

STUDENT'S NAME _____

REGISTRATION INFORMATION—PAGE 2

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 2011-12 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, 2011 THROUGH MAY, 2012. 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, 2011; (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, 2011 through April, 2012 or the 12 month plan - June, 2011 through April, 2012. A \$10.00 late fee is charged after the fifteenth 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 _____