

ENROLLMENT INFORMATION

Thank you for your interest in St. John's Episcopal School. We look forward to working with your family. The following requirements and items need to be completed to finalize the application folder.

Notification of the status of your application will be sent during the month of April.

If you have any questions, please contact the Admissions Office at (69)422-6414.

- 1) Enclosed application with \$50.00 testing fee (K-8).
- 2) Student Questionnaire (5-8 grades only).
- 3) Immunization Record and a copy of the Birth Certificate (ALL applicants).
- 4) Pre-school students MUST be 3 years of age by September 30th and fully toilet-trained.
- 5) Kindergarten students MUST be 5 years of age before December 1st of the school year.
- 6) All applications will be kept for the school year for which the application is made.
- 7) It is required that all fees and first month tuition be paid before September 1st. In addition, all registration papers, transcripts, report cards etc. need to be on file before the beginning of the school year.
- 8) Transcript Request Form must be completed and signed. **(give to the current school – do not send back to us).**
- 9) I (we) agree, therefore, that our signature below indicates our commitment to fulfill our obligation under the provisions of this agreement and to actively support the educational goals of the school as well as its program. We also understand this contract presumes satisfactory completion of the current school year.

Parent/Guardian Signature

Date

St. John's

760 First Avenue • Chula Vista, California 91910-6012
Church (619) 422-4141 • School 422-6414 • Fax 422-6946 • www.saint-johns.org

PLEASE LIST APPLICANT'S SIBLINGS:

Name _____ Age ____ School/Grade _____

Name _____ Age ____ School/Grade _____

Name _____ Age ____ School/Grade _____

Please list any relatives who attend or have attended St. John's School by name(s), and their relationship(s) to the applicant:

From what source did you learn about St. John's School? (Please identify by name.)

My signature below indicates that all information on this application is complete and factually presented.

Signature of parent/legal guardian

Date

St. John's School does not discriminate on the basis of race, color, gender, creed, national or ethnic origin in the administration of its admission policies, educational policies, tuition, or any other school-administered programs.

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**ST. JOHN'S EPISCOPAL SCHOOL
TUITION AGREEMENT
2009-2010**

STUDENT'S NAME _____ GRADE _____

In registering the above named student in St. John's School for the academic year 2009-2010, I/we agree to the following:

St. John's School reserves the right to adopt and amend from time to time its rules and regulations relating to academic and disciplinary matters.

It is our obligation to pay the required fees and tuition.

Our financial obligation to the school includes full payment of tuition regardless of absence, withdrawal or dismissal prior to the end of the school year.

A NON-REFUNDABLE registration fee is due with this contract.

Should the tuition not be paid by the FIFTH working day of the month, there will be a late charge of \$25.00. There will be a \$30.00 fee for returned checks.

When tuition is in arrears, St. John's School reserves the right to refuse a student admittance to class or to dismiss a student in accordance with the school's delinquent tuition policy, which may be found in the Parent Handbook.

To pay all costs including attorney's fee in connection with any litigation arising from this contract and its enforcement.

These agreements are part of the consideration for the school's acceptance of the above student and for the school year.

Signature _____ Date _____
Parent or Legal Guardian

St. John's