afternoon transportation drop-off only.
_____ I am requesting both transportation for morning pick-up & afternoon drop-off

Parent/guardian's Signature

Date

The BEE Academy must have this form completed and signed in the office to complete routing and provide each student with accurate pick-up time. If you have any questions, please contact the BEE Academy at (305) 259-1599.

Please complete one form per each child in household.

Thank you,

The BEE Academy

THE B.E.E. ACADEMY

PERMISSION FOR RELEASE OF STUDENT

I, _____ parent/guardian of
(Parent/guardian print name)

(Print student name, social security #, D.O.B.)

give permission for the following people listed below to pick-up my child, from THE B.E.E. ACADEMY. I understand that anyone that I give permission to pick-up my child will present valid identification.

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

Name: _____ Relation to student: _____

(Parent/guardian signature)

Date: