

Excelsior Academy

Returning Student Application

Registration Instructions:

Each student you plan to register must complete a Registration Form, Student Application Form, and a Commitment & Expectation Form. Students and parents need to read the Handbook before signing the Commitment & Expectation Form. After completing all required forms for each student, please mail them along with applicable registration fees to Excelsior, POB 3116, Irmo, SC 29063. **Registration will not be considered completed for a student until all forms are received including applicable registration fees.** Tuition is due no later than the first day of class, August 21, 2018, unless a tuition payment plan is arranged.

Full Name	Age	Birthday	Grade
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Father's Name	Mother's Name
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Address	City	State	ZIP
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Home Phone	Father's Cell	Mother's Cell
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Email Address

Parent's Employer	Work Phone	Occupation
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Employer's Address	City	State	ZIP
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Which accountability group are you enrolled with? _____

Excelsior Academy

The success of your student's experience at Excelsior is enhanced by your participation. Parents should expect to be called at some point to help out with various events during the school year. Please check what area you would like to help in:

Sets for Spring Play _____ Backstage for Spring Play _____ Art Show Assistant _____

Picture Day Volunteer _____ Food Donation _____ \$60/child Opt-out Fee _____

Classroom Volunteer _____ Homeroom Mom K4-3rd Grade _____

Field Trip Volunteer _____

Emergency Contact Information (Other than parents/legal guardians)

Emergency Contact#1	Relationship	Phone
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Medical History

Has your student been diagnosed with any medical conditions that would hinder their educational or behavioral expectations? Yes _____ No _____

If yes, please explain:

Medical conditions or allergies:

Prescription medications taken regularly:

Doctor's Name	Phone	Chart # (if applicable)
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Insurance Company	Policy#
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Excelsior Academy

I understand that Excelsior and its staff are absolved from any liability if any member of my family, including myself, incurs injury while at Excelsior.

I authorize the Directors to seek medical assistance, if necessary, for my enrolled student.

I understand that efforts will be made to contact me in the event of an emergency.

I certify that all statements made on this form are true.

Signature

Date

Signature

Date

*Both parents must sign

Excelsior Academy

Drop off/Pick up Policy

ALL PARENTS ARE RESPONSIBLE FOR MAKING SURE THAT YOUNGER STUDENTS (4 – 8 year olds) ARE IN THEIR STARTING CLASS ROOMS, AS WELL AS BEING PICKED UP FROM CARPOOL.

If someone else besides the parent/legal guardian has to pick your child up, the parent/legal guardian must call beforehand.

Permission to Use Photographs

May we use your child's photograph on the Excelsior's Website, Excelsior Facebook site, and Excelsior's Instagram?

Yes_____ No_____

Permission to Drive

(Applicable to driving high school students only)

I _____ give my child,

permission to drive to and from Excelsior.

Student's Driver's License #

State Issued

Expiration Date