

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 jbuffington@innovaprep.org or call 601-909-6605.

We look forward to meeting you and your student.

All the best,

Innova Preparatory School

Innova Preparatory School

Tuition, Charges, and Fees for 2023-2024

TUITION

\$10,500.00 to be paid in 12 monthly installments of \$875.00 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 - to be paid in 12 month installments
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 May 31, 2023.
2. The tuition may be paid over 12 months by arrangement with FACTS Tuition Management System.
 - a) The first tuition payment is due by June 1, 2023. Each monthly payment thereafter is due by the 15th day of the month from July 2023 to May 2024.
 - 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 2023-2024

Application Fee	\$50.00
Registration Fee	\$600.00
Tuition	\$10,500.00
TOTAL	\$11,150.00

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

**INNOVA PREPARATORY
SCHOOL**

ENROLLMENT APPLICATION

Date of 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 2022-2023 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: _____

Has this student been suspended or expelled from school? Yes No

Please explain the nature of any previous disciplinary problems: _____

Does the student have particular physical or emotional needs of which we should be aware?

Does this student have any physical or emotional issues which require medication? Yes No

If yes, please give a brief explanation and list medications to be dispensed during school hours:

What are the educational goals you would like your child to achieve at Innova Preparatory School?

Please briefly describe any special extra-curricular interest, hobbies, talents, or aptitudes of your child.
(Examples: athletics, music, art, dance, graphic design, creative writing, etc.)

STUDENT LEARNING NEEDS

Did your child receive a special education ruling and an IEP from a public school? Yes No (please attach)

Check all of the following with which your child has been ruled/diagnosed and give estimated dates identified.

Please include conditions identified by providers outside of school.

Dyslexia; date _____ ADHD; date _____ Anxiety disorder; date _____

Other _____ /date _____ Other _____ /date _____

Where did your child undergo testing/evaluation for the above (attach available records and reports)?

Describe services your child has received for the conditions described above:

Dates of service	Provider/location	Description of services

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.)

- **Consent to Release *CURRENT SCHOOL* Records**

Please fill out and sign the *Current School* Records Release 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.

- Copy of Permanent Record/Insert
- Most Recent Report Card and Current Transcript
- State Testing Data and Other Pertinent Academic Evaluations
- Discipline & Attendance Records
- Immunization Records, Birth Certificate, and Social Security Number

Parent/Guardian Signature

Date

Signature of Applicant

Date

**Contact information: Dr. Zachary Murphy, Executive Director, Principal
Ryan Turner, Professional School 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 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:
*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.

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

**Contact information: Dr. Zachary Murphy, Executive Director, Principal
Ryan Turner, Professional School Counselor
Phone: 601-909-6605
Fax: 601-475-2307**

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