

St. John's Episcopal School

145 NE 10th St

Homestead, Florida 33030

Telephone: (305) 247-5445 Fax: (305) 245-4063

Email: schoolsec@bellsouth.net

Please Print Legibly

STUDENT INFORMATION:

Entering Grade: _____ School Year 2022-2023

Student's Full (legal) Name _____

Name Student goes by _____ Home Phone _____

Birth date ____/____/____ SS#: ____ - ____ - ____ Sex: ____ Male ____ Female

Physical Address _____ City _____ Zip Code _____

Mailing Address (if different) _____ City: _____ Zip _____

RESIDENT FAMILY INFORMATION: (With whom does the student reside? Include step-parent information if applicable.)

1) Parent/Guardian Name _____ Relationship _____

Cell # _____ SS # _____ Email _____

Occupation _____ Employer _____ Work # _____

2) Parent/Guardian Name _____ Relationship _____

Cell # _____ SS # _____ Email _____

Occupation _____ Employer _____ Work # _____

NON-RESIDENT Parent Name _____ Relationship _____

Cell # _____ SS # _____ Email _____

Occupation _____ Employer _____ Work # _____

Other: Please list other children in family _____ Age _____, _____ Age _____,

_____ Age _____, _____ Age _____, _____ Age _____,

TOTAL INCOME Please state your total taxable income for the previous tax year (as shown on 1040 Tax Form)

Household size (# of people): _____ Total Annual Taxable Income: \$ _____

*** Re-enrollment at St John's Episcopal School is contingent upon a student's academic and behavior record.**

OTHER INFORMATION:

Previous School _____ Dates attended _____

Address _____ Phone _____ Fax _____

Has your child experienced any discipline or conduct problems? ____ Yes ____ No

If yes, please explain (in detail) _____

Has your child ever been suspended or expelled from school for any reason? ____ Yes ____ No

If yes, please explain (in detail) _____

Church Affiliation (check one)

We are members of St. John's Parish We are members of _____

We are NOT members of a church We are interested in Baptism for our child.

Has your child been baptized? Yes No

EMERGENCY CONTACTS: (Also permitted to pick up your child)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL

Does your child have any medical issues that we should be aware of? Yes No

If yes, explain _____

Does your child currently take any medications regularly? Yes No

If yes, explain _____

Please list any special physical or educational needs your child may have _____

Family Doctor _____ Contact # _____

REQUIRED DOCUMENTS Please make sure we receive all the documents listed below on or before the first day of school.

Birth Certificate (*copy*)

Health Form(s) (*originals*)

() Florida Department of Health School Entry Health Exam (Yellow Form)

() Florida Certification of Immunization (Blue Form)

Social Security Card (*copy*)

OTHER

My child agrees to abide by the St. John's Dress Code, Rules of the Handbook, and Computer Use Policy

Yes No

I hereby acknowledge that acceptance and continuations of attendance at St. John's is dependent upon both the student and parents observing the home and school relationship as stated in the handbook.

I give St. John's School permission to request records from my child's previous school.

Parent/Guardian (please print) _____ Signature _____

Student Name: _____ Grade: _____ Date: _____

ENROLLMENT AGREEMENT:

1. This Agreement is a binding contract between St. John's Episcopal School (hereinafter "School") and the undersigned Parent/Guardian (_____) for the enrollment of his/her child (_____) for the upcoming academic school year.
2. Parent/Guardian acknowledges the School will hire/employ its faculty and staff, establish the budget for the academic year, and purchase supplies and equipment prior to the beginning of the academic year based upon school enrollment numbers. Therefore, Parent/Guardian acknowledges and agrees that upon registering his/her child for enrollment in the School that the Parent/Guardian is financially obligated to pay in full the annual tuition as established by the School for the upcoming academic school year. This obligation is deemed to exist without exception or grace period and regardless of possible withdrawal, dismissal or absence for any reason. However, should the Parent/Guardian withdraw the above-named child prior to July 15th of the upcoming school year the School may, at its sole discretion, return some or all of the monies already paid and relieve Parent/Guardian of their obligations under this Agreement. This paragraph shall apply to all Parents/Guardians of enrolled students, including those admitted after July 15th. If an alternative payment arrangement is not agreed to by the School, in accordance with the Payment Agreement below, all tuition shall be due and payable in full before the first day of classes of the academic school year for which they are incurred, as a condition to the child being allowed to attend classes.
3. The annual tuition and the terms and conditions for payment of same are set forth in the school registration brochure, receipt of which is hereby acknowledged by the Parent/Guardian. The tuition shall be paid in accordance with the terms and conditions set forth in the registration brochure and the Parent/Guardian agrees to be bound by same. The Parent/Guardian acknowledges that the annual tuition to enroll his/her child in the School may be increased for each successive academic school year, at the School's sole discretion. The School Registration Brochure is hereby incorporated and made a part of this Agreement by reference.
4. **If a child's tuition account does not remain current, the student's enrollment in the School may be discontinued and a legal/collection action may be filed to enforce the School's rights under this Agreement at the sole discretion of the School in accordance with the Payment Agreement below.**
5. The undersigned Parent/Guardian agrees that his/her child and the Parent/Guardian will abide by the School policies and expectations as stated in the parent/student handbook and agrees to all of the terms and conditions stated therein. The parent/student handbook is hereby incorporated and made a part of this Agreement by reference.
6. The undersigned Parent/Guardian gives permission for the above referenced child to be taken to the doctor or hospital if necessary for medical treatment.
7. By signing this Agreement, the Parent/Guardian consents to be automatically enrolled in the Parent Teacher Support Group (PTSG).
8. If any provision of this Agreement is held to be invalid or unenforceable, all remaining provisions of said Agreement shall remain in full force and effect.
9. This Agreement shall become binding and effective as of the date both parties have affixed their signature to this Agreement.
10. The undersigned Parent/Guardian agrees to pay all costs, including reasonable attorney fees incurred or paid by the School in enforcing or preserving any right or interest of the School set forth under this Agreement, registration brochure and/or parent /student handbook.
11. The parties have incorporated into this Agreement their entire understanding. No oral or prior written matter extraneous to this Agreement shall have any force or effect whatsoever. No addendum, modification or waiver of any of the terms of this Agreement shall be effective unless in writing and signed by both parties in the same manner as this Agreement is executed. Only Authorized School Administrators may sign on behalf of the school.
12. The failure of either of the parties hereto at any time to require performance by the other party of any of the terms, provisions or conditions hereof, shall in no way affect his or her right thereafter to enforce same, nor shall the waiver of either of the parties of any breach at any time of any of the terms, provisions or conditions hereof, be taken or held to be a waiver of any succeeding breach of any such terms, provisions or conditions hereof, or as a waiver of the term, provision or condition itself.
13. For and in consideration of the mutual promises and agreements herein contained, created, agreed to, and signed for, the receipt and sufficiency of which is hereby acknowledged, the parties herby covenant, promise and agree to the terms and conditions stated herein.

This Enrollment Agreement was entered into on (date): _____

Parent/Guardian (Please Print) _____ Signature _____

Parent/Guardian (Please Print) _____ Signature _____

St. John's School Representative _____ Date of Acceptance: _____

PAYMENT AGREEMENT:

I (_____), promise to pay all fees and tuition for the 2022-2023 academic school year as set forth in the registration brochure and in accordance with the selected payment option below. I understand and agree that monthly tuition payments are to be made in advance and in all instances must be received by the first of the month. I further understand and agree that payments received after the 15th of the month will be assessed a \$15.00 late fee. I have been informed and agree that I will be charged a \$25.00 fee for the checks returned or rejected by my financial institution for insufficient funds. I agree that in the event of a returned check for insufficient funds, the School may, at its sole discretion, require any future payments to the School be made by money order, cashier's check, credit card or debit card.

I AM AWARE AND AGREE THAT IF MY PAYMENT ACCOUNT BECOMES DELINQUENT IN THE EXCESS OF 45 DAYS, MY STUDENT WILL NOT BE ELIGIBLE TO CONTINUE ENROLLMENT IN ST. JOHN'S EPISCOPAL SCHOOL (HEREINAFTER "SCHOOL") AND MAY, AT THE SCHOOL'S SOLE DISCRETION, BE DENIED ENTRY ONTO THE SCHOOL'S PREMISES UNTIL SUCH TIME AS MY CHILDS TUITION ACCOUNT IS BROUGHT CURRENT. IF MY ACCOUNT IS DELINQUENT BY MORE THAT FORTY-FIVE (45) DAYS, I ACKNOWLEDGE AND AGREE THAT THE SCHOOL MAY, AT ITS SOLE DISCRETION, ACCELERATE ANY REMAINING TUITION PAYMENTS FOR THE CURRENT ACADEMIC SCHOOL YEAR AND REQUIRE THAT I PAY ALL REMAINING TUITION IN FULL PRIOR TO MY CHILD BEING ALLOWED TO CONTINUE ENROLLMENT AT THE SCHOOL.

I acknowledge and agree that if my child's registration has been accepted by the school, the registration and tuition fees already paid are NOT refundable. I am also aware and agree that the School will not transfer or release student records until all financial or other required obligations are fulfilled by the Parent/Guardian and his/her child. All payment options set forth below are subject to approval by the School. Not all parents/guardians will qualify for all payment options set forth below.

Please select a payment plan: (Initial the appropriate letter)

- | | |
|---|--|
| <input type="checkbox"/> (A) Tuition paid in full by June 1 (5% discount)
Does not apply to scholarship students | <input type="checkbox"/> (F) Step UP for Students Scholarship <u>\$100.00 Registration and \$100.00 per child+\$20 additional sibling per month for 10 months.</u> |
| <input type="checkbox"/> (B) Second/Subsequent Children (5% discount)
Does not apply to scholarship students | <input type="checkbox"/> (G) VPK – Half Day (no charge) |
| <input type="checkbox"/> (C) Pledging Parishioners (5% discount)
Does not apply to scholarship students | <input type="checkbox"/> (H) VPK – Full Day \$ <u>300.00 per month</u> |
| <input type="checkbox"/> (D) 10-Month payment plan | <input type="checkbox"/> (I) School Readiness |
| <input type="checkbox"/> (E) John McKay Scholarship | |

Fee agreement: (Please initial)

- Volunteer Hour Fees \$200 per year
- Science Club \$5 per month (members only)

Signature of responsible party _____ Date _____

Name (please print) _____

Approval of Payment Agreement by St. John's Episcopal Church and School:

St. John's Episcopal School Representative Date