



# The Rock Academy

6641 W SR 46 / Sanford, FL 32771

FCCPSA & NCPSA Accredited

Established 2009

FLDOE #1700

## 7<sup>th</sup> and 8<sup>th</sup> Grade Schedule 23-24

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

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:30</b>	General Science	<b>Guided Study A</b> <i>Required for Scholarship Students 8:30am-12:30pm</i>	Math 7/6 or Creation History	<b>Guided Study A</b>	Middle School Art I Guided Study A
<b>10:30</b>	Language Arts II	<b>Guided Study A</b>	Math 8/7 or Renaissance History	<b>Guided Study A</b> Pick up	Music/Theater Or Guided Study A
<b>12:30</b>	LUNCH	LUNCH/Pick Up	LUNCH	LUNCH/Pick Up	LUNCH/Pick Up
<b>1:00</b>	Physical Ed	<b>Guided Study B</b> Students who need to stay from 8:30am-3:00pm	Algebra I or Study Hall	<b>Guided Study B</b> Students who need to stay from 8:30am-3:00pm	<b>Study Hall</b>
<b>3:00</b>	Pick up	Pick up	Pick up	Pick up	Pick up

## Financial Information 2023/2024

<b>Enrollment Fee</b>	<b>\$150 per student</b>	<input type="checkbox"/>
<b>Individual Classes</b>	<b>\$800 per class</b> Number of Classes _____	<input type="checkbox"/>
<b>6 Classes (Full Time)</b> <i>*All Scholarship students MUST do Full Time</i>	<b>\$4,800</b>	<input type="checkbox"/>
<b>Guided Study A (Full Time)</b> <i>*All Scholarship students MUST do Guided Study A</i>	<b>\$50 per week (\$1,800)</b>	<input type="checkbox"/>
<b>Guided Study B</b> <i>*For students who need to stay until 8:30am to 3:00pm</i>	<b>\$100 per week (\$3,600)</b>	<input type="checkbox"/>
<b>Study Hall</b> <i>*All scholarship students get 1 study hall (if needed)</i>	<b>\$10/week per study hall (\$375)</b> Number of Study Halls _____	<input type="checkbox"/>

TOTAL TUITION = \$ \_\_\_\_\_

By signing below, I agree to pay this amount to The Rock Academy either fully or in payments set up on my FACTS account. This amount is NON-REFUNDABLE and will be billed whether my child completes the courses or not. *\*\*I understand that if my child is on scholarship, they will cover 6 Classes, Guided Study A and 1 Study Hall. I am responsible for anything over and above this. If the scholarship does not pay or does not cover this amount, I am responsible for amount owed.*

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_