

# ST. JOHN'S ACADEMY



## ADMISSIONS CHECKLIST 2016-2017

### **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 30, 7:00 p.m., GOOD NEWS CHURCH**

- Fees due per schedule
- Order uniforms (RC Uniforms)

# ST. JOHN'S ACADEMY



## 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.

## 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		

# ST. JOHN'S ACADEMY

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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/diagnosed with  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.

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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 (K-Grade 2): \$6,150      Grammar: (Grades 3-5): \$6,150  
Dialectic (Grades 6-8): \$7,050  
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 \_\_\_\_\_ / \_\_\_\_\_

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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 .022 (2.2%); enter this amount. **1.** \_\_\_\_\_

**2. Supply/Fine Arts/Yearbook Fee** **2.** \_\_\_\_\_  
Kindergarten through 8<sup>th</sup> Grade: \$525.00 (1<sup>st</sup> student-includes 2 tickets for Spring Auction)  
Kindergarten through 8<sup>th</sup> Grade: \$450.00 (each additional student)

**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

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**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 10<sup>th</sup> or 20<sup>th</sup> of each month) **EFT enrollment form is due on March 1<sup>st</sup> or additional fees may be assessed.**

This option mandates using EFT and participation 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 1<sup>st</sup>, 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 2.2% 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 tests 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