










Dear Future Parents, Guardians, and Students:

Welcome to our 2022-2023 Score Family. We cannot wait to welcome you into the building and develop great relationships with all our new family members! While our goals for each of you are as individualized as you are, our overarching theme for the year “*Peace, Love & Kindness*” embodies how our programs, structure and teachers will strive to create the best YOU, you can be:







-  **Peace:** We will continue to make social-emotional support a paramount component of our education; helping each of you discover tranquility and calmness within yourselves.
-  **Love:** We promise to get to know each of you; gaining affection and admiration for who each of you is and who you are trying to become. We will work tirelessly to develop relationships with each of you that make you feel wanted and admired in our home (school).
-  **Kindness:** We pledge to be generous, friendly, open and considerate of your needs and feelings, always. We also vow to help each of you honor each other's diversity and learn to appreciate and support each other too.

As a faculty and staff, Score Academy believes that our students are unstoppable given the right support and skills. We hope to teach our students to ...

-  Be **Whimsical**.
-  Be **Positive**.
-  Be **Brave**.

-  Be **Open-minded**.
-  Be **Genuine**; and always
-  follow **Your own path**!

You will notice these targets throughout our school, even rooted in the paint colors on our walls! These “targets,” as we refer to them, will help guide our decisions as educators when we teach, mentor, coach, facilitate and guide our students towards their individual goals. We will always keep in mind:

-  Will this lesson teach my students to be **Whimsical** (*curious, free, creative, spontaneous, and playful*)?
-  Will this project teach my students to be **Positive** (*optimistic, supportive, enthusiastic, and encouraging*)?
-  Will this idea teach my mentee to be **Brave** (*resilient, fearless, bold, risky*)?
-  Will this encourage my students to be **Open-minded** (*tolerant, non-partisan, non-discriminatory*)?
-  Will this help my students understand what it means to be **Genuine** (*authentic, real, honest, and sincere*)?
-  Have I prepared my students to answer in the affirmative to the following question: *Do you have the courage to follow **Your own path**, rather than someone else's?*

As you tour our building and take some time in our classrooms, I hope that each of you can *feel* how our policies and procedures aim to keep our stakeholders healthy and connected, and to ensure that all students are receiving relationship-driven, high-quality instruction that meets their individual needs.

Sincerely,



Robin Kantor, M.Ed.

Head of School, Score Academy

## Required Forms

To complete your student's Score Academy file, prior to a shadow day, we must have a copy of the following required documents:

- ✓ Score Academy Application
- ✓ Support Questionnaire
- ✓ Current Psychiatric Evaluation, IEP, 504 or Accommodation Plan
- ✓ Authorization of treatment
- ✓ Authorized Pick-up
- ✓ Statement of understanding

## **Beyond the Student Parent Shadow Day Expectations:**

The purpose of a shadow day is to show us who you are as a person and student. It is important that we ensure this is a positive, mutually beneficial place of learning for everyone, including potential and current students. We expect all shadow students to stay in his or her assigned areas, listen and follow the directions of the adult in charge, and participate fully in the class work or activity being completed. A shadow day affords the teachers, students and Head of School an opportunity to paint an honest picture of each potential student's social, emotional and academic strengths and weaknesses in order to determine if and how our partnership will continue in the future. So, be sure to tell your child to "BE YOU" on his or her shadow day – that is the only person we want to get to know!

## **Additional Rules and Expectations:**

1. **Cell Phones and Personal Electronics:** All cell phones and electronics are collected and locked up upon entry to school. Items will be returned upon exit.
2. **Daily Check-In and Check-Out:** All students will check-in and check-out with his or her advisor, daily. Shadow students will be assigned an advisor for the day.
3. **Drop-Off:** Full-time private school starts at 8:40 a.m. Shadow students must be dropped off in the lobby, not down stairs. Our expectation is that they will be picked up at 2:00 in the lobby as well.
4. **Lunch:** Students may bring his or her lunch. We have a refrigerator and a microwave on site for his or her use. You may also choose to order lunch our specialized 'Score Academy' delivery service through Deli-licious ([561 508-7665](tel:5615087665)). Lunch orders must be called in by 9:30 a.m. on the shadow day. No other deliveries will be accepted. Drivers from other companies will be turned away at the door.

## AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

We the Undersigned, parents/guardian of \_\_\_\_\_, a minor, authorize the employees of Score At The Top as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed in the state of Florida on the medical staff of any hospital, clinic, or urgent-care center, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, clinic, or urgent-care center. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of her/her best judgment may deem advisable.

We, the Undersigned, authorize any hospital, clinic, urgent-care center or physician which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agent(s) upon the completion treatment.

Insurance Carrier	Policy Number

These authorizations shall remain effective until revoked in writing and delivered to said agents(s).

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Parent

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Date

## EMERGENCY CONTACTS

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the student to be able to immediately contact the parents or guardian.

Emergency Contact	Relation	Home	Work	Cell

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the SCORE, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Heath Care Provider	Phone	Address

## RELEASE AND WAIVER

We (hereafter called "Undersigned") have full custody of \_\_\_\_\_ (hereafter called "Student"), a minor. As his guardians, we hereby give our permission and consent for Student to leave the premises during school hours (hereafter called "Activity") during the duration of his enrollment at Score Academy. Student must obtain permission from the Head of School or designated substitute, sign out, and remain in the company of a Score Academy staff member.

The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue Score Academy (hereafter called SCORE), its respective directors, officers, agents, affiliates, related companies, independent contractors, and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the SCORE or otherwise while the Student or the Undersigned are engaged in the above-named Activity.

The Student and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Student and the Undersigned due to negligence of the SCORE, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the above-named Activity. The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

## PARENTAL PERMISSION FOR STUDENT PICKUP 2022-2023

Score Academy requires your consent for your child to be picked up from school by anyone other than parents or guardians. This is for the safety of your child. This form will never supersede your parental authority or your denied permission on any specific situation. All individuals picking up children will be required to show photo identification.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my consent for my child to be picked up from school by the following person(s) – who must show picture ID when picking up my child:

Name	Relationship to Student	Phone

APPROVED BY:

\_\_\_\_\_

Father/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Mother/Guardian

\_\_\_\_\_

Date

## STUDENT-PARENT SHADOW DAY STATEMENT OF UNDERSTANDING

*I have read this Statement of Understanding and the Student-Parent SHADOW DAY EXPECTATIONS, and I agree to be bound by its stated guidelines and policies.*

### Parent or Guardian

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### Parent or Guardian

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### Student

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Score Academy

Location **Palm Beach Gardens**