



ST. JOHN'S EPISCOPAL SCHOOL

401 W. County Rd. N . Odessa, TX 79763
Mailing Address: PO Box 3046 . Odessa, TX 79760
(432) 337-6431

**ENROLLMENT APPLICATION
2019-2020**

This form must be accompanied by Enrollment Fee (non-refundable).

First Name _____ Middle _____ Last _____

Grade _____ Date of Birth _____ Gender _____

Home Address _____ City, St, Zip _____

Mailing Address (if different from home address) _____ City, St, Zip _____

Name of Mother or Guardian _____ Home Phone _____

Home Address _____ City, St, Zip _____ Cell Phone _____

Employer _____ Bus Phone _____

Occupation _____ Email _____

Name of Father or Guardian _____ Home Phone _____

Home Address _____ City, St, Zip _____ Cell Phone _____

Employer _____ Bus Phone _____

Occupation _____ Email _____

Name and ages of brothers and sisters _____

Family Church Affiliation _____

Does this child have a medical condition or allergy we should know about? If so, please explain _____

Persons who may be called in case of emergency (other than parents):

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Grandparents:

Name _____ Address _____ City, St, Zip _____

Name _____ Address _____ City, St, Zip _____

Name _____ Address _____ City, St, Zip _____

Signed _____ Date _____

ST. JOHN'S EPISCOPAL SCHOOL
ENROLLMENT AGREEMENT
SCHOOL YEAR 2019-2020

Student's Name: _____ Date: _____

Enrolling in Grade: _____ Date to Enter: _____

Enrollment and Re-enrollment are conditioned upon the following terms:

1. Successful completion of the current academic year and recommendation of the School are required for re-enrollment of currently-enrolled students.
2. Accounts must be current prior to registration.
3. A non-refundable registration fee (listed on the Tuition/Fee schedule) must accompany the application and Agreement. Yearly tuition may be paid in full by July 1, 2019, taking a 5% deduction, or by making eleven (11) monthly payments through FACTS Tuition Management Program (July through May).
4. I understand that it is my obligation to pay tuition/fees for the full academic year. I do not expect tuition/fees to be refunded or canceled for any reason.
5. I understand that the rules of conduct set forth by St. John's Episcopal School apply at all times on campus and at all St. John's-related activities, on or off the campus. I acknowledge that I will read the rules of conduct as they are presented in the 2019-2020 Student-Parent Handbook and will discuss them with my child/children.
6. St. John's Episcopal School has the right to cancel enrollment of any student whose payments are more than thirty days in arrears or for any other cause as determined by St. John's Episcopal School.
7. Transcripts and other student records will be held for students until all unpaid tuition/fees are received.
8. I, the undersigned, do hereby release St. John's Episcopal School, its agents, affiliates, and any/all related personnel from any/all liability in the event of accident or injury to my child.

Enrollment cannot be completed until this Agreement is signed by parent or guardian and is submitted to St. John's Episcopal School, accompanied by the enrollment application and the registration fee.

Signed _____ Date _____
(Father/Guardian or person financially responsible for student)

Signed _____ Date _____
(Mother/Guardian or person financially responsible for student)

Acceptance _____ Date _____
Head of School

ST. JOHN'S EPISCOPAL SCHOOL

PERMISSION FORM

SCHOOL YEAR 2019-2020

Student's Name _____ Grade _____

Medical Information

Doctor _____ Telephone _____

Hospital Insurance Co. _____ Policy No. _____

Does your child take any prescribed medications? If so, please list. _____

Does your child have a medical condition about which we should know? If so, please explain. _____

Permission for Medical Treatment

I, _____, (Parent/Guardian), the undersigned, declare my child _____ is in good physical health and may participate in any/all activities as planned or directed by St. John's Episcopal School. In an emergency St. John's Episcopal School, its agents, and/or affiliates have my permission to obtain emergency treatment at a local hospital including blood transfusions if attending physician deems such treatments necessary.

I give permission. _____ (initial) I do not give permission. _____ (initial)

Permission for Field Trip/Off-Campus Activities

_____ has my permission to attend any/all field trips or off-campus activities as dictated or associated with class(es) he/she is enrolled in at St. John's Episcopal School.

I give permission. _____ (initial) I do not give permission. _____ (initial)

Permission for Use of Photos/Videos

St. John's Episcopal School and all affiliates thereof have my permission to use any photographs, art objects, or video tapings of my child for future use in any/all St. John's Episcopal School publications and promotional materials.

I give permission. _____ (initial) I do not give permission. _____ (initial)

Release of Liability

I, _____, the undersigned, do hereby release St. John's Episcopal School, its agents, affiliates, and any/all related personnel from any/all liability in the event of accident or injury to my child, _____.

★ ★ ★ IMMUNIZATION RECORD, BIRTH CERTIFICATE ★ ★ ★
Each student needs a new immunization record each year. In addition, a birth certificate copy must be submitted to the School for the student's permanent file.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION FOR STUDENT PICK-UP
SCHOOL YEAR 2019-2020

STUDENT'S NAME

GRADE

The persons whose names are listed below are authorized to pick up the above-named students at any time during the 2019-2020 school year after proper picture identification.

NAME

PHONE NUMBER

PARENT/GUARDIAN

PHONE NUMBER

Changes (adding, modifying, or deleting names) to this Authorization Form must be made by notifying the school office. The student will not be allowed to leave with anyone whose name is not on this Authorization Form unless the school office has a written, signed note or telephone call from the parent, stating the name of the person who will pick up the child.

Parent's Signature

ST. JOHN'S EPISCOPAL SCHOOL

EXTENDED DAY

SCHOOL YEAR 2019-2020

Student's Name: _____ Enrolling in Grade: _____

Please select one: Full Time Part Time

My child will not be staying for Extended Day

FULL TIME EXTENDED DAY:

Your child will be considered **Full Time** if he/she will be staying over 15 hours a month. The payment will be due on the 1st of each month. You **will not** receive an invoice every month. Payment can also be added to your FACTS payment.

If you are signed up for Full Time and circumstances change and your child is no longer going to stay in Extended Day, you must notify Mrs. Harp in the school office or you will continue to be billed for Full Time.

PART TIME EXTENDED DAY:

Part Time is considered 15 hours or less in Extended Day. You will be charged a monthly fee of \$50.00 due on the 1st of the month. You will not receive an invoice every month. Payment can also be added to your FACTS payment.

ADDITIONAL CHARGES:

There will be an additional charge if your child is not picked up by 5:30 p.m.

Signed _____ Date _____
Father/Mother/Guardian

ST. JOHN'S EPISCOPAL SCHOOL

CLASS DIRECTORY

SCHOOL YEAR 2019-2020

Student's Name: _____ Grade: _____

We will be releasing a student directory for each class which will include your child's name, address and phone number.

I give my permission for the following information to be released in the Class Directory.

Please check:

Name Address Phone Number*

*If you have a specific number you would like published, please list: _____

Signed: _____ Date: _____