



Application Form: Returning 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 unless a tuition payment plan is arranged.

General Information

1 st Student	Age	Birthday	Grade for Upcoming School Year
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2 nd Student	Age	Birthday	Grade for Upcoming School Year
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3 rd Student	Age	Birthday	Grade for Upcoming School Year
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4 th Student	Age	Birthday	Grade for Upcoming 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 email to be used for Excelsior communication (one email per family)

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 ___

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 various ways to serve will be available at Orientation. Parents may opt-out by paying a \$100 fee per child. Commitments only last between 3 to 4 hours.

Any new ideas for serving using your gifts and abilities? _____

Discounts are available for parents 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: _____

I acknowledge and understand Excelsior Academy teaches subjects from a Biblical worldview. _____ (Please initial)

Withdrawal & Refund Policy

Once your child is enrolled, if you wish to withdraw your child from enrollment at Excelsior, then you must email Excelsior the child you are withdrawing and the reason(s) why. Our refund policy is as follows: 1) If a child is withdrawn before June 15th tuition will not be charged, 2) If a child is withdrawn between June 15th and July 15th the family will be billed and held responsible for 50% of the tuition fee, 3) If a child is withdrawn on or after August 1st the family will be responsible for 100% of the tuition payment. No refunds of student tuition or release from remaining student tuition bills will be given except for the following reasons: 1) Death of a parent, 2) Loss of a job (parent), 3) Moving out-of-state or beyond a 50-mile radius.

Drop Off & Pick Up Policy

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

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

Emergency Contact Information

Emergency Contact#1	Relationship	Phone
Emergency Contact#2	Relationship	Phone

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.

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Primary Physician’s Name	Phone	Health Insurance Company	Policy# (Required)
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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