



*"Academically Strong & Spiritually Solid"*

**New School Site**

2415 East DeRenne Avenue  
Savannah, GA 31406  
Phone: (912) 232-8507  
Fax: (912) 232-7881

**Head of School**

Dr. Charles Holmes

**Now Enrolling**

**Grades 1-12**

**Open House - August 3, 2017**

**First Day of School - August 7, 2017**



**APPLICATION FOR ADMISSION**  
(\$75 Application Fee | Non-Refundable – Non-Transferrable)

**APPLICANT INFORMATION**

Last Name:		First Name:		(Middle) (Jr., Sr., III, etc., )	
Date of Birth:		SSN:		Birth Place:	
Current address:					
City:		State:		ZIP Code:	
County:		Home Phone:		Cell Phone:	
Last School Attended:					
School Address:					
City:		State:		ZIP Code:	
Last grade completed:				Grade Applied For:	
Was the student ever retained in any grades? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:					
Has the student had any serious illnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:					
Has the student ever been expelled or denied entrance to a school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:					
Has the student been in any serious discipline problems at home or at school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details:					

**APPLICANT FAMILY INFORMATION**

Please check all that applies--  
Student lives with:

<input type="checkbox"/> Both parents	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Student lives with natural mother
<input type="checkbox"/> Mother	<input type="checkbox"/> One parent is divorced	<input type="checkbox"/> One parent is re-married
<input type="checkbox"/> Father	<input type="checkbox"/> Student is a stepchild	<input type="checkbox"/> Student is a foster child

Church attended by family?		How long?
City:	State:	Pastor:
Parents attend church <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom		
Children attend church <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom		
Are parents members of the St. John Baptist Church? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the student a member? <input type="checkbox"/> YES <input type="checkbox"/> NO



APPLICATION FOR ADMISSION ( <small>\$75 Application Fee   Non-Refundable – Non-Transferrable</small> )		
<b>CUSTODIAL PARENT INFORMATION</b>		
Father's Full Name:		Father's DOB:
Father's Occupation:		Employed by:
Business Phone:	Cell Phone:	E-mail:
<b>CUSTODIAL PARENT INFORMATION</b>		
Mother's Full Name:		Mother's DOB:
Mother's Occupation:		Employed by:
Business Phone:	Cell Phone:	E-mail:
Parent's Anniversary Date:		
<b>SIBLING INFORMATION</b> List names, ages, and date of birth for all other children in the household.		
Name:	Age:	DOB:
Name:	Age:	DOB:
Name:	Age:	DOB:
Name:	Age:	DOB:
Name:	Age:	DOB:
Name:	Age:	DOB:
<b>MEDICAL INFORMATION</b>		
Student is allergic to:		
Student has had operation(s) for the following:		
<b>EMERGENCY INFORMATION</b> This person will be contacted if parents cannot be reached.		
Person to Contact:		
Relationship to student:		Phone:
Student's Physician:		Physician Phone:



<b>FINANCIAL INFORMATION</b>	
Person Responsible for Tuition:	
Address for Billing Purposes:	
Relationship to Applicant:	Phone:
<b>CHILDREN IF ENROLLMENT PRIVILEGES DESIRED</b>	
Name	Name
Name	Name
<b>SIGNATURES</b>	
Please return completed application to school office at Address with \$75 Application Fee.	
Submitted by:	Date:
How did you find out about our school? <input type="checkbox"/> Pastor <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Church Member <input type="checkbox"/> Friend <input type="checkbox"/> Family Member	



**PARENTAL CONSENT FORM**  
**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Student's Name:		Student's DOB:	
Name of School:		Grade:	
City:	State:	ZIP Code:	

I, the parent or legal guardian of the above named student hereby authorizes the Superintendent of Schools, or his designees, of the school listed above to release any or all records to the following agency and its designees:

St. John Academy  
 2415 East Derenne Avenue  
 Savannah, GA 31406  
 School Number (912) 401-0074  
 School Fax (912) 232-7881

- Census Data
- Attendance Data
- Group Testing Data
- Discipline Reports
- Grade Transcripts/Progress Reports
- Health Data
- Special Education Placement Data
- Psychological Education Reports

I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

PLEASE SIGN

Signed by Parent or Guardian:	Date:
Signed by Witness:	Date:



### PARENT PERMISSION - MEDIA PARTICIPATION

St. John Academy is often requested to allow its students to participate in activities involving media such as television, newspaper, or videos for special school projects. Please check below:

- I give permission for my child to appear in media productions and presentations.  
 I DO NOT give permission for my child to appear in media productions and presentations.

PLEASE SIGN

Parent or Guardian:	Date:
---------------------	-------

### PARENT PERMISSION – FIELD TRIP

\_\_\_\_\_ (Student) has permission to attend school field trips throughout the year.

- YES  
 NO

PLEASE SIGN

Parent or Guardian:	Date:
---------------------	-------



**CONFIDENTIAL INFORMATION**

Has the student had any dealings with the juvenile court system or any other institution dealing with the law?  
 YES  NO

If the answer is yes, please explain thoroughly the infraction(s) and give the results of his/her case(s). Please be specific.

Does your child have a probation officer?  
 YES  NO  
 If the answer is yes, please complete below:

Name of Probation Officer:	Probation Officer Phone:
----------------------------	--------------------------

Is your student required to report to his/her probation officer?  
 YES  NO  
 If the answer is yes, how often?

Please provide any additional information that will assist the staff:

**PLEASE SIGN**

Parent or Guardian:	Date:
---------------------	-------



### MEMORANDUM ON MEDICATION FOR ALL PARENTS (2017-2018)

Children who are on medication must leave their medication in the office.  
All medicine must be administered from the office.

Many of our students will come to the office when they are not feeling well. As we approach changes in weather, many of them request medicine for cough, sinuses, headaches, etc.,

We feel it is necessary to receive the permission of parents before we proceed to give out any kind of medication. Please indicate the procedure you would like to follow if medication is needed for your child:

I give permission for over the counter medication for coughs, colds, sinuses, etc., in the event it becomes necessary for my child.

I DO NOT want any medication of any type given to my child. In the event there is sickness, call parent for further advise on how the situation should be handled.

My child has prescribed medicine that must be administered during the school day. Please follow dosing directions when administering.

My child is allergic to the following medications:

Thank you for your cooperation. Please feel free to call us with further concerns about this matter.

PLEASE SIGN

Parent or Guardian:	Date:
---------------------	-------





**STUDENT CONTRACT**

As a student at St. John Academy, I am aware that this school's major objective is to provide an opportunity for me to develop the skills essential to my experiencing spiritual and social maturity and academic success. To help ensure this objective is met, I agree to the following:

- To attend school everyday unless illness or some family condition prevents it.
- To follow all directions the first time given.
- To keep my hands, feet and objects to myself.
- To respect all adults, other students, and myself.
- To bring textbooks and all other supplies to my classes.
- To do my best so that all I do will be pleasing in God's sight.

I understand that if this is agreement is broken I can be asked to withdraw from St. John Academy.

PLEASE SIGN

Student:	Date:
Parent or Guardian:	Date:
School Representative:	Date:



FINANCIAL INFORMATION	
Yearly Tuition – Grades 1-8	\$7,500.00 paid in full or ten (10) monthly installments of \$750.00. Beginning the first (1 <sup>st</sup> ) day of school. After the 10 <sup>th</sup> of each month a \$50.00 late fee will apply to your account.
Annual Registration Fee*	\$25 (new and returning students)
Application Processing Fee*	\$75 (first time students)
Annual Book Fee*	\$300 (Grades 1-8)

**\*NOTICE: FEES ARE NON-REFUNDABLE**