

# Saint Basil Academy of Classical Studies

2346 S. Wilbur Ave., WA 99362

(509) 525-9380

## 2011-2012 REGISTRATION AND APPLICATION FOR ENROLLMENT

|                        |       |            |  |
|------------------------|-------|------------|--|
| 1. Student's Full Name | Grade | Birth Date |  |
|                        |       |            |  |

### 2. Father or legal guardian

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

### 3. Mother or legal guardian

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Emergency Contact #1 name: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

5. Emergency Contact #2 name: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

6. Church \_\_\_\_\_ Pastor \_\_\_\_\_

7. Field Trips: My child has my permission to take any field trips which are made in conjunction with the school program. Parents and guardians will be notified of specific field trips as planned.

8. Financial Obligations- I (we) agree to fulfill all financial obligations. \_\_\_\_\_

An application fee of **\$200.00** per student is due with this application and is nonrefundable. The application fee is applied towards tuition upon acceptance of student. **A \$50.00 rebate will be applied on account for each application received by March 31<sup>st</sup>.**

Standard Tuition is \$3550.00 per 1<sup>st</sup>-8<sup>th</sup> grade student.

Standard Kindergarten Tuition is \$2550.00.

Tuition may be paid in full or monthly for 10 months.

Payments are due on the 1<sup>st</sup> and past due on the 14<sup>th</sup> of the month. A \$40 late fee is assessed

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9. Health Forms---I (we) agree to provide all required health forms, physical examination reports and immunization records prior to the start of the school year. State of Washington immunization requirements are attached.

10. I (we) understand that the *Saint Basil Academy of Classical Studies* requires parent volunteer hours.

11. For students who have attended school prior to *Saint Basil Academy of Classical Studies*, please give the name and address of the last school attended.

Name of school \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

12. I am/we are the parents or guardians of the students named above and hereby consent to the student's attendance at *Saint Basil Academy of Classical Studies* for the 2011-2012 school year. I/we acknowledge receipt of the Student Handbook and agree with the purpose and conditions contained therein (To be completed upon reception of Student Handbook).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Saint Basil Academy of Classical Studies* admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its' educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Official Use Only

\_\_\_Registration Fee Paid \_\_\_/\_\_\_/\_\_\_

Check # \_\_\_\_\_

\_\_\_1<sup>st</sup> month tuition Paid \_\_\_/\_\_\_/\_\_\_

Check # \_\_\_\_\_