

THE CAROLINA ACADEMY

351 N. Country Club Road
Lake City, SC 29560

ENROLLMENT CONTRACT

2011-2012 Academic Year

Name of Student(s):

Grade Applied For:

TUITION AND FEES

- Grades 1-12 \$4,400 Tuition
- Kindergarten \$2,900 Tuition
- 12.5% Tuition Reduction for 2nd and 3rd Child.
- No Tuition Reduction for 1st Child.
- No Tuition For 4th Child Or More.
- ENROLLMENT FEE PER CHILD:

\$100 PER CHILD THROUGH MARCH 31, 2011.
Tuition may be financed over 12 months (June Through May).

\$200 PER CHILD AFTER MARCH 31, 2011.
Tuition may be financed over 10 months (June Through March).

NEW STUDENT ENROLLMENT:
\$150 PER CHILD AT ANY TIME DURING THE YEAR. Tuition may be financed through May.
- ALL PAST DUE AMOUNTS MUST BE CAUGHT UP IN ORDER TO ENROLL FOR NEXT YEAR. ENROLLMENT FEES MUST BE PAID IN ADVANCE...NO FINANCING.

PAYMENTS

- 5% Reduction for Tuition paid in full by July 1, 2011.
- Monthly Tuition payments begin 6/1/11. Monthly Tuition payments are due the FIRST day of every month.
- \$25 LATE FEE WILL BE APPLIED TO ACCOUNTS FIFTEEN DAYS PAST DUE.
- Accounts 45 days past due will result in dismissal of student(s) from The Carolina Academy unless balance due is paid in full.
- After dismissal, the account must be paid in full for the student to return to school.
- All 1st semester account balances must be paid in full for the student(s) to return for the 2nd semester.
- We are in the process of implementing a bank draft program. This is for the convenience of parents paying monthly and also gives a guaranteed income stream to meet the school's obligations. By signing this form you are agreeing to allow us to draft your account on a monthly basis. You can still pay by check if you prefer as long as the payments are made in a timely fashion.
- MONTHLY TUITION PAYMENT \$ _____
- Beginning/ending date _____

I understand that my obligation to pay the fees for full academic year and any incurred penalties is unconditional and that no portion of such fees paid will be refunded nor will any outstanding balance be cancelled in the event of absence, withdrawal or dismissal from the school of any of the above named students unless the child's residence shall be removed from the area served by The Carolina Academy. The enrollment fee is nonrefundable. I further understand that in signing this enrollment contract for the coming academic year, I am agreeing to accept the rules and regulations of the Academy as stated in the Student Handbook and Policy Guide. I further understand that the school has the right to determine the class and work level to which the child will be assigned, to discipline or expel the child for any scholastic disciplinary reason or cause and the school shall be the sole judge of the sufficiency of such reason or cause; and to accept or not to accept this applicant as a student. Furthermore, I agree to the Policy of the Academy that no grades or transcripts will be released unless the family account has been paid in full. The Carolina Academy admits students of any race, color, and national or ethnic origin. This contract is binding in its entirety unless a release in writing is given by The Board of Directors of The Carolina Academy.

Signature of Parent

Date

THE CAROLINA ACADEMY
351 N. Country Club Road
Lake City, SC 29560
Phone (843) 374-5485
Fax (843) 374-0164

STUDENT INFORMATION 2011-2012

Student 's Social Security Number _____	
First Name: _____	Middle Initial _____
Last Name: _____	Suffix _____ Goes By: _____
Gender: _____	BirthDay: _____ Age: _____
Siblings Enrolled at The Carolina Academy/Grades: _____	

County in which child resides: _____	School District in which child resides: _____
Name/Address of Last School Attended: _____	

FAMILY WITH WHOM STUDENT RESIDES

Family Member 1:	
Relationship: _____	Title _____
First Name: _____	MI: _____
Last Name: _____	
Suffix: _____	Wk. Phone _____
Home/Cell Phone _____	
Address: _____	
Employer: _____	

Family Member 2:	
Relationship: _____	Title _____
First Name: _____	MI: _____
Last Name: _____	
Suffix: _____	Wk. Phone _____
Home/Cell Phone _____	
Address: _____	
Employer: _____	

Address at which child resides:

Zip _____

Mailing Address, if different:

Zip _____

This family: Has permission to pick the child up after school _____; Should be called as an emergency contact _____; Should receive a report card _____; Should receive a bill _____; Is responsible for bill (Responsible party must sign Enrollment Contract) _____,

MEDICAL INFORMATION FOR STUDENT

Physician _____
Address _____
Phone: _____

Dentist _____
Address _____
Phone _____

SECONDARY CONTACTS

Secondary Contact 1:

Relationship: _____ Title _____

First Name: _____ MI: _____

Last Name: _____

Suffix: _____ Wk. Phone _____

Occupation: _____

Employer: _____

Home Address _____

Home/Cell Phone _____

Secondary Contact 2:

Relationship _____ Title _____

First Name: _____ MI: _____

Last Name: _____

Suffix: _____ Wk. Phone _____

Occupation: _____

Employer: _____

Home Address: _____

Home/Cell Phone _____

This Family: Has permission to pick the child up after school _____; Should be called as an emergency contact _____; Should receive a report card _____; Should receive a bill _____; Is responsible for bill (Responsible party must sign Enrollment Contract) _____.

OTHER EMERGENCY CONTACTS

Name _____ Home Phone No. _____ Work/Cell Phone No. _____

Name _____ Home Phone No. _____ Work/Cell Phone No. _____

PERSONAL INFORMATION

Has child ever been denied admittance to, expelled from, or suspended from School? _____

If yes, explain: _____

Has child ever been convicted of a crime (including a juvenile case)? _____

If yes, explain: _____

Has child ever been under Psychiatric care? _____

If yes, explain: _____

Does child have any allergy, disease, infirmity, or physical limitations from which he/she suffers or for which he/she is being treated? _____

If yes, explain: _____

Please list any medications your child receives on a daily basis: _____

Tylenol, aspirin, etc., will not be administered by the school secretary unless you send a labeled bottle with instructions to the school.

THE CAROLINA ACADEMY
STUDENT MEDICAL/EMERGENCY INFORMATION FOR 2011-2012

STUDENT INFORMATION

NAME _____	
GRADE _____	HOMEROOM TEACHER _____
DATE OF BIRTH _____	SOCIAL SECURITY NO. _____
ADDRESS _____	

FAMILY INFORMATION

MOTHER'S NAME _____			
TELEPHONE NO.:	HOME _____	WORK _____	CELL _____
ADDRESS _____			
FATHER'S NAME _____			
TELEPHONE NO.:	HOME _____	WORK _____	CELL _____
ADDRESS _____			

INSURANCE VERIFICATION

NAME OF HEALTH/ACCIDENT INSURER _____	
POLICY NUMBER _____	EXPIRATION DATE _____

FAMILY PHYSICIAN

NAME _____
OFFICE NUMBER _____

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

I, _____, THE PARENT OR GUARDIAN OF _____, RECOGNIZE THAT AS A RESULT OF PARTICIPATION IN STUDENT ACTIVITIES, MEDICAL TREATMENT ON AN EMERGENCY BASIS MAY BE NECESSARY AND FURTHER RECOGNIZE THAT SCHOOL PERSONNEL MAY BE UNABLE TO CONTACT ME FOR MY CONSENT FOR EMERGENCY MEDICAL CARE. I DO HEREBY CONSENT IN ADVANCE TO SUCH EMERGENCY CARE, INCLUDING HOSPITAL CARE, AS MAY BE DEEMED NECESSARY UNDER THE THEN EXISTING CIRCUMSTANCES.

MEDICAL CONDITIONS

ALLERGIES TO MEDICATIONS _____
MEDICATIONS FOR LONG-TERM ILLNESS (INDICATE ILLNESS AND MEDICATION) _____
RELEVANT MEDICAL INFORMATION (CONTACT LENS WEARER, HISTORY OF FAMILY DIABETES, EPILEPSY, HEART MURMUR, ETC.) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

DATE _____

It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.

If you wish for your child to have Tylenol at school, please send a bottle with his/her name on it to leave in the office.