

Saint Basil Academy of Classical Studies

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

2017-2018 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 name: _____

Address: _____ Home Phone: _____

5. 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.

6. Financial Obligations– I (we) agree to fulfill all financial obligations. _____

An application fee of **\$200.00** per student is due with this application for families **not currently enrolled** at St. Basil's and is nonrefundable. The application fee will be applied towards tuition for the 2017-2018 academic year.

A reenrollment fee of **\$100.00** per student is due with this application for families **reenrolling** at St. Basil's and is nonrefundable. The reenrollment fee will be applied towards tuition for the 2017-2018 academic year.

Standard Tuition is \$4090.00 per 1st-8th grade student.

Kindergarten Tuition is \$2900.00.

Tuition may be paid in full or monthly for 12 months beginning in July.

Payments are due on the 1st and past due on the 14th of the month. A \$5 late fee is assessed



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7. 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.

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

9. For new students, please give the name and address of the last school attended.

10. Use of photographs for newsletters (parent and donor) and other promotional material--- Please initial if you do **not** grant permission to St. Basil Academy to utilize photographs of your child(ren) for promotional purposes: _____

Name of previous school: _____

Address: _____

11. 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 2017-2018 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).

St. Basil Academy Mission Statement

St. Basil Academy provides a solid academic foundation for students in grades K-8, supported by the tenets of the Orthodox Christian Faith, in a safe and nurturing environment.

The academic program consists of curricula based on the classical model of education and includes language arts, grammar, ancient and contemporary history, faith, Latin and modern languages, mathematics, logic, science, visual arts, and music.

We cultivate a life-long love of learning and encourage positive character formation to prepare students to be productive and conscientious members of the community. We emphasize love, acceptance, and humility in interpersonal relationships. The program is designed to highlight the Orthodox Christian ethical principles of personal responsibility, accountability, and discipline.

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.

