

ST. JOHN ACADEMY

5411 Skidaway Rd * SAVANNAH, GEORGIA 31406 * (912) 401-0074 OR FAX (912) 232-7881

REV. GEORGE P. LEE, III, Ph.D., Founder/CEO

In an effort to create a positive climate for learning and to promote desirable behavior, it is important that students adhere to the Academy dress code. **IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO SEE THAT THE STUDENT IS PROPERLY DRESSED DAILY.** Parents or guardians are encouraged to monitor the attire before students leave home. The Academy asks your cooperation in observing the following guidelines:

Students must pay proper attention to their personal hygiene and must be in uniform at all times. Students must report to the Academy on time, in uniform and will leave the Academy in proper uniform. The student will face a penalty if they are out of uniform at any time.

1. Students must pay proper attention to personal cleanliness, neatness, and conservative dress.
2. Students are required to wear uniforms:
 - Grey or black dress long pants
 - Dress white shirts with red ties (boys & girls ties may be purchased at the school)
 - Red & black plaid skirts or pleated skorts to the knee
 - Black belt
 - White blouses or white polo button fronts shirts
 - Dress black solid shoes (Solid black or white tennis may be worn only)
3. Hair is to be clean and neatly groomed.
4. Students may not wear hats, caps, accessories, or sunglasses may not be worn inside the Academy.
5. Gold teeth or body piercing (i.e. navel, nose or tongue) are not authorized
6. Large earring are not permitted (large earrings = any earring larger than a quarter).
7. Any other attire which attracts undue attention to the wearer is inappropriate.
8. Cell phones are not allowed under any circumstance. If confiscated, there will be a \$25 charge assessed to the parent before they are returned to the legal parent/guardian.

Any other attire, which attracts undue attention to the wearer, is inappropriate. Examples are as follows: earrings, gold chains, gold tooth, ring, key chains, etc.

The final decision in any case, resides with the teacher and/or administrator.

Financial Information

Yearly Tuition - Grades 1-10,	\$7,500.00 paid in full or ten (10) monthly installments of \$750.00. Beginning the first (1 st) day of school. After the 10 th of each month a \$50.00 late fee will apply to your account.
Annual Registration Fee	\$25.00 (new & returning students)
Application Processing Fee	\$75.00
Annual Book Fee – Grades 1-10	\$300.00
Annual Field Trips	\$100.00

NOTICE: FEES ARE NON-REFUNDABLE.

NOTICE: St. John Academy does not discriminate on the basis of race, color, national or ethnic origin in its admission policies, scholarship, athletic, or other school-administered programs.

Revised 06/2016

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APPLICATION FOR ADMISSION
(\$75.00 Application Fee Non – Refundable/Non Transferable)

Social Security Number _____

Student _____
(Last) (First) (Middle)(Jr., Sr., III. Etc.)

Address _____ **Attach Current Photo**

City _____ State _____ Zip _____

Birth Place _____

Home Telephone Number _____ Work# _____

County _____ Birth Date _____ Age _____

Last School Attended _____

Address _____

City _____ State _____ Zip _____

Last Grade Completed _____ Grade Applied For _____

Has the Student Failed Any Grades? _____ If Yes, Please Give Details: _____

Has the Student had any serious illnesses? _____ If yes, explain: _____

Has the Student ever been expelled or denied entrance to a school? _____ If yes, explain: _____

Have there been any serious discipline problems at home or school? _____ If yes, explain: _____

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APPLICANT FAMILY INFORMATION

Please check all that applies:

_____ Student lives with both natural parents

_____ Parents are divorced

_____ Student lives with natural mother

_____ One parent is divorced

_____ Student lives with natural father

_____ Student is adopted

_____ Student is a stepson

_____ Student is a foster child

Church attended by family _____

City/State _____ Pastor _____

Parents attend: _____ Frequently _____ Occasionally _____ Seldom

Students attend: _____ Frequently _____ Occasionally _____ Seldom

Are parents' members? _____ Is the student a member? _____

Father's Name _____ Birthdate _____

Father's Occupation _____ Employed by _____

Business Telephone Number _____

Mother's Name _____ Birthdate _____

Mother's Occupation _____ Employed by _____

Business Telephone Number _____

Parent's Anniversary Date _____

List names, ages, and birth dates for other children in household:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

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MEDICAL INFORMATION

Student is allergic to: _____

Student has had operation(s) for the following: _____

EMERGENCY INFORMATION (if parents cannot be contacted)

Person to contact _____

Telephone _____ Relationship to Student _____

Student's Physician _____ Physician's Telephone _____

FINANCIAL INFORMATION

Person Responsible for Tuition _____

Address for Billing Purposes _____

Relationship to Applicant _____

HOW DID YOU FIND OUT ABOUT OUR SCHOOL?

_____ Newspaper Article

_____ Pastor

_____ Yellow Pages

_____ Friend

_____ Television

_____ Other _____

Submitted by:

Legal Parent or Guardian

Date

PLEASE RETURN TO SCHOOL OFFICE WITH APPLICATION FEE

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

Student's Name _____ Date of Birth _____

Name of School _____ Grade _____

School Address _____

City State Zip Code

I, the parent or legal guardian of 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
522-528 Hartridge St
Savannah, Georgia 31401
912-401-0074 School Number
912-232-7881 School Fax

Records:

_____ Census Data _____ Grade Transcripts/Progress Reports

_____ Attendance Data _____ Health Data

_____ Group Testing Data _____ Special Education Placement Data

_____ Discipline Reports _____ 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.

Signed: _____
Signature of Parent or Legal Guardian

Witnessed: _____
Signature of Witness Date

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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. IT WOULD BE A SIMPLE PROCESS IF WE HAD ON FILE A GENERAL CONSENT FORM. WOULD YOU PLEASE CHECK THE APPROPRIATE SPACE, SIGN, DATE AND RETURN THE FORM TO ST. JOHN ACADEMY.

CONSENT TO APPEAR IN MEDIA PRESENTATION

_____ I give permission for my child, to appear in Media Production.

_____ I DO NOT give permission for my child, to appear in any Media production.

Parent Signature

Date

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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 that are essential to my experiencing spiritual and social maturity an academic success. To help assure that this objective is met, I agree to the following:

- To attend school everyday unless illness or some other 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 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 agreement is broken, I can be asked to withdraw form St. John Academy.

Student

Date

Parent(s) Signature

Date

School Representative

Date

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Parent Permission – Discipline

Check, sign your name and return to St. John Academy.

_____ I give my permission for the principal or her designee to use corporal Punishment on my child _____ when necessary.

Students will not be accepted unless permission is granted.

A copy of the Discipline Policy is available upon request.

Parent or Guardian

Date

Parent Permission – Field Trip

_____ has permission to attend school field trips throughout the school year.

_____ Yes

_____ No

Parent Signature

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CONFIDENTIAL INFORMATION

In order to assist us in serving you child in the most efficient manner, please complete the following items:

1. Has your child had any dealings with the juvenile court system or any other institution dealing with the law?

Yes _____ No _____

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

3. Does your child have a probation officer? Yes _____ No _____

4. If your answer is Yes to number 3, please complete these items below:

- Name of the Probation Officer _____
- Telephone Number Area Code (____)Number _____

5. Does you son have to report to his probation officer? Yes___ No___

- If yes, how often? _____

6. Please provide any additional information that will assist the staff.

Submitted by: _____
Legal Parent or Guardian

Date

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MEMORANDUM

TO: ALL PARENTS
FROM: The Administration
DATE: 2015-2016
SUBJECT: MEDICATION

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

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

We feel it is necessary to receive permission from the parents before we proceed to give out any kind of medication. Please indicate the procedures you would like taken in the event medication is needed for your child.

_____ I give permission for over the counter medication, for coughs, colds, sinuses etc... to be given in the event it becomes necessary.

_____ I do not want medication of any type given to my child. In the event there is sickness, please just call me for further advice on how the situation should be handled.

_____ My child has prescribed medicine. It must be given during the school day. Please follow the directions when administering it.

My child is allergic to the following medication(s) _____

Thank you for your cooperation. Please feel free to call us if needed concerning this matter.

Parent Signature

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