

Saint Basil Academy of Classical Studies

2346 S. Wilbur Ave., Walla Walla, WA 99362 (509) 525-9380

2011-2012 REGISTRATION AND APPLICATION FOR ENROLLMENT

1. Student's Full Name	Grade	Birth Date	Patron Saint's Name

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. Godfather's Name _____

Address _____ Home Phone _____

5. Godmother's Name _____

Address _____ Home Phone _____

6. Parish _____ Priest _____

7. Field Trips: My child has my permission to take 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 toward tuition upon acceptance of student. **A \$50.00 rebate will be applied on account for each application received by March 31st.**

Orthodox Christian Tuition is \$3350.00 per 1st-8th grade student
Orthodox Christian Kindergarten Tuition is \$2550.00

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

Payments are due on the 1st and past due on the 14th of each 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 new students, 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 student 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 # _____

___1st month tuition Paid ___/___/___

Check # _____