



Dear Parents:

Thank you for expressing an interest in The Rubicon Academy. I have enclosed an admission packet to acquaint you with our school and the application process. If you have any questions, I will be happy to answer them. I enjoy talking to families about what we have to offer your child. A personal visit to the school is encouraged to learn the most about our programs and facilities.

The Rubicon Academy strives to provide a challenging and enjoyable learning experience and seeks to build a strong partnership with parents to focus on the development of character and knowledge that is the foundation for success in future learning and life itself. We believe that we provide an environment that builds confidence and self-worth as well as knowledge and skill. Our small class size allows individual guidance and learning style flexibility to benefit each child. A review of our curriculum will show you what each year will accomplish.

When your family applies for admission and returns the completed application papers, application fee, and materials fee, we will schedule an informal meeting as the next step in the application process. Again, thank you for considering The Rubicon Academy. I look forward to meeting you.

Sincerely,

**Dr. Franci Roberts
Director**



The Rubicon is the ancient name of a stream in central Italy that flowed into the Adriatic Sea. In the 1st century BC, the Rubicon River formed the boundary between Italy and the Roman province of Cisalpine Gaul. In 49 BC Julius Caesar made his famous crossing. As the Roman Senate had forbidden him to enter Italy with an army, this action initiated civil war between his forces and those of Pompey the Great. The phrase "**to cross the Rubicon**" has come to mean the taking of a step to which one is definitely committed.

We are committed to providing a challenging and enjoyable learning experience for those families who believe that character and academic accomplishment are vital to success.

The Aims of Education

- To nurture each child's natural curiosity
- To provide a broad base of knowledge
- To motivate students to learn and to create a strong desire to learn more
- To provide the knowledge necessary for higher levels of learning
- To teach the student how to think and solve problems
- To enable the student to become a useful and productive member of society

Curriculum

At the elementary level the curriculum is the foundation for all future learning. Expectations are high and excellence is the goal for The Rubicon Academy's bright and talented students. This is possible with discipline and order tempered by warmth, understanding, and a concern for each child.

The Rubicon Academy offers 4 to 13 year olds the opportunity:

- To acquire a solid grounding in basic skills, paced according to the child's needs
- To develop through interdisciplinary study the ability to relate the world in which the child lives to the world of books and ideas
- To think logically and creatively and to use the special talents each child possesses

In groups of 2 to 12 students, each child will receive instruction tailored to his/her particular needs. In addition, children will travel to museums, art galleries, and work places; in short, to any place where actual experience will enhance classroom learning.

Daily Spanish

Children communicate, sing, learn to read and write, and become involved in many facets of the Spanish culture.

Daily Fine Arts Instruction

The Rubicon Academy has an outstanding music and visual arts program. All children will receive instrument instruction, music theory, music history, art history, style, and form.

Computers

Word processing, desktop publishing, multimedia, graphics, and telecommunications are taught in correlation with classroom topics of study.

Dress Code

All students are required to wear The Rubicon Academy attire. Uniforms are supplied through Sue Mills, Inc.

Reporting Periods

Report cards will be issued once every nine weeks. Children's progress in each subject area will be discussed in a conference or written narrative throughout the year.

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The Rubicon Academy • 14211 Horseshoe Bend • The Woodlands, Texas 77384 • (936) 273-9111
www.rubiconacademy.com

The **Rubicon** Academy

Application Process for Admission

A. Visit

A visit to *The Rubicon Academy* by both parent and child is recommended.

B. Application for Admission

The following forms should be completed and returned to *The Rubicon Academy* along with the application fee (\$275.00) and the materials fee (\$1475.00):

1. The Application for Admission
2. Confidential Health Information
3. Parent Observation Questionnaire
4. Record Transfer Form (give to previous school attended)

C. Interview

After all completed forms and fees have been received, an appointment will be made for an informal meeting with the parent(s) and child. Parents are requested to bring, or send ahead:

1. Copies of report cards
2. Test results
3. Learning and psychological evaluations, if any, or other pertinent information.
4. At this time the student should bring a folder of work done: original writing, projects, art, etc. (not all necessarily done at school).

During the child's interview, there will be informal testing for which there is no preparation. In addition, children who are younger than six (6) years old on September 1st will be evaluated for learning readiness and social maturity.

D. Admsston Deciston

In order to make an admissions determination the Director will consider:

1. Achievement results and other evaluation data
2. Information from parents
3. Interview and test results
4. Student's folder of original work

The Rubicon Academy staff reserves the right, in its professional judgement, to make any decision in connection with admission, or the denial of admission. Admission privileges and programs are denied no one because of sex, race, color, or religion.



The Rubicon Academy

2016 – 2017

TUITION AND FEES

A. Annual Tuition

<u>Grade</u>	<u>Annual Tuition</u>
PreK – 8th Grade	\$17,000
Two's and Three's	\$450 per month
All day three days	\$900 per month

B. Application Fee:

1. \$175.00 for returning students
275.00 for new students
2. Covers student testing and processing
3. This fee is non – refundable.

F. Enrollment After August 1st:

- a. Tuition will be based on a ten month year.
- b. Tuition will be due for the entire month and all remaining months of the school year if entering on the first (1st) day of the month.
- c. If entering after the 15th of the month, one-half month's tuition will be due for the month entering and full tuition for the remaining months of the school year.

C. Materials Fee:

1. Pre-K – 8th Grade \$1475
2. Applies to use of: textbooks, workbooks, instructional supplies, periodicals, and computer lab.
3. Does not cover field trips, overnight trips, parties, music, PSIA fees, snacks, lunches
4. This fee is non – refundable after March 1, 2016.

G. Withdrawals:

1. Parents must withdraw at *The Rubicon Academy* office. Parents will be charged tuition in accordance with their signed Payment Contract.
2. School records will be forwarded to the new school if accounts are current with *The Rubicon Academy*.

D. School Hours:

7:45 a.m. to 3:15 p.m. (PreK-2nd)
7:45 a.m. to 3:30 p.m. (3rd-8th)

E. Tuition Payment:

1. Payment in full, by April 1, 2016,
No service charge
2. Payment Options: See Contract

Child's Name(s) _____ Grade _____

Parent's Signature _____ Date _____



Application for Admission

Today's Date ___/___/___

Student's Name: _____ / _____ M ___ F ___ Date of Birth ___/___/___
First Middle Last Nickname

Address _____ SS #: ____ - ____ - ____ Grade Entering: _____ Age _____

City/State/Zip _____ Phone (____) _____ Unlisted? ___ Yes ___ No

School Last Attended _____

Address _____

City _____ State _____ Zip _____

(Parents/Guardians living in student's household)

Father's Name: _____ SS #: ____ - ____ - ____ Date of Birth: ___/___/___

Name of Firm: _____ Business Phone: (____) _____

Business Address: _____ Cell Phone: (____) _____

City _____ State _____ Zip _____ Pager # (____) _____

Occupation and position: _____

Education (Schools, degrees, dates): _____

Mother's Name: _____ SS #: ____ - ____ - ____ Date of Birth: ___/___/___

Name of Firm: _____ Business Phone: (____) _____

Business Address: _____ Cell Phone: (____) _____

City _____ State _____ Zip _____ Pager # (____) _____

Occupation and position: _____

Education (Schools, degrees, dates): _____

___ I do ___ do not give permission for The Rubicon Academy
to publish our family's name, address, and phone number in the school directory.

If the student's birth mother or father is not listed above, please enter the following:

(This does not apply to adopted children.)

Father _____ Mother _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

I give permission for the non-custodial parent, _____, to pick up my student
during or after school: _____ (Signature of Custodial Parent)

The Rubicon Academy will need a copy of the Custodial Agreement.

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Confidential Health Information

Student's Name _____ First Middle Last	Date of Enrollment _____	Grade _____
Address _____	Date of Birth _____	Sex _____
City, State, Zip Code _____	Home Phone _____	

Mother or Guardian: Name _____ First Middle Last	Father or Guardian: Name _____ First Middle Last
Address _____ Phone _____	Address _____ Phone _____
Bus. Address _____	Bus. Address _____
Bus. Phone/Pager _____	Bus. Phone/Pager _____

If the parents/guardians can not be reached in case of an emergency please call: Name _____ Relationship _____ Phone Number _____

I authorize The Rubicon Academy to allow my child to leave ONLY with the following persons:

Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached for emergency medical attention, I authorize The Rubicon Academy Director or person in charge to contact:
Doctor _____ Address _____ Phone Number _____
Hospital _____ Address _____ Phone Number _____
I give my consent for necessary medical treatment by Emergency Medical Services and when my child is in the care at these health providers or their designees. I understand that I will be responsible for the costs of such services.
Signature – Parent/Legal Guardian _____ Date _____

Authorization for Academy Activities/Publications

I grant permission for my child to attend all school sponsored trips and activities throughout the school year unless I request non-participation for any event in writing prior to the event. I grant permission for the school to publish pictures, videos, and schoolwork produced by my student unless I request otherwise in writing.

_____	_____	_____	_____
Father's/Guardian's Signature	Date	Mother's/Guardian's Signature	Date

Health Requirements

Student's Name _____

Date of Birth _____

Immunization Records					
Type of Vaccine	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Tetanus, Pertussis (DTP)	/ /	/ /	/ /	/ /	/ /
Diphtheria, Tetanus (DT)	/ /	/ /	/ /	/ /	/ /
Oral Polio Vaccine (OPV)	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella (MMR)	/ /	/ /	/ /	/ /	/ /
Hemophilus Influenza b (HIB)	/ /	/ /	/ /	/ /	/ /
Hepatitis B (HBV)	/ /	/ /	/ /	/ /	/ /
Chicken Pox	/ /	/ /	/ /	/ /	/ /
TB Testing	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /

I certify that the immunizations documented above have been verified through careful review of a record, or records, issued by health care providers. (Note: You must attach a verified copy or obtain a doctor's signature below.)

Parent's or Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

Health History

Please check any conditions that apply and explain below:

Medications taken regularly	Hospitalization in the past	Surgery	Allergy to bee stings
<input type="checkbox"/> Concussion	<input type="checkbox"/> Seasonal allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles
<input type="checkbox"/> Physical limitations	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Broken bones
<input type="checkbox"/> Counseling or testing	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart murmur
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Emotional problem
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Epilepsy/Convulsions	<input type="checkbox"/> Infection	

Allergies to drugs: _____
 Explain: _____

List fractures and operations (type and date) _____

Are there any other conditions or precautions of which we should be aware? _____

YOUR CHILD MAY BE GIVEN: (please check)

___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen) ___ Benadryl (Diphenylhydramine)

Parent's or Guardian's Signature _____ Today's Date _____

Nursing Notes:



Texas State Medical Requirement

Furnish one of the following options (please check option you have selected):

- A doctor's statement:**
I have examined _____ within the past year and find that he/she is physically able to take part in all school activities.

_____ Physician's Signature _____ Date
- A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. If no referral for further diagnosis and treatment is indicated.**
- A form or written statement from a health service clinic.**
- Parent's Statement:**
My child has been examined within the past year by a licensed physician and is able to participate in all school activities. Within the next 12 months I will obtain and submit a physician's statement, a copy of the medical screening form from the EPSDT program, or a form or statement from a health service or clinic.

Name and address of Physician or address of EPSDT screening site:

OR

- My child has an appointment for a physical examination. I will submit the physician's statement, EPSDT form, health service or clinic form.**

Name and address of Physician or address of EPSDT screening site:

Signature of Parent or Legal Guardian

Date

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The Rubicon Academy

Parent Observation Questionnaire

Developing a student profile helps to develop a deeper understanding of an individual's unique interests, styles, and abilities. By gathering information from a variety of sources, The Rubicon Academy staff is in a better position to make educational decisions that will enhance the student's development.

Five areas to be considered are the student's:

- Academic achievement
- Learning styles and strengths
- Interests
- Special abilities
- Visions and goals for the future

Please answer the following questions about your child **to the best of your ability**. You may attach extra sheets.

- Academic achievement tells us what the student can do in various areas of the curriculum. Watching a student during learning activities, analyzing student products, and using learning inventories are a few ways to gather information. In addition to academic achievement, tests that have a ceiling many years beyond a student's age level can provide information about the student's maximum level of performance. This information is valuable when selecting learning materials, activities, and environments that can provide a challenge.

1. In what school subject(s) do you feel your child does best?

2. In what school subjects(s) does your child need extra help?

- Learning styles and strengths refer to the way a student approaches learning. The general methods of instruction are: projects, drill and recitation, peer teaching, discussion, teaching games, independent study, lecture and simulation, and programmed instruction.

1. Please explain which of these methods your child prefers when learning new information.

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2. What methods of learning does your child find frustrating?

- Interests of the students can provide a basis for curriculum development.

1. What topics interest your child? How does your child follow through in an area of interest? In what ways do you, as a parent, help support your child's quest for knowledge?

- Special abilities refer to the student's talents that may or may not be exhibited in school. The student may have a special ability in taking mechanical objects apart and putting them back together or may be an accomplished pianist, artist, dancer, etc.

1. What are your student's hobbies, extracurricular activities, and outside interests?

- Vision and goals for the future are the student's personal values. Creating a vision of the future provides the student with a focus for personal planning.

1. What are your child's long term visions and goals?

2. What are your long term visions and goals for your child?



The Rubicon Academy

Record Transfer Form

Date _____

I am requesting that all school and medical records for _____
be sent to:

The Rubicon Academy

14211 Horseshoe Bend

The Woodlands, Texas 77384

Signed

Parent/Legal Guardian

Address

City/State/Zip Code

Please send this form to the most recent school your child has attended.

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