

ST. JOHN'S ACADEMY

ADMISSIONS CHECKLIST 2012-2013

NEW STUDENT APPLICATIONS

- Return Application for Admission with \$100 nonrefundable application fee.
- Submit original birth certificate.
- Submit previous school records/report cards (if applicable).
- Submit SAT or other achievement test scores (if applicable).
- Schedule admissions test with Administration.
- Once accepted, \$500 deposit due immediately with Enrollment Contract.
(OR PAYMENT IN FULL, IF APPLICABLE)
- Tuition Worksheet and Fee Schedule
- EFT Corp. Enrollment Form (if applicable)

OTHER OBLIGATIONS, FORMS AND FEES

- Submit immunization record and health form or (if requested) updated forms
(Florida Forms DH 680 – Blue Card & DH 3040 – Gold Form)
- Return Medical Information, Authorization, and Release form
- Return Transportation Release/Carpool Information form
- Attend Parent Orientation
TUESDAY, August 28th, 7:00 p.m., GOOD NEWS CHURCH
- Fees due per schedule
- Order uniforms (attend uniform fitting day in summer or visit Student Apparel in Jacksonville)

ST. JOHN'S ACADEMY

OFFICE INFORMATION

(For office use only)

<input type="checkbox"/>	<input type="checkbox"/>	Date Received _____	<input type="checkbox"/>	Previous school records/report cards
<input type="checkbox"/>	<input type="checkbox"/>	App. Fee Check # _____	<input type="checkbox"/>	SAT or other achievement test scores
<input type="checkbox"/>	<input type="checkbox"/>	Health Form	<input type="checkbox"/>	Medical Form
<input type="checkbox"/>	<input type="checkbox"/>	Immunization Form	<input type="checkbox"/>	Transportation Form
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate		

STUDENT INFORMATION

Applying for Grade _____ School Year ____/____

Student's Full Name _____ referred to as _____

Date of Birth ____/____/____ Age _____ Place of Birth _____ Sex _____

Address _____ EMAIL: _____

City _____ State _____ Zip Code _____ Phone (____) _____

FAMILY INFORMATION

Father's Complete Name

Mother's Complete Name

Home Address

Home Address

City State Zip

City State Zip

(____) _____
Home Phone Cell Phone

(____) _____
Home Phone Cell Phone

Occupation and Title

Occupation and Title

Name of Firm/Company

Name of Firm/Company

Business Address

Business Address

City State Zip

City State Zip

(____) _____
Business Telephone

(____) _____
Business Telephone

If parents are separated or divorced, please list name, address, and phone number of the other parent if you desire him/her to receive correspondence from the school.

ST. JOHN'S ACADEMY

Sibling's Name	Age	Grade	School
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Sibling's Name	Age	Grade	School
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Sibling's Name	Age	Grade	School
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CHURCH AFFILIATION

Home Church _____ Denomination _____

EDUCATION INFORMATION

 Please list schools previously attended, commencing with the most recent.

School _____ Address _____

City _____ State _____ Zip _____ Phone _____

From Grade _____ To Grade _____

School _____ Address _____

City _____ State _____ Zip _____ Phone _____

From Grade _____ To Grade _____

Has your child ever been expelled suspended asked to withdraw referred to Administration?

Has your child had a history of learning difficulties emotional problems physical problems which might require special attention at SJA?

Has your child ever skipped a grade repeated a grade?

Has your child ever used alcohol, tobacco, or illicit drugs been in any trouble with the law?

If you checked any of the boxes above, please explain on a separate sheet of paper.

PARENTAL COOPERATION AGREEMENT

* I realize I am ultimately responsible for the behavior and academic performance of my children.

* I am sufficiently satisfied with the curriculum, teaching methodology, Statement of Faith, and Philosophy of Education of the School to enroll my child(ren) at St. John's Academy.

* I will read the Dorothy Sayers article "The Lost Tools of Learning." (Enclosed with application)

* I will read and support the goals and policies of the Parent/Student Handbook.

Parent/Guardian Signature(s)

Date

ST. JOHN'S ACADEMY

TUITION WORKSHEET For School Year _____ / _____

Name and Grade(s) of Student(s) _____

1. Total Tuition
Pre-Grammar (PreK-Grade 2): \$5,900 Grammar: (Grades 3-6): \$5,900
Dialectic (Grades 7-9): \$6,700 Rhetoric: (Grades 10-12): \$6,700
Enter the total tuition for all your students. **1.** _____

2. Less Multiple Student Discount
A 10% tuition discount will be applied to each additional younger child of a family.
Enter 10% of your younger student(s)'s tuition, if applicable. **2.** _____

3. Less Early-Payment Discount
A \$150 tuition discount will be applied if payment is made in full on or before **March 1st**.
Enter \$150 per student, if applicable. **3.** _____

4. NET TUITION:
Subtract lines 2 and 3 from line 1; enter this amount. **4.** _____

5. Non-Refundable Deposit*
Enter \$500 per student non-refundable deposit paid with the Enrollment Contract.
(Deduct multiple of \$500 per student) **5.** _____

6. Tuition Balance Due (by March 1st IF PAYING TUITION IN FULL)
Subtract line 5 from line 4; enter this amount. **6.** _____
Amount Due

-OR-

7. Tuition Insurance REQUIRED IF USING EFT Corp Installment Payment Plan
EFT Enrollment Form due by March 1st
First of 12 monthly payments due to EFT Corp. on **April 10th.** *
Divide amount on line 6 by 12; enter this amount. **7.** _____
Payments

*Tuition Insurance will be required / See Fee Schedule

I fully understand that upon acceptance of the Enrollment Contract. I have a legally binding contractual obligation with St. John's Academy for the tuition amount listed on line 6 above.

Parent/Guardian Signature

Date

ST. JOHN'S ACADEMY

FEE SCHEDULE For School Year _____ / _____

Name and Grade(s) of Student(s) _____

1. **Tuition Insurance Premium** (optional for families paying in full by June 1st)
Mandatory with installment payment plan.
Multiply line 6 from Tuition Worksheet by .0354 (3.54%); enter this amount. 1. _____

 2. **Book and Supply/Fine Arts/Yearbook Fee** 2. _____
Prekindergarten through 12th Grade: \$400.00

 3. **EFT Administration Fee** / Enter \$50.00 per family* 3. _____
Required if using EFT Installment Payment Plan
Pay only if not debited through EFT
- ALL FEES DUE ON OR BEFORE JUNE 1ST:** \$ _____
Total

I fully understand that I am obligated to pay the above fees on or before June 1st.

Parent/Guardian Signature

Date

In order to keep our files updated, please write your current address below.

ST. JOHN'S ACADEMY

ENROLLMENT CONTRACT FOR SCHOOL YEAR ____/____

Parties:

St. John's Academy, hereinafter referred to as the "School".

Parent(s) or Guardian(s) of the Student, hereinafter referred to as the "Parents".

Name of the Student(s): _____,

Hereinafter referred to as the "Student(s)".

The School hereby enrolls the Student(s) in the School for the academic school year above, and agrees to provide the educational program and other services as prescribed for the respective grade. In consideration thereof, the Parents agree to pay the **required tuition on or before March 1st** [or make arrangements to pay by installments through the EFT Corp. as shown below, subject to multiple child and/or total payment discounts; and the **required fees on or before June 1st**.

I wish to pay tuition according to the payment plan below.

- Standard Payment Plan:** Full tuition paid on or before **March 1st**. (\$150 discount before March 1st)
- Monthly Payment Plan:** 12 monthly payments beginning in **April** and ending **March**. (Payments are due on the 10th or 20th of each month) **EFT enrollment form due March 1st.**

Parents are required to pay through EFT Corp. and to participate in the Tuition Insurance plan.

Obligation to pay the tuition by March 1st or to make arrangements to pay in installments through EFT Corp. is unconditional and absolute. After the acceptance of the enrollment contract, no portion of monies paid or balances due will be refunded or canceled in the event of absence, withdrawal, or dismissal from the School of the Student(s), and that any payment in whole or in part shall be irrevocable and shall not be returned for any reason. In view of this obligation, Parents understand that the option to participate in the Tuition Insurance plan is being made available to Parents at this time to protect all or part of Parents' yearly financial obligation under the terms of this Enrollment Contract. This program insures part or all of tuition (prepaid and due) in the event of separation, according to the terms of the policy. Participation in the Tuition Insurance Plan is required unless the full annual charges are paid by March 1st, in which case the Tuition Insurance Plan is elective. Check one of the following:

- Parents **will participate** in the Tuition Insurance Plan. (Required if paying through EFT Corp.)
- Parents **will not participate** in the Tuition Insurance Plan. (May be checked only if paying in full by March 1st.)

Signature required on back.

Initial & date _____

ST. JOHN'S ACADEMY

ENROLLMENT CONTRACT

The Parents also acknowledge and agree:

1. They have received and read the brochure and letter detailing the terms and conditions of coverage concerning the tuition insurance program ("Tuition Refund Plan").
2. The premium cost of the tuition insurance must be paid **by June 1st**. The premium rate is 3.54% of the annual tuition balance.
3. Parents authorize the School to process and collect any claim payment to which Parents are entitled under the Plan and credit it to the Parents' account, paying any excess to Parents. Parents agree to pay whatever balance remains unpaid, if any, after payment by the Plan is credited to Parents' account within 30 days after receipt of a finalized bill.
4. Processing fees are required for all installment payments, and all types of payment plans must be financed through EFT Corp.
5. All costs of enforcing this contract or collecting from Parents, including court expenses, collection agency fees and reasonable attorney's fees, shall be paid by Parents.
6. The School reserves the right to assess additional fees during the school year as necessary.
7. The Student(s) will not be allowed to take exams nor will grades/transcripts be released unless account is paid in full.
8. They will read and adhere to all regulations, policies and rules of the School as set forth in the Parent/Student Handbook and as adopted from time to time.

This contract shall not be effective upon the parties hereto until executed and dated by both respective parties. The effective date shall be date admitted. This contract is executed in St. Johns County, Florida, where jurisdiction and venue shall lie and shall be interpreted according to the laws of the State of Florida. Upon admission of the Student(s) to the School, the original will be signed, dated and filed by the school Administrator admitting the Student(s), and a signed copy will be returned to the Parents.

Date _____

OFFICE USE: Date Admitted _____

Parent/Guardian Signature

ADMINISTRATOR [Signature admits the Student(s)
for the school year on this contract]

Parent/Guardian Signature

Street Address

City

State

Zip

ST. JOHN'S ACADEMY

MEDICAL INFORMATION, AUTHORIZATION, AND RELEASE FOR ____/____

Name of Student _____

1. Parent contact numbers in case of emergency:

_____()_____ ()_____ ()_____
Mother Cell Phone Work Phone Home Phone

_____()_____ ()_____ ()_____
Father Cell Phone Work Phone Home Phone

2. Name and telephone numbers (include cell numbers) for person(s) other than parents to contact in emergency:

3. Name and telephone numbers for Student's doctor:

4. Name, policy number, and emergency notification number for Student's health insurance plan:

5. Medical conditions of which the School should be aware (e.g., asthma, diabetes, etc.):

6. Foods and/or medications to which Student is allergic:

We the Parent(s) or Guardian(s) of the above-named Student(s) hereby authorize St. John's Academy and its agents to obtain emergency medical or life-saving treatment including hospitalization and surgery for the safety and health of the student and do release St. John's Academy and its agents from any and all liability which may arise from obtaining said emergency medical or life-saving treatment.

For additional child (ren), please photocopy this form or obtain another form. Please sign and return on or before the first day of school. The Student will not be admitted to class without this form on file.

Parent(s)/Guardian(s) _____

Date _____

ST. JOHN'S ACADEMY

TRANSPORTATION RELEASE/CARPOOL INFORMATION FOR ____/____

Name of Student(s) _____

The following persons are allowed to pick up the Student(s) from St. John's Academy.

1. Name _____
Address _____
Telephone Numbers _____
Relationship to Student(s) _____

2. Name _____
Address _____
Telephone Numbers _____
Relationship to Student(s) _____

3. Name _____
Address _____
Telephone Numbers _____
Relationship to Student(s) _____

4. Name _____
Address _____
Telephone Numbers _____
Relationship to Student(s) _____

We the Parent(s) or Guardian(s) of the above-named Student(s) hereby authorize St. John's Academy and its agents to release custody of the Student(s) to any of the person(s) above, and do release St. John's Academy and its agents from any and all liability which may arise from releasing the Student(s) to the person(s) listed above.

Please sign and return on or before the first day of school. The Student(s) will not be admitted to class without this form on file.

Parent(s)/Guardian(s) _____

Date _____