



# The Chase Academy

Innovative education for students with autism spectrum disorders

## 2026-2027 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?

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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?

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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:

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Medication: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_

Explanation of Medication:

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Medication: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_

Explanation of Medication:

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Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

**Allergies:**

Food \_\_\_\_\_

Medication: \_\_\_\_\_

Environmental: \_\_\_\_\_

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

If no, please explain:

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Is the child currently medically stable? YES/NO

If no, please explain:

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

If no, please explain:

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Does the child refuse food? YES/NO

If yes, please explain:

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### 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: \_\_\_\_\_

**2026-2027 PRELIMINARY**  
**Individual Fee Schedule**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ DOB: \_\_\_\_\_

**Academic Program Fees**

_____	Registration (PP or SCH)	\$50.00
_____	Enrollment (PP or SCH)	\$250.00
_____	Annual Tuition: Bridge Pre-K Program	\$10,000.00
_____	Annual Tuition: Academic Elementary Program	\$12,000.00
_____	Annual Tuition: EL1 Elementary Program	\$16,000.00
_____	Annual Tuition: EL2 Elementary Program	\$12,000.00
_____	Annual Tuition: Academic Middle/High Program	\$12,000.00
_____	Annual Tuition: LS1 Middle/High Program	\$12,000.00
_____	Annual Tuition: LS2 Middle/High Program	\$12,000.00
_____	Annual Tuition: Academic Transition Program	\$9,000.00
_____	Tuition Discount** Type: _____ Amount: _____	

**Total Annual Fees: Registration, Enrollment, & Tuition: \$** \_\_\_\_\_

**Additional Fees**

		Annual Fee	Class Fees Charged
Emergent Language Class Fee	(PP or SCH)	\$40	_____
Life Skills Class Fee	(PP or SCH)	\$80	_____
Elective Supply Fee	(PP or SCH)	\$50	_____

**Total Annual Fees: Registration, Enrollment, Tuition, Additional Fees: \$** \_\_\_\_\_

**Payment Schedule**

Scholarship Type: \_\_\_\_\_ Projected Scholarship: \$ \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ Award ID #: \_\_\_\_\_

Payment Plan:	Paid Via:	Current Amount Due:	Total Due After SCHOL/DISC**	Credit Card Pymt Fee (4.25%):	Final Amount Due:
9 mon OR 12 mo	CK/MO or CC/QB	\$ _____	\$ _____	\$ _____	\$ _____

Monthly Tuition Payment (PTP): \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Families,

The Chase Academy makes it possible for your student to receive therapeutic supports while attending our school through our sister agency, CHASE Therapies. CHASE Therapies provides both mental health and Applied Behavioral Therapy. We have licensed therapists ready to support your child in his/her efforts to become a productive member of society.

While Chase Academy offers an introduction to many of the skills needed to attain independence, CHASE Therapies adds a layer of one-on-one support for everything from social communication, problem-solving, and peer relationships, to behavioral management and executive functioning skills. This is why we are so excited to have these services available to you.

In order to qualify for services, Medicaid and private insurances require the following documentation to be submitted for approval of services:

- **A Comprehensive Diagnostic Evaluation (CDE) – usually completed by a psychiatrist**
- **An ABA referral from a physician dated within the last year explicitly made out to Chase Therapies**
- **A copy of the student's insurance card**

Our capacity for clients is limited to the professionals we have on staff, so it is a first-come, first-served basis. Please call the front office at 386-310-7879 to indicate your interest or to have documents sent to us. We are looking forward to working with your family!

Sincerely,

*Tracey Conrey, MS, BCBA*

Tracey Conrey, BCBA

Clinical Director