

PROVIDENCE ACADEMY

ACADEMIC YEAR 2024-2025

*"TRAIN UP A CHILD IN THE WAY HE SHOULD GO; EVEN WHEN
HE IS OLD HE WILL NOT DEPART FROM IT."*

PROVERBS 22:6 (ESV)

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Providence Academy: Enrollment Instructions

1 of 2

1. This is a MANDATORY meeting as it is necessary to fulfill a state requirement.

2a. For first year homeschoolers: File a notice of consent to the superintendent of your local Board of Education indicating your intention to teach your child(ren) at home.

2b. A Notice of Continuation to Homeschool must be filed annually with your local Board of Education. Whether this is your first year or your annual verification, complete the form they supply and return it promptly to them. Check the box next to Home Instruction Under Supervision of Nonpublic School. We are a bonafide church organization.

3. Fill out the enrollment contract included in this packet; only one per family is necessary. List all children under your care and place a check in front of the names of the children to be listed into the umbrella.

4. Fill out the curriculum form; one for each child enrolled in the umbrella.

5a. Providence Academy members are required to join Home School Legal Defense Association, HSLDA, www.hslda.org. The yearly membership fee is \$135.00. Providence Academy members may choose to join Maryland Association of Christian Home Educators, MACHE www.machemd.org, and receive a \$15.00 discount to HSLDA. The MACHE annual fee starts at \$45/year. The HSLDA membership year begins when you receive your membership card and ends one year from that date. We are requiring our umbrella members to provide a copy of their membership cards with their enrollment contract. Failure to do so will result in a denied application.

5b. For children with disabilities: We encourage you to join National Challenged Homeschoolers Associated Network, NATHHAN. Visit the NATHHAN website at www.nathhan.com or call (208) 267-6246. They will offer additional support and resources for your child.

6. Pay the enrollment fee for the umbrella, \$10.00 per family. Checks are to be made payable to Providence Presbyterian Church. Please write Providence Academy in the memo section of your check. This fee is used for administrative supplies, planned events, and scholarships.

(Continued)

Providence Academy: Academic Year Dates and Deadlines

August 22	Mandatory pre-enrollment meeting; 6:00 pm at the church
October 31	Home visits completed and home visit report delivered and filed at the church office
January 31	First Semester Report #1 due*
June 27	Second Semester/Final Report #2 due*

Home Visit Volunteers:

<u>Suzanne Taylor</u>	PHONE: <u>410-873-2229</u>
<u>Janet, Stan Wilson</u>	PHONE: <u>410-546-1289</u>
<u>Sue Harr</u>	PHONE: <u>443-944-1963</u>
<u>Lara Banks</u>	PHONE: <u>410-726-2110</u>
<u>Barb Coltellino</u>	PHONE: <u>410-251-6403</u>

FOR SPECIAL NEEDS CHILDREN ONLY:

MUST USE A CONSULTANT WITH CREDENTIALS AND EXPERIENCE IN THE AREA OF YOUR CHILDS SPECIAL NEED.

August 22	Mandatory pre-enrollment meeting; 6:00 pm at the church
December 6	First Quarter Report #1 due*
January 31	First Semester Report #2 due*
March 28	Third Quarter Report #3 due*
June 27	Second Semester/Final Report #4 due*

**Please remember, it is important for the families to observe the progress report deadlines. If the paperwork is not submitted, that will be interpreted as a voluntary withdrawal of that family from our legal umbrella. We are then required to notify the Board of Education on behalf of the family that they are no longer enrolled in the umbrella. It will then be necessary for the family to rejoin the umbrella (if they desire to do so) including the \$20.00 fee and the completed paperwork.*

Providence Academy: Enrollment Contract

1 of 2

Academic Year: _____

Date submitted: ____/____/____

Home Educator:

Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Umbrella Church: PROVIDENCE PRESBYTERIAN CHURCH

Address: 311 PARKER RD, SALISBURY, MD 21804

Phone: 410-546-0577

Enrollment fee paid	Yes _____ No _____	FOR OFFICE USE ONLY
HSLDA Membership:	Yes _____ No _____	
Curriculum submitted:	Yes _____ No _____	
Previous year paperwork on file:	Yes _____ No _____	
Member of PPC	Yes _____ No _____	
ENROLLMENT APPLICATION ACCEPTED:	Yes _____ No _____	

(Please list all children in your care and put a check in front of the names of those to be enrolled in the umbrella)

1. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

2. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

3. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

4. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

5. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

6. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

7. Name: _____ Grade: _____ Age: _____
Comments/Concerns: _____

(Continued)

Providence Academy: Enrollment Contract

I _____ agree to provide regular, thorough instruction to my home-schooled child (ren). We also agree to follow the rules of the umbrella and understand that if we do not submit the required paperwork within 30 days of the deadline, we have voluntarily withdrawn from this umbrella. By signing this enrollment contract, we agree to submit to the authority of the session of Providence Presbyterian Church.

Parent's Signature(s): _____ Date: __/__/__

_____ Date: __/__/__

Providence Academy: Curriculum Plan

Student: _____
Grade: _____ Age: _____
Academic Year: _____
Date submitted: ____/____/____

“Seek ye first the kingdom of God, and His righteousness and all these things shall be added to you.”

Please provide the title and publisher for each book used. Also list supplementary materials such as flashcards and computer games.

Language Arts (phonics, reading, grammar, spelling, composition, literature etc):

Mathematics: _____

History/Social Studies: _____

Science: _____

Health/P.E.: _____

Fine Arts: _____

Bible: _____

Foreign Language: _____

Other: _____

Parent(s) Signature: _____ Date: ____/____/____

Parent(s) Signature: _____ Date: ____/____/____

Providence Academy: Home Visit Report (DUE OCT 31)
EVALUATION MUST TAKE PLACE WHERE THE CHILD IS SCHOOLED AND
SUBMITTED BY THE PARENT

Student: _____
 Grade: _____ Age _____
 Academic Year: _____
 Date submitted: ____/____/____

Parent(s): _____
 Address _____

	Satisfactory	Unsatisfactory	Comments
Suitable materials/supplies for study present in the home	_____	_____	
Curriculum for each student, as described in curriculum form, present in home	_____	_____	
Evidence of study in progress	_____	_____	
Parent available to teach	_____	_____	
Parental concerns:			

Evaluation:

Evaluators Signature: _____ Date: ____/____/____

Providence Academy: K – 8 First Semester Progress Report

Student: _____ **(DUE JAN 31)**

Grade: _____ Age: _____

Academic Year: _____ Date submitted: ____/____/____

Grade Scale: 100-90=A / 89-80=B / 79-70=C / 69-60=D

Grade Scale: (NI) Needs Imp. / (S) Satisfactory / (VG) Very Good / (E) Excellent

1st semester

Subject	Evaluation	Grade
Bible		
Mathematics		
Language Arts (Phonics, Reading, Spelling, Grammar, Composition)		
History and Social Studies		
Science		
P.E./Health		
Fine Arts (Music, Art, Drama)		
Elective		
Elective		

Comments: _____

Parent(s) Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Providence Academy: K – 8 Second Semester/Final Progress Report

Student: _____ **(DUE JUNE 27)**

Grade: _____ Age: _____

Academic Year: _____ Date submitted: ____/____/____

Grade Scale: 100-90=A / 89-80=B / 79-70=C / 69-60=D

Grade Scale: (NI) Needs Imp. / (S) Satisfactory / (VG) Very Good / (E) Excellent

2nd Semester:

Subject	Evaluation	Grade	Final
Bible			
Mathematics			
Language Arts (Phonics, Reading, Spelling, Grammar, Composition)			
History and Social Studies			
Science			
P.E./Health			
Fine Arts (Music, Art, Drama)			
Elective			
Elective			

Comments: _____

Parent(s) Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Providence Academy: High School 1st Semester Progress Report

Student: _____ **(DUE JAN 31)**

Grade: _____ Age: _____

Academic Year: _____ Date submitted: ____/____/____

Grade Scale: 100-90=A / 89-80=B / 79-70=C / 69-60=D

Course Title	Evaluation	1 st Semester Grade

Comments: _____

Parent(s) Signature: _____ Date: _____
 Parent(s) Signature: _____ Date: _____

Providence Academy: High School 2nd Semester/Final Progress Report

Student: _____ **(DUE JUNE 27)**

Grade: _____ Age: _____

Academic Year: _____ Date submitted: ____/____/____

Grade Scale: 100-90=A / 89-80=B / 79-70=C / 69-60=D

Course Title	Evaluation	2 nd Semester Grade	Final Grade	Credits Earned

Comments: _____

Parent(s) Signature: _____ Date: _____
 Parent(s) Signature: _____ Date: _____

Providence Academy: Special Needs Student Progress Report

Student: _____
Grade: _____ Age: _____
Academic Year: _____ Date submitted: ____/____/____

(Circle one):

- 1st Quarter **(DUE DEC 6)**
- 1st Semester **(DUE JAN 31)**
- 3rd Quarter **(DUE MARCH 28)**
- 2nd Semester-Final **(DUE JUNE 27)**

Course Title	Evaluation	

Comments: _____

Parent(s) Signature: _____ Date: _____
Parent(s) Signature: _____ Date: _____

Providence Academy: Homeschool Encouragement Meeting

2024-2025 Coordinator: _____ Phone: _____

Scheduled Host(s) and Location:

September: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

October: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

November: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

February: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

March: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

April: Host: _____ Phone: _____
Host: _____ Phone: _____
Location: _____

Providence Academy: Missing Forms Report

Family Name: _____

NOT ON FILE FOR PREVIOUS YEAR

_____ **Curriculum Plan** **Child:** _____
Child: _____
Child: _____
Child: _____

_____ **Home Visit Report** **Child:** _____
Child: _____
Child: _____
Child: _____

_____ **Progress Report #1** **Child:** _____
Child: _____
Child: _____
Child: _____

_____ **Progress Report #2** **Child:** _____
Child: _____
Child: _____
Child: _____

All requirements from the previous year must be fulfilled before processing renewal contracts. Please attach this form to your missing documents and send with your new application for processing. Thank you.