



# CHRIST EPISCOPAL SCHOOL REGISTRATION INFORMATION 2017-18

DATE OF APPLICATION \_\_\_\_\_ ( ) FORMER STUDENT ( ) NEW STUDENT

**Please note any new changes from last year's forms by highlighting those to be changed in the computer.**

PLEASE CIRCLE LEVEL IN FALL: PK- 3 PK- 4 KINDERGARTEN GRADE: 1 2 3 4 5 6

Student's Name: _____				Name Student Prefers: _____			
First	Middle	Last		Male	Female	(Circle One)	
Address: _____							
Number and street			City	State	Zip Code		
Home Telephone: _____		Social Security #: _____		Birthdate: _____		Age: _____	
Place of Birth: _____				Ethnic Origin (Optional): _____			
Last school attended: _____				Location: _____			
Daycare facility child will attend after school, if any: _____							
Father's Name: _____				Birthdate: _____		Ethnic Origin (Optional): _____	
Address same as student: Yes or No If different: _____							
Work Phone: _____ Employer: _____ Position: _____							
Cell#: _____ E-mail Address _____							
Highest Educational Level/Degree: _____ Field: _____							
Mother's Name: _____				Birthdate: _____		Ethnic Origin (Optional): _____	
Address same as student: Yes or No If different: _____							
Work Phone: _____ Employer: _____ Position: _____							
Cell#: _____ E-mail Address _____							
Highest Educational Level/Degree: _____ Field: _____							
Stepparent's Name: _____				Birthdate: _____		Ethnic Origin (Optional): _____	
Work Phone: _____ Employer: _____ Position: _____							
Cell#: _____ E-mail Address _____							
Highest Educational Level/Degree: _____ Field: _____							
Stepparent's Name: _____				Birthdate: _____		Ethnic Origin (Optional): _____	
Work Phone: _____ Employer: _____ Position: _____							
Cell#: _____ E-mail Address _____							
Highest Educational Level/Degree: _____ Field: _____							

**\*Please Continue on the Next Page\*\***

STUDENT'S NAME \_\_\_\_\_

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**HOUSEHOLD MEMBERS OTHER THAN PARENTS:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship \_\_\_\_\_

**RELIGIOUS AFFILIATION:**

Student: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**STUDENT PRIMARILY LIVES WITH (Circle):**

both parents / mother / father / mother/step-father / father/step-mother

alternates between mother's and father's home / grandparents / other \_\_\_\_\_

**IF JOINT CUSTODY AGREEMENT OR MANAGING CONSERVATORSHIP APPLIES, PLEASE EXPLAIN:**

The school must be provided with copies of all documents specifying custody arrangements, including conservatorships, (if applicable).

**IF YOUR CHILD HAS HEALTH CONCERNS OR OTHER CONCERNS THAT WE MAY NEED TO KNOW ABOUT, PLEASE EXPLAIN:**

**HOW DID YOU HEAR ABOUT CHRIST EPISCOPAL SCHOOL?** \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Relative

\_\_\_\_\_ CES Reputation \_\_\_\_\_ Internet \_\_\_\_\_ Other, please specify \_\_\_\_\_

**GRANDPARENTS (This information will be used for special event invitations and other special mailings.)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



CHRIST EPISCOPAL SCHOOL 2017-18 ENROLLMENT AGREEMENT

FOR \_\_\_\_\_  
(Student's Name)

GRADE \_\_\_\_\_

THE UNDERSIGNED HEREBY REQUEST THE ENROLLMENT OF OUR CHILD IN CHRIST EPISCOPAL SCHOOL FOR THE ENTIRE ACADEMIC YEAR, AUGUST, 2017 THROUGH MAY, 2018. IN REGARD TO ENROLLMENT, WE UNDERSTAND:

- 1. That the school must budget its financial affairs in advance based upon receipt of tuition for the full school year for each child accepted. The number of faculty employed is based upon a projection of the number of students with confirmed contracts for the entire year.
2. That, where medical reasons or a change of residence outside of Nacogdoches County dictate a withdrawal before the end of term, the school may, in its absolute discretion, waive payment of the unpaid tuition balance.
3. That registration must be paid at the time of enrollment and the first tuition payment is due on May 5, 2017; (these payments are non-refundable nor transferable to another child) and that the following tuition installments are payable in advance on or before the fifth day of each month for either the 10 month plan - from August, 2017 through April, 2018 or the 12 month plan - June, 2017 through April, 2018. A \$10.00 late fee is charged after the tenth of the month.
4. That we agree to make all payment of tuition on or before the due dates for the complete year.
5. That the school shall have no liability or responsibility in the event of accident or injury and that, in the event medical attention is required, the school will make its best efforts to notify the parents or the persons indicated below.

Table with 3 columns: Names (other than parent), Relationship, Daytime Phone Number. Includes three rows of blank lines for entry.

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the principal, teacher, or staff member to provide transportation and give consent for any necessary medical care for my child.

- 6. That all students of Christ Episcopal School are required to attend chapel.
7. That the school must be provided with copies of all documents specifying custody arrangements, including conservatorships, (if applicable).
8. That the school shall have the absolute right, in its discretion, to require the immediate withdrawal of our child if tuition is not paid on time.
9. That the school shall have the absolute right, in its discretion, to require the withdrawal of our child if the school standards and requirements of behavior or academic achievement are not met by said child. We agree that, should Christ Episcopal School elect to serve our child in these circumstances, as an alternative to withdrawal, the school shall have the absolute right, in its discretion, to require an educational diagnostic evaluation of our child pursuant to establishing a program to fit our child's educational needs. We acknowledge that any products of psychological testing or service delivery are the property of the consulting psychologist.

BASED UPON THE FOREGOING UNDERSTANDINGS, WE HEREBY AGREE TO ALL OF THE ABOVE:

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_