ACHIEVEMENT PREPARATORY ACADEMY

Building a Foundation to Leave a Legacy

Next Steps for New Families

To Secure Your Child's Enrollment, Follow These Steps:

1. Submit these required documents
   - ❑ The Online Student Enrollment Forms *(instructions sent to you by email)*
   - ❑ Proof of DC Residency *(must be shown in-person on May 19 during mandatory placement testing)*
   - ❑ Request of Release of School Records
   - ❑ School Meals Program Application *(not immediately available)*
   - ❑ District of Columbia Universal Health *Certificate (with attached proof of required, age-appropriate immunizations)*
   - ❑ District of Columbia Oral Health Certificate
   - ❑ Copy of Student's Birth Certificate
   - ❑ Final (4th quarter) Report Card from Previous School
   - ❑ Entire Special Education File *(only if applicable)*

SAVE THIS CHECKLIST!
BRING IT BACK WITH YOU!
KEEP TRACK OF WHAT YOU HAVE COMPLETED.

2. Buy Uniforms
   - All students must be in full uniform on the first day of school. Achievement Prep uniforms are available for Risse Brothers: www.rissebrothers.com; 5112 Berwyn Rd, College Park, MD 20740 or 301-220-1987. School Code: AC1474

3. Attend Mandatory Placement Testing
   - May 19, 2012 from 9 a.m. until 12 noon. All students who are new to Achievement Prep for 2012-13SY must attend Placement Testing.

4. Attend a New Family Welcome Event
   - Information will be provided for dates and details of these events the week of May 1st.

5. Attend Mandatory Achievement Prep New Family Orientation
   - Information will be provided for dates and details of these events the week of May 1st. The purpose of the orientation is to meet with families to explain school expectations, outline school policies, and ensure all paperwork is in order. ***Students are not officially enrolled until the orientation is complete and all paperwork listed above is received***.

6. Schedule a home visit with the Achievement Prep team (May – June 2012)
   - Home visits are required for all students new to Achievement Prep. ***No student is considered enrolled until the completion of the home visit.***

7. Please keep us informed!
   - If, for any reason, your contact information or plans change, please contact us immediately. We want to ensure that you are receiving all information and reminders.

8. Attend the First Day of School: Monday, August 13, 2012 !

Remember, your scholar's enrollment is not guaranteed until Achievement Prep has all required paperwork.

Questions? Call 202-562-1214 ext. 119 or email enrollment@aprepacademy.org

ACHIEVEMENT PREPARATORY ACADEMY

Building a Foundation to Leave a Legacy

2012-2013 PROOF OF RESIDENCY

_____
Name of Student(s)

_____
Name of Parent(s)/Guardian(s)

_____
Street Address / Apt. Number

_____
City / State / Zip Code

I hereby certify that the above address is my legal residence and the legal residence of my child, _____.
Name of Child

In accordance with the directions and terms found on the back of this document, I have enclosed copies of the following to establish residency:

____ Pay stub ____ Documentation of assistance from DC Government ____SSI notification

____ Tax waiver form ____ Military housing order/DEERS statement _____Embassy letter

____Proof that child is ward of DC

_____ _____
Signature of Parent/Guardian Date

In lieu of submitting any of the above documents, in accordance with the directions and terms found on the back of this document, I have enclosed copies of the following **two (2)** items to establish residency:

___Unexpired DC vehicle registration

___Unexpired lease w/ receipts/canceled checks within the last two (2) months

___Unexpired driver's license or government issued ID

___Utility bill(s) w/ receipts or canceled checks for payment within the last two (2) months

_____ _____
Signature of Parent/Guardian Date

ACHIEVEMENT PREPARATORY ACADEMY

Building a Foundation to Leave a Legacy

PARENT RELEASE AND AUTHORIZATION FORM FOR RELEASE OF CUMULATIVE RECORDS

My child has enrolled at Achievement Preparatory Academy Public Charter School. Permission is granted for all available academic and medical records concerning my child be forwarded to the below address if I am unable to secure these records at this time.

Please ensure that the following records are either given to the parent/guardian or sent to Achievement Preparatory Academy at the information below:

- All report cards on file
- Test scores since and including third grade
- All discipline reports and correspondence
- All attendance records and reports
- All health records

If your child requires special education services please include the student's entire special education file, including the following:

- All copies of IEP
- Most recent evaluations
- Consent for evaluation received from parent
- Notices of eligibility for special education placement
- Copies of all MDT meeting notes
- Most recent confidential reports

Name of child: _____

Parent signature: _____ Date: _____

Previous School: _____

Achievement Preparatory Academy
Attn: Ms. Johnson
908 Wahler Place, SE, 2nd Floor
Washington, DC 20032
(202) 562-1219 (fax)

All student files, including 2011-2012 SY FINAL report cards, must be transferred to Achievement Prep by **Friday, August 3, 2012.**

Please note: **Your child is NOT officially enrolled at Achievement Prep until we have received all previous school records.**

Medical Requirements Checklist

In order to keep your child's health records up to date and to provide proper health services, your child will need a Physical Examination by your family physician. Use the following checklist to ensure you have completed all the required medical documents.

Have your physician conduct a Physical Examination of your child. Please be sure your child's physician includes:

_____ 1) A Physical Examination form (your doctor will have this)

_____ 2) Complete Immunization Record (including TB assessment and date of Chicken Pox disease or date of varicella vaccine)

_____ 3) HPV Vaccine or Opt-Out Form (6th grade girls only)

__X__ 4) Achievement Preparatory Academy's 'Health Information' Form. You may need your physician's assistance to complete this form.

__X__ 5) Achievement Preparatory Academy's Authorization for Over The Counter Medications at School.

_____ 6) Achievement Preparatory Academy's 'Physician and Parent/Guardian Authorization to Dispense Medication' Form. ***Your physician will need to sign this form if your child takes a prescribed medicine. This form must be obtained directly from the school***.

For your convenience, we have included the required forms as well as a directory of locations where you can receive these services for free or at a reduced cost.

Community Health Centers

Anacostia Neighborhood Health Center
1328 W. Street, S.E.
Washington, D.C. 20020
(202) 610-7160

Chartered Family Health Center
3924 Minnesota Avenue, N.E.
Washington, D.C. 20019
(202) 398-8683

Community Of Hope Health Services
2250 Champlan Street, N.W.
Washington, D.C. 20009
(202) 232-9022

Hunt Place Neighborhood Health Center
4130 Hunt Place, N.E.
Washington, D.C. 20019
(202) 388-8160

Planned Parenthood of Metropolitan DC
3937-A Minnesota Avenue, N.E.
Washington, D.C. 20019
(202) 388-4770

Southwest Neighborhood Health Center
850 Delaware Avenue, S.W.
Washington, D.C. 20024
(202) 548-4549

Upper Cardoza Health Center
3020 14th Street, N.W.
Washington, D.C. 20009
(202) 745-4300

Walker-Jones Neighborhood Health Center
1100 First Street, N.W.
Washington, D.C. 20001
(202) 354-1120
(202) 745-6100

Woodridge Neighborhood Health Center
2146 24th Place, N.E.
Washington, D.C. 20018
(202) 281-1160

Bread for the City
1525 7th Street N.W.
Washington, D.C. 20001
(202) 265-2400

Columbia Road Health Services
1660 Columbia Road, N.W.
Washington, D.C. 20009
(202) 328-3717

Congress Heights Neighborhood Health Center
3720 Martin Luther King Avenue, S.E.
Washington, D.C. 20032
(202) 279-1800

Family and Medical Counseling Services
2041 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020
(202) 889-7900

Whitman-Walker Clinic
Max Robinson Health Center
2301 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020
(202) 678-8099

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Part 1: Child's Personal Information

Parent/Guardian: *Please complete Part 1 clearly and completely & sign Part 5 below.*

Child's Last Name:	*Child's First & Middle Name:*	*Date of Birth:*	*Gender:* ☐ *M* ☐ *F*	*Race/Ethnicity:* ☐ *White Non Hispanic* ☐ *Black Non Hispanic* ☐ *Hispanic* ☐ *Asian or Pacific Islander* ☐ *Other*_____
Parent or Guardian Name:	*Telephone:* ☐ *Home* ☐ *Cell* ☐ *Work*	*Home Address:*		*Ward:*
Emergency Contact Person:	*Emergency Number:* ☐ *Home* ☐ *Cell* ☐ *Work*	*City/State (if other than D.C.)*		*Zip code:*
School or Child Care Facility:	☐ *Medicaid* ☐ *Private Insurance* ☐ *None* ☐ *Other* _____	*Primary Care Provider (PCP):*		

Part 2: Child's Health History, Examination & Recommendations

Health Provider: Form must be fully completed.

DATE OF HEALTH EXAM:	WT ☐ LBS ☐ KG	HT ☐ IN ☐ CM	BP: (>3 yrs) ☐ NML ☐ ABNL	Body Mass Index (>2 yrs) (BMI)_____ %_____
HGB / HCT ***(Required for Head Start)***	Vision Screening ☐ Glasses ☐ Referred Right 20/____ Left 20/____		Hearing Screening Pass_____ Fail_____ ☐ Referred	

HEALTH CONCERNS:			REFERRED or TREATED	HEALTH CONCERNS:			REFERRED or TREATED
Asthma	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Language/Speech	☐ NONE	☐ YES	☐ Referred ☐ Under Rx
Seizure	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Development/ Behavioral	☐ NONE	☐ YES	☐ Referred ☐ Under Rx
Diabetes	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Other_____	☐ NONE	☐ YES	☐ Referred ☐ Under Rx

ANNUAL DENTIST VISIT: (Age 3 and older): Has the child seen a Dentist/Dental Provider within the last year? ☐ YES ☐ NO ☐ Referred

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, child care, sports, or camp.
☐ NONE ☐ YES, please detail:

_____

_____

B. Significant food/medication/environmental allergies that may require *emergency medical care* at school, child care, camp, or sports activity.
☐ NONE ☐ YES, please detail: _____

_____

C. Long-term medications, over-the-counter-drugs (OTC) or special care requirements.
☐ NONE ☐ YES, please detail (For any medications or treatment required during school hours, a Physician's Medication Authorization Order should be submitted with this form)

_____

_____

_____

Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

TB RISK ASSESSMENTS	☐ HIGH→ ☐ LOW	Tuberculin Skin Test (TST) DATE:	☐ NEGATIVE ☐ POSITIVE	If **TST** Positive ☐ CXR NEGATIVE ☐ CXR POSITIVE ☐ TREATED	**Health Provider:** POSITIVE TST should be referred to PCP for evaluation. For questions, call T.B. Control: 202-698-4040
LEAD EXPOSURE RISKS	☐ YES→ ☐ NO	LEAD TEST DATE:	RESULT:	**Health Provider:** *ALL* lead levels must be reported to DC Childhood Lead Poisoning Prevention Program: Fax: 202-481-3770	

Part 4: Required Provider Certification and Signature

☐ YES ☐ NO This child has been appropriately examined & health history reviewed. At time of exam, this child is in satisfactory health to participate in all school, camp or child care activities except as noted above.

☐ YES ☐ NO This athlete is cleared for competitive sports.

☐ YES ☐ NO Age-appropriate health screening requirements performed within current year. If no, please explain:

_____

_____

Print Name	MD/NP Signature	Date
Address	Phone	Fax

Part 5: Required Parental/Guardian Signatures. (Release of Health Information)

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government Agency.

Print Name	**Signature**	**Date**

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Student's Name: _____/_____/_____ Date of Birth:_____/_____/_____
Last First Middle Mo. /Day/ Yr.

Sex: ☐ Male ☐ Female School or Child Care Facility:_____

Section 1: Immunization: Please fill in or attach equivalent copy with provider signature and date.

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN						
Diphtheria,Tetanus, Pertussis (DTP,DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Chicken Pox Disease History: Yes ☐ When: Month_____ Year_____ Verified by:_____ (Health Care Provider) Name & Title				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1						
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other							

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

Section 2: MEDICAL EXEMPTION. For Health Care Provider Use Only.

I certify that the above student has a valid medical contraindication to being immunized at the time against: (check all that apply)

Diphtheria: (__) Tetanus: (__) Pertussis: (__) Hib: (__) HepB: (__) Polio: (__) Measles: (__) Mumps: (__) Rubella: (__) Varicella: (__) Pneumococcal: (__)

HepA: (__) Meningococcal: (__) HPV: (__)

Reason:_____

This is a permanent condition (___) or temporary condition (___) until ____/____/____.

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

Section 3: Alternative Proof of Immunity. To be completed by Health Care Provider or Health Official.

I certify that the student named above has laboratory evidence of immunity: (Check all that apply & attach a copy of titer results)

Diphtheria: (__) Tetanus: (__) Pertussis: (__) Hib: (__) HepB: (__) Polio: (__) Measles: (__) Mumps: (__) Rubella: (__) Varicella: (__) Pneumococcal: (__)

HepA: (__) Meningococcal: (__) HPV: (__)

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

CONFIDENTIAL FORM- SIDE ONE ***Please review instructions on side two***

District of Columbia Oral Health (Dental Provider) Assessment Form

Part 1. Child's Personal Information

Child's Last Name	*Child's First & Middle Name*	*Date of Birth*	*Gender:* ☐ *M* ☐ *F*	*School or Child Care facility:*
Parent/Guardian Name	*Telephone1:* ☐ *Home* ☐ *Cell* ☐ *Work*	*Home Address:*		*Ward*
Emergency Contact:	*Telephone2:* ☐ *Home* ☐ *Cell* ☐ *Work*	*City/State (if other than D.C.)*		*Zip code:*
Race/Ethnicity: ☐ *White Non Hispanic* ☐ *Black Non Hispanic* ☐ *Hispanic* ☐ *Asian or Pacific Islander* ☐ *Other*_____				
Primary Care Provider (Medical):	*Dentist/Dental Provider:*	☐ *Medicaid* ☐ *Private Insurance* ☐ *None* ☐ *Other* _____		

Part 2. Child's Clinical Examination (to be completed by the Dental Provider) Date of Exam _____

(Please use key to document all findings on line next to each tooth)

Tooth #	Tooth #	Tooth #	Tooth #
1 _____	17 _____	A _____	K _____
2 _____	18 _____	B _____	L _____
3 _____	19 _____	C _____	M _____
4 _____	20 _____	D _____	N _____
5 _____	21 _____	E _____	O _____
6 _____	22 _____	F _____	P _____
7 _____	23 _____	G _____	Q _____
8 _____	24 _____	H _____	R _____
9 _____	25 _____	I _____	S _____
10 _____	26 _____	J _____	T _____
11 _____	27 _____		
12 _____	28 _____		
13 _____	29 _____		
14 _____	30 _____		
15 _____	31 _____		
16 _____	32 _____		

Key (Check Appropriate)

S - Sealants **X** - Missing teeth

● Restoration | | Non-restorable/ Extraction

1D-One surface decay **UE**- Unerupted Tooth

2D-Two surface decay

3D-Three surface decay

4D-More than three surface decay

Part 3. Clinical Findings and Recommendations (Please indicate in Finding column)

	Findings	Comments
1. Gingival Inflammation	**Y N**	
2. Plaque and/or Calculus	**Y N**	
3. Abnormal Gingival Attachments	**Y N**	
4. Malocclusion	**Y N**	
5. Other (e.g. cleft lip/palate)		
Preventive services completed ☐ Yes ☐ No		

Part 4. Final Evaluation/Required Dental Provider Signatures

This child has been appropriately examined. **Treatment** ☐ is complete. ☐ is incomplete. Referred to _____		
DDS/DMD Signature	*Print Name*	*Date*
Address		
Phone	Fax	

Part 5. Required Parent/Guardian Signatures

Parent or Guardian Release of Health Information.

I give permission to the signing health examiner or facility to share the health information on this form with my child's school, childcare, camp, or Department of Health

PRINT NAME of parent or guardian	
SIGNATURE of parent or guardian	*Date*

Instructions For Completion of Oral Health Assessment Form: District of Columbia Child Health Certificate

This Form replaces the Dental Appraisal Form used for entry into DC Schools, all Head Start programs, Childcare providers, camps, after school programs, sports or athletic participation, or any other District of Columbia activity requiring a physical examination. The form was developed by the DC Department of Health and follows the American Academy of Pediatric Dentistry (AAPD) Guidelines on Mandatory School-Entrance Oral Health Examinations. AAPD recommends that a child be given an oral health exam within 6 months of eruption of the child's first tooth and no later than his or her first birthday. The DC Department of Health recommends that all children 3 years of age and older have an oral health examination performed by a licensed dentist and have the DC Oral Health Assessment Form completed. This form is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for the health providers, and the Family Education Rights and Privacy Act (FERPA) for the DC schools and other providers.

General Instructions: Please use black ball point pen when completing this form.

Part 1: Child's Personal Information
Please complete all sections including child's race or ethnicity. Please indicate the ward of your home address. List primary care provider, dental provider, and type of dental insurance coverage. If child has no dental provider and is uninsured, then please write **"None"** in each box. This form will not be complete without **Parent or Guardian** signature in Part 5.

Part 2: **Child's Clinical Examination: Dental Provider: Form must be fully completed. The Universal Tooth Numbering System is used.**
Please use key to document all findings for each tooth. An '**X'** signifies a missing tooth (teeth) with no replacement; non-restorable/extraction; **UE:** unerupted tooth; **S:** Sealants; ● Restoration; **1D:** one surface decay; **2D:** two surface decay; **3D:** three surface decay; **4D:** more then three surface decay

- The Key should be used to designate status for each tooth at time of examination on the Oral Health Assessment Form.
- If a portion of an existing restoration is defective or has recurrent decay, but part of the restoration is intact, the tooth should be classified as a decayed tooth. If one surface has decay, then mark as **1D;** if two surface has decay then mark as **2D**.
- Key **UE:** unerupted, does not apply to a missing primary tooth when a permanent tooth is in a normal eruption pattern.

Part 3: Clinical Findings and Recommendations

- Circle **Yes** or **No** in Findings Column
- For **Yes**, please explain in the Comments Section.

1- Advance periodontal conditions (pockets etc., will be noted under gingival inflammation).
1- Gingival inflammation adjacent to an erupting tooth is **NOT** noted.
1- Inflammation adjacent to orthodontically banded teeth or a dental appliance – whether fixed or removable is noted.
2- Indicate if there is sub and/or supra gingival plaque and or calculus and areas where present.
3- All gingival tissues must be free of inflammation e.g. gingiva is pale pink in color and firm in texture for a finding of 'NO' to be recorded.
3- Frenum attachments labial, sublingual, etc., will be noted under the Abnormal Gingival Attachment Indicator Code if they are the cause of a specific problem- e.g., spacing of central incisors, speech impediment, etc.
4- Status of orthodontic condition should be noted under Malocclusion. Classification of occlusion is: Class I, Class II, Class III, an overbite, over jet, cross-bite or end to end.
5- Other is to be used, together with comments, for conditions such as cleft lip/palate.

- Indicate whether oral health preventive services such as prophylaxis, sealant and or fluoride treatment have been administered.

Part 4. **Final Evaluation/Required Dental Provider Signature**; Indicate whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete refer patient for follow up care. Dentist must s**ign, date, and provide required information.**

Part 5 Required Signatures. This Form Will Not Be Complete Without Parent or Guardian Signature & Date
The parent or guardian must print, sign, and date this part. By signing this section the parent or guardian gives permission to the dentist or facility to share the oral health information on this form with the child's school, childcare, camp, Department of Health, or the entity requesting this document. All information will be kept confidential.

UNIFORM POLICY

Dress Code
Achievement Preparatory Academy has a strict, non-negotiable dress code. The dress code applies during all school days and during all school-sponsored events (unless otherwise stated in writing by the school). The Achievement Preparatory Academy dress code has been adopted to improve the educational environment for all Scholars.

SCHOOL DRESS CODE POLICY

Spring Uniform

Girls Uniform

Red, black, white and grey plaid, pleated skirt
White Achievement Preparatory Academy logoed polo
Red or white socks* (tights are NOT allowed with the Spring uniform)

- Socks must be solid color with no patterns or logos

Black dress shoes (no sneakers allowed)*

- Shoes must be 100% black with no other colors, logos or metal
- Shoes must be tied and Velcro must be fastened at all times.
- Soles of shoes should also be black.

Boys Uniform

Grey dress pants
Red Achievement Preparatory Academy logoed polo
Black belt.*

- Belts must look professional and must be a solid black. They may not be overly wide.
- Buckles must be professional and not oversized or distracting.

Black or grey socks.*

- Socks must be solid colors with no patterns or logos.

Black dress shoes (no sneakers allowed).*

- Shoes must be 100% black with no other color logos, no metal.
- Shoes must be tied and Velcro must be fastened at all times.
- Soles of shoes should also be black

Winter Uniform *(Winter uniforms are effective November through March)

Girls Uniform

Red, black, white and grey plaid, pleated skirt.

- During the Winter uniform season ONLY, girl Scholars may, but are not obligated to, purchase grey dress pants from Risse Brothers to wear in lieu of the Achievement Preparatory Academy skirt.

White collared shirt *
Red V-Neck pullover Achievement Preparatory Academy logoed sweater
Black crossbow tie.*
Red or white tights*

- Tights must be solid color with no patterns or logos
- Scholars are not allowed to wear socks with their skirts when the Winter uniform is in effect.

Black dress shoes (no sneakers allowed)*

- Shoes must be 100% black with no other colors, logos or metal
- Shoes must be tied and Velcro must be fastened at all times.
- Soles of shoes should also be black.

Boys Uniform

Grey dress pants
White collared Oxford shirt*
Black V-Neck pullover Achievement Preparatory Academy logoed sweater
Red tie (must be purchased from Risse Brothers)
Black belt.*

- Belts must look professional and must be a solid black. They may not be overly wide.
- Buckles must be professional and not oversized or distracting.

Black or grey socks.*

- Socks must be solid colors with no patterns or logos.

Black dress shoes (no sneakers allowed).*

- Shoes must be 100% black with no other color logos, no metal.
- Shoes must be tied and Velcro must be fastened at all times.
- Soles of shoes should also be black.

Scholars who are out of dress code are not allowed to attend their classes. Families of Scholars who are not in dress code will be asked to bring the proper attire to school. In addition, dressing inappropriately may result in disciplinary consequences.

I have read and fully understand Achievement Prep's Uniform Policy and I am committed to ensuring that my scholar is in full uniform daily.

_____
Scholar Name

_____
Parent Signature

_____
Date

ACHIEVEMENT PREPARATORY ACADEMY

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SHOE POLICY

All BLACK classy casual or dress shoes ONLY!

- **NO** Boots or high-top shoes of any sort
- **NO** Tennis Shoes of any sort
- **NO** White or other colored designs, stripes, etc.
- **NO** White or other colored stitching of any sort
- **NO** White or other colored shoe strings or any sort
- **NO** Logos on shoes (Keds, Nike, Reebok, Jordan, etc.)

BOYS

GIRLS

Achievement Preparatory Academy
908 Wahler Place, SE, 3rd Floor, Washington, DC 20032 (202) 562-1214

ACHIEVEMENT PREPARATORY ACADEMY

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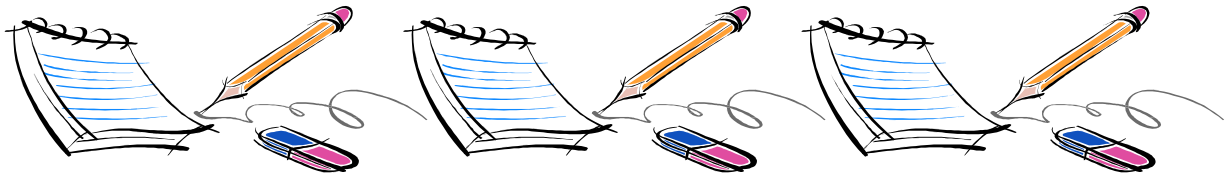

ACHIEVEMENT PREP SCHOOL SUPPLY LIST

10 packs of pencils with 10 pencils in each

6 packs of loose leaf paper

6 one (1) inch solid black or blue hard back binders w/inside pockets

1 backpack

5 independent reading books

3 boxes of tissue

2 packs of 6 Expo Dry Erase Markers

PLEASE NOTE

All scholars should report to the first day of Preparation Academy on with the following supplies

- 3 packs of loose leaf paper
- 5 packs of pencils,
- 6 binders
- 3 boxes of tissue
- 2 packs of 6 Expo dry erase markers
- 1 independent reading book

All supplies will be collected by Achievement Prep on the first day of school and redistributed for use by scholars during the first week of school.

Out of School Time Program Partners

YMCA at Capital View
2118 Ridgecrest Court, SE,
Washington, DC 20020
(202) 889-0643
*Fee associated with participation – based on income

FBR Boys and Girls Club @ The A.R.C.
1901 Mississippi Avenue, SE Suite 103
Washington, DC, 20020
(202) 610-9707
* fee associated with participation - $25 per year

Southeast Tennis and Learning Center
701 Mississippi Avenue Southeast
Washington, DC 20032-4107
(202) 645-6242
*free program

Fun World Homework Help Program
4711 Raleigh Rd
Temple Hills, MD 20748
(301) 423-5650 – office
(202)409-7085 – mobile
*fee associated with participation

Higher Achievement Program
Savoy Elementary School
2400 Shannon Place, SE
Washington, DC 20020
(202) 544-3633
*free program with an application process