



## Student Application

2014/15

Date: \_\_\_\_\_ Grade Applying For : \_\_\_\_\_ Interested in Before/AfterCare: \_\_\_\_\_

Student Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student SSN: \_\_\_\_\_ Gender: Male  Female

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER/GUARDIAN:		MOTHER/GUARDIAN:	
Full Name		Full Name	
E-mail		E-mail	
Place of Employment		Place of Employment	
Wk #		Wk #	
Cell #		Cell #	

Marital Status of Parents: Married  Separated  Divorced  Single  Widowed  Other

Student Resides with: Mother  Father

### EMERGENCY INFORMATION:

Insurance Carrier: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Policy Number:	Member #:	
Physician:	Phone #:	Group #:
Prescription Medications:		

Student Allergies: \_\_\_\_\_



Please list person(s) to contact in the event that a parent/guardian cannot be reached. I understand that in addition to parent(s)/guardian(s) listed above only those persons listed below will be allowed to pick up my/our child (ren). This is in accordance with state law.

Name	Ph		Alt Ph	
Name	Ph		Alt Ph	
Name	Ph		Alt Ph	

In this statement of cooperation and contract between Jupiter Academy and (Parent or Guardian) \_\_\_\_\_ the parent(s)/guardian(s) agree to enroll \_\_\_\_\_ with Jupiter Academy for the 2014 – 2015 school year. We understand that by signing this contract, we agree with the terms and conditions set forth in this contract and will execute all financial obligations to Jupiter Academy.

### STATEMENT OF COOPERATION AND CONTRACT *(Please read carefully)*

1. We understand that the \$300.00 Registration Fee OR \$300.00 Tuition Deposit must accompany the Application, and that it is non-refundable and non-transferable if cancelled by the applicant.
2. We understand that the *tuition* is payable as follows:
 

*10 Month Payment Plan*  
(Due August 4, 2014 to May 2015)

*Semi-Annual Payment*  
(Due August 4, 2014 & January 6, 2015)

*Annual Payment*  
(Due with Application)
3. We understand that tuition payment is due on 1st of the month. A late fee of \$25.00 will be automatically assessed to our account if payment has not been received by the agreed date. There will be a \$35.00 fee assessed to our account for any check returned by the bank to the school.
4. We understand that our account must remain current. If there is an outstanding balance and Jupiter Academy needs to seek legal counsel, we understand that we will be responsible for all fees incurred.
5. We further understand that our student's records are the property of Jupiter Academy and will not be released until our account is paid in full.
6. We understand that the school reserves the right to dismiss any student who does not cooperate or whose parents do not cooperate with the educational process or policies of the school.
7. We understand that we will receive a Parent and Student Handbook that contains the policies and procedures of Jupiter Academy.

**IN CASE OF ACCIDENT OR SERIOUS ILLNESS** I request the school to contact me. If the school is unable to contact my physician or any of the emergency numbers listed, we authorize the school administration to make whatever arrangements are necessary for the well-being of my child.

*Signed:* \_\_\_\_\_  
 (Mother/Guardian) (SS#) (Date)

*Signed:* \_\_\_\_\_  
 (Father/Guardian) (SS#) (Date)

*Signed:* \_\_\_\_\_  
 (Administrator) (SS#) (Date)

Office Use Only: Student # \_\_\_\_\_ Payment Type: \_\_\_\_\_  
 Payment Amt: \_\_\_\_\_