



New Student Application Form

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 20, 2019, unless a tuition payment plan is arranged.

Full Name _____ Age _____ Birthday _____ Grade _____

Father's Name _____ Mother's Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Email Address _____

Parent's Employer _____ Work Phone _____ Occupation _____

Employer's Address _____ City _____ State _____ ZIP _____

Is your homeschool student enrolled with SCAIHS? Yes ___ No ___ ID# _____

If not, which accountability group are you enrolled with? _____

Has the student previously been enrolled at Excelsior? Yes ___ No ___

Has your child been enrolled in a public, private, or other homeschool group where they have been removed due to behavioral or educational difficulties? Yes ___ No ___

If yes, please explain:

Church you attend _____

Do you attend church regularly? Yes ___ No ___



Church and extracurricular activities that your student participates in

Who may we call for a reference? Please provide their name and number:

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:

Art Show Assistant _____ Food Donation _____ Teacher appreciation Events _____ Activities _____ Opt-out Fee \$60/child) _____

Emergency Contact Information
(Other than parents/legal guardians)

Emergency Contact#1	Relationship	Phone
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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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Health Insurance

Insurance Company	Policy#
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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.

<i>Signature</i>	<i>Date</i>
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<i>Signature</i>	<i>Date</i>
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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 must 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 or social media?

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