



Returning Student Application

Registration Instructions:

Each student(s) 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.

1 st Student's Full Name	Age	Birthday	Grade
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2 nd Student's Full Name	Age	Birthday	Grade
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3 rd Student's Full Name	Age	Birthday	Grade
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4 th Student's 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? _____



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

Student 1:

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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Student 2:

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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Student 3:

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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Student 4:

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 Parent 1</i>	<i>Date</i>
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<i>Signature Parent 2</i>	<i>Date</i>
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*Both parents must sign

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 Excelsior's website or social media?

Yes ___ No ___



Permission to Drive
(Applicable to driving high school students only)

Student 1:

I _____ give my child, _____
permission to drive to and from Excelsior.

Student's Driver's License #	State Issued	Expiration Date
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Student 2:

I _____ give my child, _____
permission to drive to and from Excelsior.

Student's Driver's License #	State Issued	Expiration Date
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Student 3:

I _____ give my child, _____
permission to drive to and from Excelsior.

Student's Driver's License #	State Issued	Expiration Date
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Student 4:

I _____ give my child, _____
permission to drive to and from Excelsior.

Student's Driver's License #	State Issued	Expiration Date
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