



St. John's

EPISCOPAL SCHOOL

For Office Use ONLY	
App Recv'd	_____
Reg Fee	_____
App Fee	_____
Assessmt	_____
Tuition	_____
Entered	_____
Assigned	_____

1600 Sherman, Abilene TX 79605 325.695.8870 www.stjohnsabilene.org

Enrollment Application

2012-2013 Grade / Program		(PT=Part Time) (FT=Full Time)	
Grade: 5 th 4 th 3 rd 2 nd 1 st K			
Pre-School: PK4PT PK4FT PKTRANPT PKTRANFT PK3PT PK3FT PK2PT PK2FT			
Registration Fee and Annual Tuition Fee			
Registration Fee: \$350		Annual Tuition (circle): \$7,950 (K-5 th) \$5,950 (PK-FT) \$4,500 (PK-PT)	
Payment Plan (check box): <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly			
Student Information (All information required)			
Student Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	SSN:	Religious Denomination:	
Student's Home Address:		Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other:	
City:	State:	ZIP Code:	Ethnicity:
Name (Age) School Age Siblings:			
Parent/Guardian Information (All information required)			
Parent 1/Guardian Name:			
Parent 1 Date of Birth:		Parent 1 Social Security Number:	
Parent 1 Home Address:		Home Phone:	Cell Phone:
Parent 1 Name of Business:		Occupation / Title:	
Parent 1 Business Address:		Work Phone Number:	
Parent 1 Email at Home:		Email at Work:	
Parent 2/Guardian Name:			
Parent 2 Date of Birth:		Parent 2 Social Security Number:	
Parent 2 Home Address:		Home Phone:	Cell Phone:
Parent 2 Name of Business:		Occupation / Title:	
Parent 2 Business Address:		Work Phone Number:	
Parent 2 Email at Home:		Email at Work:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Other			
Who does the student live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, please explain:			
Who should receive report cards: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, please explain:			
Who should receive billings: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, please explain:			
Grandparent/Special Friend Information			
List grandparents and special friends of student for the purpose of being informed about school activities and invitations to special events. Please attach separate paper for more names and addresses.			
Name:		Name:	
Address:	Phone #	Address:	Phone #
City, ST Zip:		City, ST Zip	
Relation to Student:		Relation to Student:	
Email:		Email:	

Student Name:

(Office Use Only) Teacher:

Admission Data

Entering Pre-School:

1. PK3 and PK4 students are required to be toilet trained prior to admission: Trained Yes No - please explain:

2. Student assessment will be made prior to admission for PK4: Best time of day morning or afternoon
3. Student has or is currently attending a pre-school or mother's-day-out program
If so, please list the pre-schools or mother's-day-out programs: _____
4. Student's special needs, special interests and accomplishments: _____

Entering Kindergarten through 5th Grade:

1. Present School _____ Address: _____ Highest Grade Completed: _____
2. Has the student skipped a grade? No Yes – which grade : _____
3. Has the student received counseling due to a serious personal problem or event? No Yes – please explain:

4. Has the student ever received disciplinary censure, suspension, or been asked to withdraw at any school?
 No Yes – please explain:

5. Student's special needs, interest, and accomplishments: _____

6. Student assessment will be made prior to admission: Best time of day morning or afternoon

(Office use only)

Date of Assessment : _____

Assessed by: _____ Recommendation: _____

Notes: _____

Student Name:

(Office Use Only) Teacher:

Medical Statement and Immunization Information

Pre-School Only: To Be Completed by Student's Physician

- 1. HEALTH-CARE PROFESSIONAL STATEMENT: Student ... has been examined within the past year and is released as able to take part in the pre-school program offered at SJES. Physician Signature: Date:
2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Pre-School and Grades:

- 1. Attached is a validated and current copy of the student's immunization records.
2. A validated and current copy of the student's immunization record is on file in the SJES nurse's office.
3. Student is exempting from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form issued by the Dept. of State Health Services. I understand this affidavit is valid for 2 years.

Emergency Information

Physician: Address: Phone#
Preferred Emergency Facility: Hendrick Abilene Regional Other:
Emergency Parent/Guardian Information: Name Best Phone#
Emergency Parent/Guardian Information: Name Best Phone#
Emergency Non-Residence Contact: Name Relation Phone#

Special Needs and Medications

Student Special Needs (i.e. allergies, existing chronic illnesses, long term medications):

Over-the-counter medications allowed for student while at SJES (check all that apply):

- Acetaminophen (children's) Antibiotic Ointment Band-Aid Wash Benadryl liquid Blixtext Lip Balm
Hydrocortisone Cream (1%) Hydrogen Peroxide Orajel Topical Saline Eye Wash Throat Lozenges

Persons Authorized To Remove Student From Campus (Photo ID Required)

Name: Relation: Phone#
Name: Relation: Phone#
Name: Relation: Phone#

After School Care (3:00 pm - 6:00 pm)

Student: will will not be attending After School Care
If attending: full time occasionally drop in

Other Authorizations (check boxes)

- Student may may not appear in SJES publications and website
Student may may not appear in the school directory
Student may may not be transported for school trips
Student may may not receive Holy Eucharist (communion)
Student may may not receive a blessing(s) in Chapel
Student may may not be a participant in a higher education statistical recordkeeping for St. John's Alumni database purposes

Policies Acknowledgement

St. John's Episcopal School does not discriminate on the basis of gender, race, color, creed, religion, national or ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs. The programs of St. John's are designed to teach the academically and physically able student.

This enrollment agreement is for the entire school year from August through May. There will be no reduction in the annual tuition or registration fee for withdrawal after July 1st with the exception of military or job transfers. To apply for proration due to military or job transfers, a proof of transfer must be provided. All accounts must be paid in full prior to any student records being forwarded to other schools. For enrollment after the start of the school year, proration will be made using remaining scheduled school days.

Parent(s)/Guardian(s) agree to pay in full all tuitions and fees as published and charged. Any account that becomes 60 days past due will cause forfeiture of enrollment and thereby all financial aid and/or scholarships to be forfeited; all tuition and fees will become due immediately and forwarded to the collection agency with all the associated collection and legal fees charged to the account. FUTURE ENROLLMENT WILL NOT BE ALLOWED.

The student will take part in all school activities and field trips unless written notice is given by the parent(s)/guardian(s) to restrict such activity. St. John's Episcopal School, school employees, school volunteers, and carpool drivers will not be held responsible in case of an emergency, injury, or loss.

The enrollment process is completed when: the enrollment application form is fully completed and signed, current immunization records are provided, request for student's records are completed, student assessment is completed, the application and registration fees have been paid, and finally the admission committee offers the position for the student.

All of the above statements, check-marked indications, initials and information are true and correct.

Signature of Parent 1: Date: Signature of Parent 2: Date: