



The Chase Academy

Innovative education for students with autism spectrum disorders

2025-2026 Student Application

In order to be registered as a TCA student, please fill out the following form and return it, along with the \$300 registration & enrollment fees, to
The Chase Academy: 2400 S. Ridgewood Avenue, Suite 17, S. Daytona, Florida 32119

Student Information

Student's Legal
Name _____

Last

First

Middle

SSN: _____ - _____ - _____ Grade: _____

Date of Birth: _____ Date Enrolled: _____

Parent / Guardian Information

Primary Parent/Guardian Name: _____

Email : _____ Cell Phone: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ FT _____ PT

Company: _____ Work phone: _____

Scholarship Enrollment Information

Scholarship Provider : _____ STEP UP FOR STUDENTS _____ AAA

Scholarship Name: Family Empowerment: _____ UA _____ EO FTC _____

Student ID # _____ Award Amount: \$ _____

Award ID # _____ Tuition Amount: \$ _____

Amount Remaining: \$ _____

Personal Amount: _____ Method of Payment: _____

____ 9 Monthly payments of \$ _____ totaling \$ _____ annually

I understand that regardless of payment method (Scholarship, cash or credit card) I am personally responsible for and have agreed to pay in full all tuition expenses and fees associated with my child's attendance at The Chase Academy. Failure to do so constitutes fraud on my part.

Signature: _____

Date: _____

EMERGENCY CONTACT

Please indicate who is the person we should contact if you are not reachable.
Emergency Contact Person/Relationship to student

1) _____

Relationship to student: _____

Day Phone: _____

Cell Phone: _____

2) _____

Relationship to student: _____

Day Phone: _____

Cell Phone: _____

Student History

Birthplace: _____ Sex: _____

Student's Native Language: _____

Siblings (names and ages): _____

Last school attended: _____

Address of school: _____

Street Address

City

State

Zip

School Phone: _____ School Fax: _____

Grade Level: _____ Teacher's Name: _____

Was your student in an ESE Program at their last school? Yes/No _____

Was your student in an EBD Program at their last school? Yes/NO _____

Circle the ESE Program(s): co-taught facilitated mild multi

Does your student have an IEP? _____ Yes _____ NO *(if yes, please include a copy)*

Does your child have a Written Behavioral Plan (FBA): _____ Yes _____ NO

Does your child have a history of aggressive behavior? _____

If so, at what frequency: Rarely, in extreme situations _____

Monthly _____ Weekly _____ Daily _____

Can you describe the specific behaviors displayed and any known triggers?

Does your child ever attempt to run away/ out of the house/building? _____

If yes, what is the trigger for this behavior? _____

Please note we do NOT HAVE doors with "lock down" protocol. Children can open all doors at all times as directed by the Fire Marshall's Fire Evacuation Code. We also have no "time out" facility to sequester students during fits or aggression. We limit enrollment to students who do not typically display these behaviors for the safety of everyone.

Medical Information

What is your student's primary diagnosis?

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses. If necessary, use an extra sheet of paper. Please attach supporting documentation.

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Has your child recently started, stopped or altered his medication regime?

_____ No _____ Yes Reason: _____

Please list any medications the child is currently taking. If needed, please attach an additional sheet.

Medication: _____ **Daily Dosage:** _____

Explanation of Medication:

Medication: _____ **Daily Dosage:** _____

Explanation of Medication:

Medication: _____ **Daily Dosage:** _____

Explanation of Medication:

Primary Physician: _____

Phone: _____

Allergies:

Food _____

Medication: _____

Environmental: _____

Is the child's vision within normal limits? YES/NO _____

If no, please explain:

Is the child currently medically stable? YES/NO

If no, please explain:

Is the child's hearing within normal range? YES/NO

If no, please explain:

Does the child refuse food? YES/NO

If yes, please explain:

Student Pickup Information

The following people, other than the parents/family members listed above, may pick up my child from The Chase Academy.

Name: _____ Phone: _____

Driver's License # _____

Name: _____ Phone: _____

Driver's License # _____

Name: _____ Phone: _____

Driver's License # _____

Signature: _____ Date: _____
Parent/Legal Guardian

Documents Included

_____ Birth Certificate _____ Psychological Evaluation / Diagnosis
_____ Health Forms _____ Vaccination Record / Exemption
_____ IEP and/ or FBA _____ former school records

These documents must be turned in with your application.

Signatures

I understand that my child's classroom is under video surveillance.

Signature: _____

Date: _____

Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention for my child in case of an accident, injury, or illness.

Signature: _____

Date: _____

Parent/Legal Guardian

I give my permission for my child to attend field trips with The Chase Academy.

Signature: _____

Date: _____

Parent/Legal Guardian

I give permission for my child to be photographed while at the school or on a school function for the purpose of instruction, observation, information or advertisements.

Signature: _____

Date: _____

Parent/Legal Guardian

I agree to the terms set forth in the Student/Parent Handbook including those that require I attend parent meetings, complete the volunteer hours required or pay the cash-out value.

Signature: _____

Date: _____

Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I understand that all requests for admission to The Chase Academy are subject to the approval of the Executive Director, and placement dependent upon student data and the administration's recommendation.

Signature: _____

Date: _____

Parent/Legal Guardian

Nondiscriminatory Policy: The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.

Date of Withdrawal: ____/____/____

Individual Fee Schedule 2025-2026

Student Name: _____ Grade Level: _____ DOB: _____

Academic Program Fees

Registration: SCH or PP	\$50.00
Enrollment: SCH or PP	\$250.00
Annual Tuition: Emergent Language Program 1:1 Assistance	\$12,200.00
Annual Tuition: Emergent Language K/1 Program 1:4	\$16,000.00
Annual Tuition: High-Functioning K/1 Program Half-Day 1:4	\$8,625.00
Annual Tuition: High-Functioning Elementary Program 1:8	\$12,000.00
Annual Tuition: High-Functioning Middle/High Program 1:8	\$12,000.00
Annual Tuition: High-Functioning Transition Program	\$10,000.00
Tuition Discount** Type: SCH CAP or STAFF DISC	Amount: _____

Total Annual Fees: Registration, Enrollment, & Tuition: \$ _____

Additional Fees

	Weeks of Service	Total Amount Charged
Tutoring: After School Academics	\$40/wk	_____
Life Skills Class Fee: SCH or PP	\$80/yr	_____
Elective Supply Fee: SCH or PP	\$50/yr	_____

Total Annual Fees: Registration, Enrollment, Tuition, Additional Fees: \$ _____

Payment Schedule

Scholarship Type: _____ Projected Scholarship: \$ _____
 Student ID #: _____ Quarterly Payments: \$ _____
 Award ID #: _____

Current Amount Total Due:	Previous Balance:	Total Due:	Total Due After Scholarship		Final Amount Due:
\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

Personal Payments: _____ Un-collectable Balance: \$ _____
 _____ Monthly Payments of: \$ _____

Parent Signature: _____ Date: _____
 Financial Liaison Signature: _____ Date: _____
 Executive Director Signature: _____ Date: _____

**** CONTINGENT UPON participating in Volunteer Opportunities**