



# St. John's

## EPISCOPAL SCHOOL

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

1600 Sherman, Abilene TX 79605 325.695.8870 [www.stjohnsabilene.org](http://www.stjohnsabilene.org)

### Re-Enrollment Application

2012-2013 Grade / Program		(PT=Part Time) (FT=Full Time)	
Grade: 5 <sup>th</sup> 4 <sup>th</sup> 3 <sup>rd</sup> 2 <sup>nd</sup> 1 <sup>st</sup> K			
Pre-School: PK4PT PK4FT PKTRANPT PKTRANFT PK3PT PK3FT PK2PT PK2FT			
<b>Registration Fee and Annual Tuition Fee</b>			
Registration Fee: \$350    Annual Tuition (circle): \$7,950 (K-5 <sup>th</sup> )    \$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			
<b>Student Information (All information required)</b>			
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:			
<b>Parent/Guardian Information (All information required)</b>			
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:			
<b>Grandparent/Special Friend Information</b>			
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:

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

The programs of St. John's are designed to teach the academically and physically able student. Students are eligible for re-enrollment contingent upon the student's maintenance of satisfactory marks and a positive and constructive relationship between the School, parent(s), and the student.

This re-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.

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 re-enrolled 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 re-enrollment process is completed and the student's place is reserved for the 2012-2013 school year when: the re-enrollment application form is fully completed and signed, current immunization records are attached or on file, and the registration fee has been paid.

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: