

# Innova Preparatory School

1000 Broadway Drive, Suite 46  
Hattiesburg, MS 39401

Office: 601-909-6605  
Fax: 601-475-2307

Dear Parents,

Thank you for your interest in Innova Preparatory School. We look forward to helping you find the best learning environment for your student.

Attached you will find the application and the consent forms for release of information. You may scan and email, fax, hand deliver, or mail the completed application using our contact information in the letterhead. If you have any questions, please email [nwalker@innovaprep.org](mailto:nwalker@innovaprep.org) or call 601-909-6605.

We look forward to meeting you and your student.

All the best,

Niki Walker,  
Administrative Assistant

# Innova Preparatory School

## Tuition, Charges, and Fees for 2022-2023

### TUITION

\$9,300.00 to be paid in 10 monthly installments of \$930 per month.

*Tuition is processed through FACTS Tuition Management System. Information on creating a FACTS account will be provided upon registration.*

### CHARGES AND FEES

Application Fee	\$50.00	Non-refundable - does not guarantee admission
Family Registration Fee (returning students)*	\$500.00	Non-refundable - due upon yearly registration
Family Registration Fee (new students) *	\$600	Non-refundable - due upon admission

*\* Families enrolling two students receive 50% off for the second student's new or returning fee.*

*Registration fee is not due unless the student is accepted into Innova Preparatory School.*

### TUITION PAYMENT OPTIONS

Parents/Guardians may select one of the following methods to pay their child's tuition:

1. The full amount of tuition may be paid to Innova Preparatory School on or before July 31, 2022.
2. The tuition may be paid over 10 months by arrangement with FACTS Tuition Management System.
  - a) The first tuition payment is due by August 2, 2022. Each monthly payment thereafter is due by the 15th day of the month from September 2022 to May 2023.
  - b) Parents/Guardians are responsible for the full year of tuition even if the student does not complete the school year.
  - c) No tuition is reimbursed if the student withdraws from Innova Preparatory School.

### TOTAL FEES AND TUITION FOR 2021-2022

Application Fee	\$50.00
Registration Fee	\$600.00
Tuition	\$9,300.00
<b>TOTAL</b>	<b>\$9,950.00</b>

## Application Checklist

Please use the following checklist to ensure your application is complete.

- \_\_\_\_\_ 1. **A complete Application Form**, sign and accompanied by a \$50 application fee.
- \_\_\_\_\_ 2. **Up-to-date school records** (report card, test scores, most recent IEP or 504 plan, education and other pertinent evaluations as described in the records release form) [attached]. **Copies from parent records are acceptable for the application process; however, enrollment into Innova Preparatory School will require official documentation directly from the student's previous school and the physician's and/or psychologist's office, if applicable.**
- \_\_\_\_\_ 3. **Most recent reports from professional providers**, including psychiatrists, psychologists, counselors, doctors, etc.
- \_\_\_\_\_ 4. **A copy of any legal documents** regarding parent/guardians custodial placements and other relevant issues pertaining to the student
- \_\_\_\_\_ **An interview** with students and parent(s)/guardian(s) to be arranged on submission of application (*An in-person interview is preferable; however video conferencing is acceptable when an in-person interview is not possible.*)
- \_\_\_\_\_ Upon acceptance, **registration requires** submission of your student's **BIRTH CERTIFICATE, SOCIAL SECURITY CARD, "up-to-date" SHOT RECORD (on a MS FORM 121), completed registration packet** with emergency contacts, medication authorization, etc., and a **\$600.00 registration fee**.

**In order for this application to be processed, the following must be attached to this application:**

1. Most recent testing/evaluation reports, IEP/504 plan supporting the conditions identified in #2 above.
2. Any recommendations made in writing by teacher, doctor, behavioral health provide, dyslexia therapist
3. Copy of most recent report card and standardized test scores, including homeschool reports
4. Signed "Consent to Release" forms to applicable schools/professionals.
5. Check or money order for \$50 to process application (*Innova Prep has a Venmo account if you prefer. Call school for Venmo ID.*)

*Innova Preparatory School does not discriminate on the basis of race, color, gender, national origin, religion, or disability.*

**INNOVA PREPARATORY  
SCHOOL**

**ENROLLMENT APPLICATION**

**STUDENT INFORMATION**

Student's Full Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F \_\_\_

Current Grade Level \_\_\_\_\_ Grade Level Applying For \_\_\_\_\_ School year \_\_\_\_\_

Student lives with: \_\_\_ Parent \_\_\_ Legal Guardian/Other: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**PREVIOUS SCHOOL INFORMATION**

*The information should reflect where the student last attended school for the 2020-2021 school year.*

Most Recent School District \_\_\_\_\_ Name of School \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Grades attended \_\_\_\_\_

Other Schools Attended \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Grades attended \_\_\_\_\_

Has this student been retained in a grade? Yes No If yes, which grade level? \_\_\_\_\_

Please explain the circumstances of retention: \_\_\_\_\_



**TERM AND CONDITIONS**

- 1) Innova Preparatory School does not discriminate on the basis of race, color, gender, national origin, religion or disability
- 2) A new student and his or her family will have a probationary period which may include parent-teacher conferences, academic evaluations and disciplinary review. Admission to and continued enrollment in Innova Preparatory School is at the sole discretion of the school.
- 3) Information on the current policies will be made available through the student handbook. School policies are subject to change. Policy change will be announced by due notification.
- 4) Applicants agree to abide by all school policies, rules and regulations, including provisions for dress code and discipline. Innova Preparatory School has full discretion in the discipline of students while on the school campus and during all school-sponsored functions.

**\*\*ALL REGISTRATION FEES ARE NON-REFUNDABLE\*\***

**Parent Agreement**

\_\_\_\_\_I hereby certify that I have read this student application form, including the section titled "Terms and Conditions". I agree to comply with the terms and conditions stated therein and furthermore accept the requirements of all other official policies and procedures of Innova Preparatory School, including the payment of all fees and charges according to the published schedule of the school.

**This application cannot be processed until the application fee of \$50.00 is paid in full and the application is signed by the parents of the applicant.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Innova Preparatory School will not enroll any student who has not met all requirements for enrollment. New students will not officially be able to begin attending, until application is complete, required documents are turned in, and registration fees are paid.**

**For Office Use Only**

Date/amount received \_\_\_\_\_

Date family was contacted \_\_\_\_\_

Interview Date \_\_\_\_\_

\*\*\*\*\*

**Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Notification Sent \_\_\_\_\_**

**Reason for Denial \_\_\_\_\_**

**The following list describes the different types of records releases that are included in this application packet.** (The more information we are able to gather regarding your student, the better we will be able to understand his/her needs and make an informed enrollment decision.)

- **(2) Consent to Release *CURRENT SCHOOL* Records**

Please fill out and sign **both** *Current School* Records Releases provided in this packet.

- **Consent to Release *PROVIDER (Medical/Psychological) Records***

Please fill out and sign this release if your student's physician and/or psychologist has any helpful information regarding his/her evaluations, diagnoses, interventions, or treatments.

- **Consent to Release *SPECIAL SERVICES (Special Education) Records***

Please fill out and sign this release if your student has ever had an IEP at a public school or an ILP at a private school. (These records are often housed in the school district administration office, example: Lamar County Schools Special Services Department).

(Please make additional copies as needed.)

## Consent to Release CURRENT SCHOOL Records

Student Name: \_\_\_\_\_  
                            First                            Middle                            Last                            Date of Birth

Applying to enter Academic Year: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Name of **school** from which records are requested: \_\_\_\_\_

**TO THE APPLICANT AND PARENT/GUARDIAN: Please complete this form and present it to the office of the professional serving your child.**

**TO THE PROVIDER: Please send the relevant records listed below to the following address.**

Please send student records to:  
*Admissions Office  
Innova Preparatory School  
1000 Broadway Drive Suite 46  
Hattiesburg, MS 39401  
Or fax to 601-475-2307*

I do hereby authorize the release of the complete record for \_\_\_\_\_ to Innova Preparatory School.

- Transcript of all grades completed through the last year and any official grades recorded this year: Standardized test results; educational and other pertinent evaluations; discipline records; attendance records

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Contact information: Dr Zachary Murphy, Executive Director, Principal  
Niki Walker, Administrative Assistant  
Ryan Turner, Academic Counselor  
Phone: 601-909-6605  
Fax: 601-475-2307**

*Innova Preparatory School offers open enrollment to students of any race, religion, gender, color, creed or ethnic origin who meet the entrance requirements and strive both in conduct and achievement to maintain satisfactory progress.*



## Consent to Release CURRENT SCHOOL Records

Student Name: \_\_\_\_\_  
                            First                                            Middle                                            Last                                            Date of Birth

Applying to enter Academic Year: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Name of **school** from which records are requested: \_\_\_\_\_

**TO THE APPLICANT AND PARENT/GUARDIAN: Please complete this form and present it to the office of the professional serving your child.**

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Or fax to 601-475-2307*

I do hereby authorize the release of the complete record for \_\_\_\_\_ to Innova Preparatory School.

- Transcript of all grades completed through the last year and any official grades recorded this year: Standardized test results; educational and other pertinent evaluations; discipline records; attendance records
- Health/immunization records; birth certificate; Social Security number
- Cumulative Records Folder (or copy of cumulative records folder).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Ryan Turner, Academic Counselor  
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## Consent to Release PROVIDER (Medical/Psychological) Records

Student Name: \_\_\_\_\_  
                            First                                            Middle                                            Last                                            Date of Birth

Applying to enter Academic Year: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Name of **provider** from which records are requested: \_\_\_\_\_

**TO THE APPLICANT AND PARENT/GUARDIAN: Please complete this form and present it to the office of the professional serving your child.**

**TO THE PROVIDER: Please send the relevant records listed below to the following address.**

Please send student records to:  
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Hattiesburg, MS 39401  
Or fax to 601-475-2307*

I do hereby authorize the release of the complete record for \_\_\_\_\_ to Innova Preparatory School.

This includes summary reports of psychoeducational and other pertinent evaluations (including assessment of intellectual potential); treatment/intervention recommendations, documentation of education interventions and/or related services; and any other relevant information.

Additional Specific request: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Consent to Release *SPECIAL SERVICES (Special Education)* Records**

Student Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Date of Birth

Applying to enter Academic Year: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Name of **school** from which records are requested: \_\_\_\_\_

**TO THE APPLICANT AND PARENT/GUARDIAN: Please complete this form and present it to the office of the professional serving your child.**

**TO THE PROVIDER: Please send the relevant records listed below to the following address.**

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- Most current IEP and/or 504 Plan; current Eligibility Determination and Assessment Team Report; initial or most recent comprehensive evaluation; other documentation of special education and related services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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