



THE CAPE ACADEMY

School Calendar 2025-2026

School Hours are 7:00 AM to 5:00 PM

All Classes start at 8:30 AM. Classes end at 2:20 PM Grades K-6 and 2:55 PM Grades 7-12

September

3 First Day of Classes for Students

November

5 End of 1st Quarter
12 Progress Reports issued
26, 27, 28 No School – Thanksgiving Holiday

December

22-Jan 2, 2026 No School - Winter Holiday/Christmas

January

5 Return to school, Monday 01/05/26
19 No School – MLK Day
30 End of 2nd Quarter

February

6 Reports Issued
16 No School – President’s Day
19 or 20 Senior Photo Day Options
19-20 ITBS Standardized Testing (No school for students that “opt-out”)

March

16-20 No School – Spring Break

April

3 No School – Good Friday
6 No School - Monday after Easter
16 End of 3rd Quarter
23 Progress Reports Issued

May

25 No School – Memorial Day

June

17 End of 4th Quarter – Last day of Classes for Students
17 Progress Reports Issued
19 Graduation

Total Days in Session: 181

*Empowering students to learn their way.***TUITION/REGISTRATION****2025-2026 Fee Schedule per student****KINDERGARTEN - GRADE 12**

Registration/Application Fee:	\$200 (non-refundable, applied to tuition/fees for enrolled students)
Book & Materials Fee:	\$450
Total Tuition:	\$12,000 (includes before and after care)

OPTIONAL FEES

Tutoring:	\$35 / Hour
ITBS Test Fee:	\$50
Dedicated Support	\$2,000 - \$10,000 (Based on need/hours applied) Determined by the administration and agreed to by parent/guardian

Early-Drop-Off Program: 6:30AM – 7:00AM Additional fees will apply.

Late-Pick-Up Program: 5:00 PM – 5:45PM Additional fees will apply.

Scholarship Funding Organizations (SFOs):

Step Up for Students scholarships: www.SUFS.org

AAA (Academic Achievement Accessible) scholarships: <https://www.aaascholarships.org/>

Parents must apply for scholarships directly with Scholarship Funding Organizations (SFOs)

Links to SFOs are also available on the school website: www.capeacademyedu.com

Tuition Payment Options:

One Lump Sum – (Due: September 15, 2025)

Two Lump Sums -(Due: 1st - September 15, 2025, 2nd - February 15, 2026)

Monthly over 10 months (September 15, 2025- June 15, 2026)

Monthly over 12 months (September 15, 2025 - August 15, 2026)

Alternate Monthly Due Dates can be accommodated.

Late Payments will incur a late fee of \$25.



THE CAPE ACADEMY

Enrollment Checklist

1) Meet and Tour School

2) Complete Enrollment Paperwork

- _____ Permission for Release of Student Records
- _____ Student Registration Form
- _____ Photograph(s) Release Form
- _____ School Administered Medications
- _____ Authorized Pick-Up List

3) Submit completed Enrollment Paperwork for Information/Review

Note: No fee is required for this process. Completion of this step also places you on our “waitlist” in the event there is currently no availability.

4) Student Final Enrollment and Registration

There will be a \$200 non-refundable Registration/Application Fee applied at the time of final registration. (this fee will be credited to all accounts of students that complete the enrollment process and begin the 2025-2026 school year)

UPON COMPLETION OF THE ABOVE

Your child/children will be placed on the 2025-2026 school roster

5) Obtain Florida Department of Education Scholarship offered through third party Scholarship Funding Organizations (SFOs), if eligible.

- a. You may only apply for and receive one scholarship for each child, once the 2025-2026 applications become available. Monitor the SFOs website and/or your email if you have requested to be added to their notification list.
- b. The scholarships offered by both SFOs are identical and the school accepts and works with both SFOs. The Florida Legislature sets the funding amounts each year. These funding amounts have not yet been set for the 2025-2026 school year. In past years the funding amounts have never decreased but they have not always increased. The primary scholarships with last year’s funding amounts are:
 - Florida Tax Credit Scholarship (FTC)
 - 2024-2025 Funding Amounts for Lee County \$7671 to \$8369
 - Family Empowerment Scholarship for Educational Options (FES-EO)
 - 2024-2025 Funding Amounts for Lee County \$7671 to \$8369
 - Family Empowerment Scholarship for Students with Unique Abilities (FES-UA)
 - 2024-2025 Funding Amounts for Lee County \$10,260 to \$10,958
- c. The family is solely responsible for obtaining the scholarship for the student. The school is not permitted to be involved in or act in place of the parent/guardian in this process.

ATTENTION: RECORDS

FAX# _____

The Cape Academy

2111 Skyline Blvd., Cape Coral, Florida 33991

Phone ~ 239.573.8668 FAX ~ 239.471.0650

Email Address: caimb@embargo.com

Permission for Release of Student Records

TO: Registrar/Records Department

Releasing School: _____

Address (If known): _____

Phone (If known): _____

You are hereby authorized to release to The Cape Academy, all records: Scholastic, Achievement, Medical, Psychological, Standardized Test Data, Sociological, etc., in the cumulative file of:

_____ Student Last Name	_____ Student First Name	_____ MI
_____ Grade/Dates of Attendance	_____ Date of Birth	_____ SSN

Send Records to:

The Cape Academy
2111 Skyline Blvd
Cape Coral, FL 33991
Attention: Director

Date of:

Signature of Parent and/or Legal Guardian
Authorization for Release

1st Request

2nd Request

3rd Request

Thank you for your prompt attention.

Director / Registrar
The Cape Academy

Kristen Williamson

STUDENT REGISTRATION FORM

Student First Name:				Current Date:		
Student Last Name:						
Enrollment Date:		Scholarship Type: (Circle)		FES-UA FES-EO FTC N/A		
Primary Contact #:		Secondary Contact #:				
Primary Email:			Secondary Email:			
Home Address:						
City/State/Zipcode:						
Emergency Contact:		Emergency Contact #:				
Lives With: (Circle)	Both Mother Father Other		Other Guardian:			
Parent/Guardian Information:			Student Information:			
P/G 1 Name:			Sex: (Circle)	Male Female		
Employer:			Date of Birth:			
P/G 2 Name:			Entering Grade Level:			
Employer:			Social Security #:			
Medical Information:			Special Dropoff/Pickup Parent/Guardian Name:			
Physician Name:			Please list any special health concerns for your child:			
Physician Phone #:						
Last School Attended:						
Name:						
Withdraw Date:			Award ID #		RBT (yes/no)	
*Non-Discrimination Policy: The school does not discriminate on the basis of race, color, sex, national or ethnic origin, or disability in the administration of the educational program or the admission policies.			*Office Use ONLY*			
			CA		FC	
			TR		QB	

School Administered Medications

Please complete this form if your child will be taking prescription medication(s) during the school day. This form must be on file with the school on or prior to the first day medications are to be provided.

Medications must be provided to the school in prescription bottles with the student's name on the prescription. The school can only dose in the amount shown on the prescription.

All medications, except inhalers and EPI pens, will be kept in a locked portable medical container outside of the classroom. Medications will be provided to students in their classrooms by the staff member responsible for medication distribution.

Classrooms will provide a secure location for inhalers and EPI pens which must be available for immediate response.

Student Name: _____ Classroom: _____

List medication(s):

Name	Dose Size	Time to be taken
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_____	_____	_____
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_____	_____	_____
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Parent Signature: _____ Date: _____

Photograph(s) Release Agreement

I, (PRINT) _____ have authorized The Cape Academy to use my child(s) photograph(s) on their website and/or school advertising literature.

Signature: _____

Child's Name: _____

Date: _____

THE CAPE ACADEMY

Student Pick Up Authorization

Student Name: _____

Grade/Classroom: _____

School Year: 2025-2026

Name _____ Identification Verified _____

Add _____ Delete _____ Date _____

Name _____ Identification Verified _____

Add _____ Delete _____ Date _____

Name _____ Identification Verified _____

Add _____ Delete _____ Date _____

Name _____ Identification Verified _____

Add _____ Delete _____ Date _____

Parent/Guardian Signature: _____

Date: _____