



Application Form: New Student

Instructions: Complete a Registration Form, Student Application Form, and Student Commitment & Expectation Form and send the \$100 Registration Fee for each student to Excelsior, POB 3116, Irmo, SC 29063. Registration will not be considered complete for a student until all forms are received including applicable registration fees. Tuition is due the 1st day of class on August 22, 2023 unless a tuition payment plan is arranged.

General Information

All new students and their parent or legal guardian must participate in an admission interview before final acceptance.

Student	Age	Birthday	Grade for 2023-24 School Year
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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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Parent's Email(s)

Parent's Employer	Work Phone	Occupation
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Employer's Address	City	State	ZIP
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Is your student enrolled with SCAIHS? Yes___ No___ ID# _____

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

The success of your student's experience at Excelsior is enhanced by your participation. All parents must sign up to volunteer for each student enrolled. Signup sheets for different time slots will be available at Orientation. Parents may opt-out by paying a \$100 fee per child.

Discounts are available for parent's that are interested and qualified for open teaching and assistant teacher positions. If interested, would you like us to contact you if we have an opening? Yes ___ No ___

If yes, what area or subject(s) would you be interested in teaching or assisting?

Church Affiliation: _____

Drop Off & Pick Up Policy

All parents are responsible for making sure that younger students, 4 to 8 years old, are in their starting classrooms, 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 ___

Excelsior Directory

May we use your family’s contact information in the Excelsior Directory? Yes ___ No ___

Permission for Student Drivers

I give the following children permission to drive to and from Excelsior:

Student’s Driver’s License #	State Issued	Expiration Date
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Emergency Contact Information

Emergency Contact#1	Relationship	Phone
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Emergency Contact#2	Relationship	Phone
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Medical Information

Does your student have a physical health condition or food allergy? Yes ___ No ___

If yes, please specify and include prescriptions or limitations to normal activity:

Does your child have an allergy that requires an EpiPen? Yes ___ No ___

If yes, please provide an EpiPen for your student to Excelsior Academy Directors. EpiPen’s will be kept in the onsite office.

Primary Physician’s Name	Phone	Chart # (if applicable)
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Health Insurance Company	Policy#
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Medical Release & Authorization

I _____, parent/guardian of the students listed on this application form, do hereby authorize and request that Excelsior Academy seek immediate medical attention in an emergency health situation, and understand that the related cost is my responsibility. 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.

Parent / Legal Guardian Signature	Date
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