



**HEAD OF SCHOOL**

John Brinson

**DIRECTORS**

*President*

Kimberly Henderson

*Vice-President*

Paul R. Teich

*Treasurer*

Barbara McEachern

Leslie Laughmiller, PhD

Marilyn Felkner

F. Scott McCown

Ed Shack

**ADVISORY MEMBERS**

Linda Classen, M. Ed., LPC

Larry Bachus, Ph.D.

Bill Brandes

Steven Hagey, Ph.D.

Marie Walker, Ph.D.

Martha Wristen, M.Ed.  
CCC/SLP

Gary Yorke, Ph.D.

Jill Zeitz

Valerie Stahl, Ph. D.

Edward C. Gooze, Ph.D.

Pat Sekel

Nancy Wolf

Dr. Michele Hauser

Rita Sherbenou

Stacey Reese

Dear Prospective Student and Family,

Thank you for your interest in Odyssey School and downloading an application for enrollment. In this document, you will find information concerning tuition and fees followed by the complete admissions procedure and application. If you have any questions, please contact Odyssey School Registrar, Caroline Bowers, at (512) 472-2262 or [bowers@odysseyschool.com](mailto:bowers@odysseyschool.com).

Sincerely,

Odyssey School Admissions Committee



## ADMISSIONS PROCEDURE

Thank you for your interest in Odyssey School. If you have any questions about the application process, please feel free to contact Caroline Bowers, Odyssey School Administrator at (512) 472-2262.

### STEP 1 – CONSULTATION

If you decide to pursue enrollment in Odyssey School for your child, please call us at (512) 472-2262 to arrange a time to meet with a member of the admissions committee, tour the school, and discuss your child's past school records and any formal testing which has been completed (a copy of the most recent evaluation should be sent in with your application). These visits are made by appointment and are scheduled for Tuesdays and Thursdays.

### STEP 2 – APPLICATION

The admissions process includes a three-day student visit. This will be arranged after a prospective student's application is complete.

A completed application includes the following:

- Completed application
- \$100 non-refundable application fee
- Copy of all testing and assessments (including speech-language, neurology, educational and psychological evaluations, OT, PT, and school records)
- Release to Odyssey School of records from the applicant's present school
- Teacher recommendation forms

Once the application has been reviewed, Odyssey staff will contact you to schedule your student's three-day visit.

### STEP 3 – ADMISSIONS

Following the three-day visit, the admissions committee meets to discuss each application. The admissions committee will make one of three recommendations for a student: recommend placement in Odyssey School, request additional information, or recommend alternative placement in a program other than Odyssey for the student. Parents are then notified by the admissions committee. Individualized diagnostic testing will be set up through our Testing Center (additional fee). The three minimum criteria for admission are:

- Applicant must have a documented learning disability
- Applicant must have an average-to-above-average intelligence quotient
- Applicant's enrollment will not negatively effect the school community and/or the learning experiences of other students

**2016-2017 TUITION POLICIES AND FEES****Tuition 2016-2017- Core Tuition - \$16,900**

Tuition and fees for the academic year 2016-2017 are determined by the Odyssey School Board of Directors on an annual basis.

Odyssey School will accept credit card payments for full tuition and fees ONLY. There will be a 3% surcharge to cover Odyssey's cost of processing credit card payments.

A 2.5% discount is available on core tuition if paid in full by May 2, 2016 or within two weeks of acceptance for new students.

**Annual Enrollment Fee, Non-refundable - \$1750 (applied toward annual tuition)**

For returning students, \$1750 is due with the signed re-enrollment contract by February 5, 2016.

**After this date, a \$500 late re-enrollment fee will be in effect for returning students.**

For new students, the \$1750 fee is due within two weeks of acceptance notification to ensure your child's space.

**Student Program Fee, Non-refundable- \$ 1250- Due February 5, 2016**

The Student Program fee is for books, educational materials, student supplies and technology. Not included in this fee: individual competition/participation fees for events away from school such as PSIA, Science or History Fairs, APSA Sports.

**Tuition Deferral Fee, Non-refundable- \$500- Due July 1, 2016**

The Tuition Deferral Fee is required of those families paying tuition through FACTS Management.

**Optional Elective Course Fees- Due August 1, 2016**

- Middle School- \$1800 per class for the whole school year.
- High School- \$2000 per class for the whole school year.

**Payment**

In order to take advantage of the 2.5% discount, full tuition payment is due by May 2, 2016. Full tuition is due by July 1, 2016 if not taking advantage of the tuition discount. If not paying tuition in full, monthly plans will be managed through FACTS Tuition Management Company. Information regarding registration in this program is available in the Odyssey School office. If paying over 12 months, you may elect either the 5<sup>th</sup> or 20<sup>th</sup> of the month as your payment date, beginning in June 2016. If electing 10 monthly payments, the first payment is due in August 2016 – and you may select either the 5<sup>th</sup> or the 20<sup>th</sup> of each month as your payment date.

**Financial Assistance**

Financial assistance eligibility is determined through FACTS Grant & Aid Assessment. Please refer to the enclosed sheet for the necessary instructions. You will need to provide certain information to FACTS. The Financial Assistance Committee makes all decisions on tuition reduction.

According to IRS ruling, 1.213-1, tuition fees may be deductible medical expenses. Please check with your tax consultant.

As always, please contact the Business Office with any questions or concerns regarding payment of tuition and fees. You can contact Alysa Gisser at [gisser@odysseyschool.com](mailto:gisser@odysseyschool.com).



# ODYSSEY SCHOOL

4407 Red River Austin, TX 78751  
(512) 472-2262 (512) 236-9385 fax  
[www.odysseyschool.com](http://www.odysseyschool.com)

## APPLICATION FOR ADMISSION

STUDENT NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

**PLEASE ATTACH  
A RECENT PHOTO  
OF STUDENT**

FOR OFFICE USE ONLY

D/T \_\_\_\_\_

P \_\_\_\_\_



# APPLICATION FOR ADMISSION

THIS APPLICATION IS FOR:  IMMEDIATE PLACEMENT  PLACEMENT AT THE START OF THE NEXT SCHOOL YEAR

## APPLICANT INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name Preferred Name

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Date of Birth Place of Birth Current Age  Male  Female

## PARENTS OR GUARDIANS WITH WHOM THE APPLICANT LIVES

**Parent/Guardian #1** \_\_\_\_\_  
First Name Last Name Relationship to Applicant

\_\_\_\_\_  
Home Phone Cell Phone Email Address

\_\_\_\_\_  
Employer Position Work Phone

**Parent/Guardian #2** \_\_\_\_\_  
First Name Last Name Relationship to Applicant

\_\_\_\_\_  
Home Phone Cell Phone Email Address

\_\_\_\_\_  
Employer Position Work Phone

**Please check if applicable:**  Parents separated  Father deceased  Father remarried  
 Parents divorced  Mother deceased  Mother remarried

If parents are separated or divorced, who has legal custody? (Documentation required) \_\_\_\_\_

Who has physical custody and what are the arrangements? (Documentation required) \_\_\_\_\_

## PARENTS OR GUARDIANS WITH WHOM THE APPLICANT DOES NOT LIVE

**Parent/Guardian #1** \_\_\_\_\_  
First Name Last Name Relationship to Applicant

\_\_\_\_\_  
Home Phone Cell Phone Email Address

\_\_\_\_\_  
Employer Position Work Phone

**Parent/Guardian #2** \_\_\_\_\_  
First Name Last Name Relationship to Applicant

\_\_\_\_\_  
Home Phone Cell Phone Email Address

\_\_\_\_\_  
Employer Position Work Phone

**FAMILY BACKGROUND**

Are there any languages other than English used in the home? If so, please specify \_\_\_\_\_

Are there any other siblings in the home? Please list both names and ages:

Brothers

Sisters

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others residing in the home \_\_\_\_\_

Do/Did relatives of the applicant have significant problems in school? If so, please explain \_\_\_\_\_

Please give the names, addresses and telephone numbers of two people to contact in case of emergency if the parents cannot be reached.

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____

**LEARNING CHALLENGES**

Diagnosis of applicant's learning difference or attention deficit disorder (ADD or ADHD) \_\_\_\_\_

Applicant's physician or pediatrician \_\_\_\_\_

Does the applicant take prescribed medication for attention/focus/activity/mood level? If yes, please specify the name of the medication and times administered:

Other professionals who have worked or are working with applicant (speech/language pathologist, psychologists, counselors, ect.) Please be thorough, and use additional pages if necessary.

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____

**LEARNING CHALLENGES cont.**

Has the applicant had any history of experimentation with drugs or alcohol? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any condition which might interfere with their full participation in all aspects of Odyssey School (including but not limited to classwork, field trips, physical activities, ect.)? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC HISTORY**

Applicant’s current school and address \_\_\_\_\_

\_\_\_\_\_

Present teachers \_\_\_\_\_

Other schools previously attended:

School

City/State

Grade(s)

Reason for Leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade the applicant is in at time of application \_\_\_\_\_

Has the applicant repeated a grade? If so, which one \_\_\_\_\_

Has the applicant skipped a grade? If so, which one \_\_\_\_\_

Please describe any tutoring the applicant has had, including dates. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did you first become aware of a problem in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state your expectations of Odyssey School in its work with your student \_\_\_\_\_

\_\_\_\_\_

**LEARNING PROFILE**

Please list the areas of the applicant’s talent or interest. \_\_\_\_\_

\_\_\_\_\_

The applicant is happiest when \_\_\_\_\_

\_\_\_\_\_

The applicant is resistant or unhappy when \_\_\_\_\_

\_\_\_\_\_

Please describe the applicant’s strengths and learning needs in the following areas:

Phonics \_\_\_\_\_

Reading comprehension \_\_\_\_\_

Spelling \_\_\_\_\_

Handwriting \_\_\_\_\_

Written expression (ability to express thoughts in writing) \_\_\_\_\_

\_\_\_\_\_

Memory for math facts (addition, multiplication, ect) \_\_\_\_\_

\_\_\_\_\_

Understand of math concepts (such as knowing *how* to add or multiply) \_\_\_\_\_

\_\_\_\_\_

Solving word problems \_\_\_\_\_

\_\_\_\_\_

Science \_\_\_\_\_

\_\_\_\_\_

Social Studies/History \_\_\_\_\_

\_\_\_\_\_

The involvement and support of each student’s family is an integral part of Odyssey School and is critical to our success. Odyssey School is committed to working as a team consisting of the student, teachers and parents to provide every opportunity for success. Parents will also be asked to contribute time and talent at various times during the school year. Please make sure you understand the commitment we ask of parents prior to submitting this application.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Odyssey School admits qualified students and does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, or disability in the administration of its education program, admissions, financial aid, athletics or other school policies. All students are afforded the rights, privileges, programs and activities generally accorded or made available to Odyssey School students.





## STUDENT RECORDS RELEASE AUTHORIZATION

I hereby grant Odyssey School permission to request records pertaining to my child,

\_\_\_\_\_ from his/her previous school or professionals who have worked or working with him/her. Records pertaining to the following should be included:

- Academic
- Attendance
- Behavior
- 504
- Special Education

Name and address of previous school or other professional:

_____		
Name	Phone	Fax
_____		
Address	City, State	Zip

_____	
Parent Signature	Name (please print)

\_\_\_\_\_

Date

Please mail or fax this form along with all student records to:  
Odyssey School Phone: (512) 472-2262  
4407 Red River FAX (512) 236-9385  
Austin, Texas 78751



**Parents: Please provide your child's current/past schools with this form and three copies of the teacher recommendation forms.**

I hereby grant Odyssey School permission to request information and records pertaining to my child,  
\_\_\_\_\_ from his/her previous school or other professionals who have worked or are working with  
him/her.

I further request that the school principal and two other teachers from the current or previous school year submit the following  
recommendation to Odyssey School. I waive my right of access to this recommendation and understand that it will not become part  
of his/her permanent record. **(Parents, please forward this form to the appropriate persons).**

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Teacher's please fill out the recommendation form and mail or fax it to:

Odyssey School  
4407 Red River  
Austin, TX 78751  
Ph. (512) 472-2262  
Fax (512) 236-9385

Name and address of School or Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name of Evaluator: (Please Print)

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

**Teacher Recommendation Form**

Name of person completing form: \_\_\_\_\_

How long and in what capacity have you known the applicant?:

\_\_\_\_\_

Has the child named on the reverse of this form had discipline problems (either major or minor)?

**Yes**                      **No**                      *(Please circle appropriate answer). If yes, please explain below:*

\_\_\_\_\_

\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| To your knowledge, has this student had any violations of the law? | Yes | No |
| Has this student been known to use drugs or alcohol?               | Yes | No |
| Has this student been suspended?                                   | Yes | No |
| Is this student allowed to return to your school?                  | Yes | No |
| Has this student ever left class or the school without permission? | Yes | No |

**Please rank the student in the following areas – Circle the correct answer**

	<b>Seldom</b>		<b>Most Times</b>		<b>Always</b>
This student is cooperative	1	2	3	4	5
This student is respectful.	1	2	3	4	5
This student is in compliance with school rules.	1	2	3	4	5
This student is in good standing (regarding discipline)	1	2	3	4	5
This student has good peer relationships.	1	2	3	4	5
The parents are supportive of the school and its policies.	1	2	3	4	5

Is there any additional information you would like share with the admissions committee? *(use additional page if needed)*

\_\_\_\_\_

\_\_\_\_\_

**Please mark the appropriate box:**

- Strongly recommend
- Recommend
- Recommend with reservations
- Do Not Recommend

**Students who apply must meet these criteria first:**

- The student must have a documented learning disability.
- The student must have an average to above-average IQ.
- The student’s enrollment will have a positive or neutral effect on the school community and learning experiences of other students, rather than a negative one.

**WHO WE SERVE:** Odyssey School can best help students with a variety of learning disabilities, including:

·ADD/ADHD	·Dyslexia	·Dysgraphia
·Processing disorders	·Executive functioning issues	·Low academic self-confidence

**ODYSSEY SCHOOL IS NOT EQUIPPED TO HELP STUDENTS WHO HAVE:**

·Limited intellectual functioning	·History of violence or aggression	·Emotional disturbance or mood disorder
·Severe autism	·Drug or alcohol problems	· Behavioral or emotional issues



**Parents: Please provide your child's current/past schools with this form and three copies of the teacher recommendation forms.**

I hereby grant Odyssey School permission to request information and records pertaining to my child,  
\_\_\_\_\_ from his/her previous school or other professionals who have worked or are working with  
him/her.

I further request that the school principal and two other teachers from the current or previous school year submit the following recommendation to Odyssey School. I waive my right of access to this recommendation and understand that it will not become part of his/her permanent record. **(Parents, please forward this form to the appropriate persons).**

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Teacher's please fill out the recommendation form and mail or fax it to:

Odyssey School  
4407 Red River  
Austin, TX 78751  
Ph. (512) 472-2262  
Fax (512) 236-9385

Name and address of School or Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name of Evaluator: (Please Print)

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

**Teacher Recommendation Form**

Name of person completing form: \_\_\_\_\_

How long and in what capacity have you known the applicant?:

\_\_\_\_\_

Has the child named on the reverse of this form had discipline problems (either major or minor)?

**Yes**                      **No**                      *(Please circle appropriate answer). If yes, please explain below:*

\_\_\_\_\_

\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| To your knowledge, has this student had any violations of the law? | Yes | No |
| Has this student been known to use drugs or alcohol?               | Yes | No |
| Has this student been suspended?                                   | Yes | No |
| Is this student allowed to return to your school?                  | Yes | No |
| Has this student ever left class or the school without permission? | Yes | No |

**Please rank the student in the following areas – Circle the correct answer**

	<b>Seldom</b>		<b>Most Times</b>		<b>Always</b>
This student is cooperative	1	2	3	4	5
This student is respectful.	1	2	3	4	5
This student is in compliance with school rules.	1	2	3	4	5
This student is in good standing (regarding discipline)	1	2	3	4	5
This student has good peer relationships.	1	2	3	4	5
The parents are supportive of the school and its policies.	1	2	3	4	5

Is there any additional information you would like share with the admissions committee? *(use additional page if needed)*

\_\_\_\_\_

\_\_\_\_\_

**Please mark the appropriate box:**

- Strongly recommend
- Recommend
- Recommend with reservations
- Do Not Recommend

**Students who apply must meet these criteria first:**

- The student must have a documented learning disability.
- The student must have an average to above-average IQ.
- The student’s enrollment will have a positive or neutral effect on the school community and learning experiences of other students, rather than a negative one.

**WHO WE SERVE:** Odyssey School can best help students with a variety of learning disabilities, including:

·ADD/ADHD	·Dyslexia	·Dysgraphia
·Processing disorders	·Executive functioning issues	·Low academic self-confidence

**ODYSSEY SCHOOL IS NOT EQUIPPED TO HELP STUDENTS WHO HAVE:**

·Limited intellectual functioning	·History of violence or aggression	·Emotional disturbance or mood disorder
·Severe autism	·Drug or alcohol problems	· Behavioral or emotional issues



**Parents: Please provide your child's current/past schools with this form and three copies of the teacher recommendation forms.**

I hereby grant Odyssey School permission to request information and records pertaining to my child,  
\_\_\_\_\_ from his/her previous school or other professionals who have worked or are working with  
him/her.

I further request that the school principal and two other teachers from the current or previous school year submit the following  
recommendation to Odyssey School. I waive my right of access to this recommendation and understand that it will not become part  
of his/her permanent record. **(Parents, please forward this form to the appropriate persons).**

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Teacher's please fill out the recommendation form and mail or fax it to:

Odyssey School  
4407 Red River  
Austin, TX 78751  
Ph. (512) 472-2262  
Fax (512) 236-9385

Name and address of School or Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name of Evaluator: (Please Print)

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student

**Teacher Recommendation Form**

Name of person completing form: \_\_\_\_\_

How long and in what capacity have you known the applicant?:

\_\_\_\_\_

Has the child named on the reverse of this form had discipline problems (either major or minor)?

**Yes**                      **No**                      *(Please circle appropriate answer). If yes, please explain below:*

\_\_\_\_\_

\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| To your knowledge, has this student had any violations of the law? | Yes | No |
| Has this student been known to use drugs or alcohol?               | Yes | No |
| Has this student been suspended?                                   | Yes | No |
| Is this student allowed to return to your school?                  | Yes | No |
| Has this student ever left class or the school without permission? | Yes | No |

**Please rank the student in the following areas – Circle the correct answer**

	<b>Seldom</b>		<b>Most Times</b>		<b>Always</b>
This student is cooperative	1	2	3	4	5
This student is respectful.	1	2	3	4	5
This student is in compliance with school rules.	1	2	3	4	5
This student is in good standing (regarding discipline)	1	2	3	4	5
This student has good peer relationships.	1	2	3	4	5
The parents are supportive of the school and its policies.	1	2	3	4	5

Is there any additional information you would like share with the admissions committee? *(use additional page if needed)*

\_\_\_\_\_

\_\_\_\_\_

**Please mark the appropriate box:**

- Strongly recommend
- Recommend
- Recommend with reservations
- Do Not Recommend

**Students who apply must meet these criteria first:**

- The student must have a documented learning disability.
- The student must have an average to above-average IQ.
- The student’s enrollment will have a positive or neutral effect on the school community and learning experiences of other students, rather than a negative one.

**WHO WE SERVE:** Odyssey School can best help students with a variety of learning disabilities, including:

·ADD/ADHD	·Dyslexia	·Dysgraphia
·Processing disorders	·Executive functioning issues	·Low academic self-confidence

**ODYSSEY SCHOOL IS NOT EQUIPPED TO HELP STUDENTS WHO HAVE:**

·Limited intellectual functioning	·History of violence or aggression	·Emotional disturbance or mood disorder
·Severe autism	·Drug or alcohol problems	· Behavioral or emotional issues



## **APPLICATION CHECKLIST**

- Application
  
- Application fee (\$100)
  
- Three teacher recommendation forms
  
- School records
  
- Release of records from the applicant's current school
  
- Testing; includes neurological, speech/language, educational, psychological, physical and occupational therapy