

EPHESUS JUNIOR ACADEMY

A Seventh-day Adventist Christian
Elementary and Middle School

2760 West Edgewood Avenue
Jacksonville, FL 32209
904-765-3225

ADMISSIONS APPLICATION

2012-2013

- ✓ Please complete and return **ALL** forms in this application package
- ✓ \$100 of the Registration Fee must be paid with the application
- ✓ If the balance of the Registration Fee is paid by August 1, 2011, ten percent will be deducted from the August tuition.

Student's Name

Grade for which applying

School Year

Ephesus Junior Academy
of Seventh-day Adventists
2760 W. Edgewood Avenue; Jacksonville, FL 32209
Phone: 904- 765-3225 - Fax: 904-924-2045

REGISTRATION CHECKLIST

- _____ 1. APPLICATION
- _____ 2. PRE-REGISTRATION FEE
- _____ 3. APPLICATION FEE
- _____ 4. BIRTH CERTIFICATE
- _____ 5. SOCIAL SECURITY CARD
- _____ 6. CHARACTER REFERENCE FORM FROM TWO OF THE FOLLOWING THREE:
 - a. *principal*
 - b. *teacher*
 - c. *pastor*
- _____ 7. HEALTH RECORDS (IMMUNIZATION)
- _____ 8. REPORT CARDS (previous year grades)
- _____ 9. TRANSFER REQUEST FORM
- _____ 10. ADMINISTRATOR'S INTERVIEW

Ephesus Junior Academy

Continuing Consent to Treat

We, the undersigned parents or guardians of (Name of Student) _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (Name of Physician) _____ M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Ephesus Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

Allergic to: Medications: _____

Other: _____

Medical Conditions: _____

The above named student [] is [] is not covered by health insurance.

Company Name _____ **Policy#:** _____

Address _____ **Phone:** _____

Signed Parent/Legal Guardian Daytime Phone Cellular Phone Work Phone

Other Emergency Contact Daytime Phone Cellular Phone Work Phone

Witness Date (must be dated)

STUDENT TRANSPORTATION AUTHORIZATION

____ I will be picking my child up from school. I can be reached at the following number(s):

____ Daytime _____ After school hours _____ Cell Phone/Pager

My Child will be riding with: _____

Phone (after school hours)

Phone (after school hours)

Signed Father/Mother/Legal Guardian **Date**

Ephesus Junior Academy

2760 West Edgewood Avenue

Jacksonville, FL 32209

Phone: 904-765-3225

Permanent Field Trip Note

School Year: _____

_____ I hereby give permission for my child to go on all field trips planned by the school or by the classroom teacher.

_____ I hereby give permission for my child to go on all library trips planned by the teacher and will send a note for any other trips planned.

_____ I will send a note for any field trip that I want my Child to go on.

Child's name: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Date: _____

EPHESUS JUNIOR ACADEMY
2760 West Edgewood Avenue
Jacksonville, Florida 32209
 2012-2013 Financial Information

TUITION SCHEDULE

GRADE	YEAR TUITION	MONTHLY PAYMENT	TOTAL TUITION*
KINDERGARTEN	\$3,000	\$300	\$3225
GRADES 1 – 6			
Constituent SDA	\$2,600	\$260	\$3,050
Non-Constituent SDA	\$2,700	\$270	\$3,150
Non SDA	\$3,325	\$325	\$3,775
GRADES 7 – 8			
Constituent SDA	\$2,700	\$270	\$3,150
Non-Constituent SDA	\$2,800	\$280	\$3,250
Non SDA	\$3,350	\$335	\$3,800

***Total tuition does include registration fee.**

REGISTRATION

KINDERGARTEN	\$225.00 (Includes Consumables)
Grades 1 – 8	\$450.00 (Books and YMCA Included)

NOTE:

A pre-registration fee of \$100 will be required of those who register before August 3, 2012. The balance of \$350 will be due at registration. All pre-registered students will receive ten percent discount on August tuition.

TUITION DISCOUNTS

5% Discount if paid in full before first day of school
2.5% Discount with full tuition paid in two semester payments due the beginning of each semester
5% Discount for first sibling
10% Discount for third or more siblings (s)

I understand and agree with the above tuition and registration charges.

Print Parent's Name _____

Parent's Signature _____ Date Signed _____

**EPHESUS JUNIOR ACADEMY
PHYSICAL EDUCATION**

PERMISSION SLIP

SCHOOL YEAR 2012-2013

_____ My child is allowed to go to P.E. at the Y.M.C.A. for this school year.

_____ My child is NOT allowed to go to P.E. at the Y.M.C.A. for this school year.

(NOTE: The YMCA is funded through your Registration Fee. Failure to pay your Registration Fee in full by December 17, 2012 will result in your child's removal from the Physical Education Program until the balance is paid in full.)

Child's Name: _____

Parent/Guardian's Signature: _____

Parent Guardian's Printed Name: _____

Date: _____

EPHESUS JUNIOR ACADEMY

Of Seventh-day Adventists

2760 West Edgewood Avenue; Jacksonville, FL 32209

Request for Records and Principal/Teacher Recommendation

INSTRUCTIONS TO PARENTS:

Please complete items 1-8. Ephesus Junior Academy will forward the form to the principal or other authorized officer at your child's former school.

1. Student's Name _____

2. Grade: _____ 3. Date of Birth: _____

4. Name of School: _____

5. Address of School (include city, state, and zip code: _____

6. Phone: _____ 7. Fax: _____

My son/daughter is applying for admission to Ephesus Junior Academy. I authorize the release of my child's records and evaluative data to Ephesus Junior Academy.

8. Signature of Parent/Legal Guardian: _____ Date: _____

INSTRUCTIONS TO SCHOOL:

The above named pupil is enrolled in our school. To aid in assigning the pupil, in providing classroom instruction, and in meeting personal needs, it is important to have as much information as possible about each student. If you have records for the above named pupil, please forward them to our school. The records that we receive will be available for review by parents, guardians, and students over eighteen years of age. Please review the contents of the records with this in mind, and have the appropriate school personnel complete the requested sections. Forward this completed form along with the student's transcripts including: **Cumulative Record – Report Card – Immunization Record – Test Data** to:

**EPHESUS JUNIOR ACADEMY
2760 W. EDGEWOOD AVENUE
JACKSONVILLE, FL 32209**

**Fax Number: 904-924-2045
Telephone Number: 904-765-3225**

PRINCIPAL'S SECTION:

Name of Principal: _____ Length of time this student was in your school _____

Has this student been sent to the office for disciplinary problems: often seldom never

Has the student been suspended? yes no. How many times? _____

Has the student ever been expelled? yes no. How many times? _____

Is the student eligible to return to your school next year? yes no

Comments:

Ephesus Junior Academy

2760 W. Edgewood Avenue, Jacksonville, FL 32209

Office: 904-765-3225; Fax: 904-924-2045

REGISTRATION CONTRACT

Date: _____

Student's Last Name	First Name & Middle Initial	Current/Entering Grade
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Parent/Guardian's Names	Contact Daytime Telephone Number
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SDA Church Member: []Ephesus SDA Church; []Breath of Life SDA Church; [] _____ SDA Church

Other Church Affiliation: _____

Ephesus Junior Academy is committed to providing the highest quality of Christian education possible within the context of the financial resources available. We recognize there is nothing more precious to a parent than his/her child/children. Consequently, when we accept responsibility of providing a Christian education for your children, we consider it both a high privilege and a sacred trust. In many ways we enter into a partnership with you in taking on the awesome responsibility of educating your children. Unfortunately, one of the necessary ingredients of operating a quality program is to have sufficient financial resources. These resources come substantially from three areas:

- Southeastern Conference of Seventh-day Adventists
- Constituents of Seventh-day Adventist churches in Jacksonville, Florida
- You, the parent/guardian

It requires the faithful support of all three areas for the school program to continue in existence. Consequently, we are counting on you, as your partner, to faithfully meet the monthly tuition obligations of your child/children. We pledge that we will do our utmost to provide the highest quality Christian education possible. In return for our pledge to you, by signing the contract, we ask you to pledge to us the prompt payment of your account. Your signature also indicates your willingness to withdraw your child or children from our school should it become impossible for you to meet your financial obligation. In the case of highly unusual circumstances, your child or children may be allowed to continue classes when your account is not current, if **PRIOR** approval has been obtained from the finance committee of the school board.

In appropriately signing and returning this contract to the Admissions Office, as the parents or guardians of the above named student, we acknowledge and agree to the following payment terms:

1. Tuition Payment Plan (Please select one):
 - [] Ten equal monthly payments due August 1 through May 1
 - [] Two Semester payments due the first week of August and January 4. A 2.5% discount is given for those selecting this plan.
 - [] Payment in full with contract. A 5% discount is given if paid by June 30th. A 10% discount is given for the second sibling, and a 15% discount for the third sibling.

2. Deposits, Registration Fees, Book Fees, and Computer Fees are not refundable. Tuition must be paid to the date of withdrawal. Outstanding balances must be paid in full before the school will release any grades, transcripts, or records.
3. Students whose accounts have not received any payment for 30 days will be suspended until their bill is made current.
4. The principal reserves the right to terminate the contract at any time (conduct, non-payment, etc.)
5. The following documents are required when the student registers. Students will not be allowed to begin school without these documents on file in the Registrar's office.
 - ✓ **Registered Birth Certificates**
 - ✓ **Social Security Card**
 - ✓ **Student Physical Examination (HRS-H-Form 3040) completed by a physician within the previous year for any new student and with the last three years for returning students.**
6. Payments are due on the first of the month.
7. A \$20 late fee will be applied to any unpaid balance when payment is not received by the tenth day of the month.
8. Returned checks will be charged a \$35 fee or the amount of the current bank charge. Subsequent payments **MUST BE PAID IN CASH, BY MONEY ORDER OR BY CERTIFIED CHECK!**

I hereby certify that I understand and agree to the terms set forth in this contract. I also accept financial responsibility for the above named student at the rate shown below. My tuition responsibility will be \$_____ for the entire school year at a rate of \$_____ per month.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
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Additional Responsible Party's Signature	Additional Responsible Party's Printed Name	Date
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Signature of School Personnel	School Personnel's Printed Name & Title	Date
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