

# JOHN HANCOCK ACADEMY



P.O. Drawer E - Sparta, GA 31087 - (706) 444-6470

## 2025-26 STUDENT REGISTRATION

**Household Name** \_\_\_\_\_

**Student 1** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student 2** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student 3** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student 4** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student 5** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student 6** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/Guardian 1 - Name** \_\_\_\_\_

Relationship to student(s):    Father                      Mother                      Grandparent                      Other

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Guardian 2- Name** \_\_\_\_\_

Relationship to student(s):    Father                      Mother                      Grandparent                      Other

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

**For Office Use: Registration Fee Pd** \_\_\_\_\_ **Bldg Fund** \_\_\_\_\_ **#** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **JHA Staff** \_\_\_\_\_ **GSNS** \_\_\_\_\_ **PF** \_\_\_\_\_ **IA** \_\_\_\_\_ **Bus** \_\_\_\_\_ **In FACTS** \_\_\_\_\_ **Finalized**

**\* If parents are separated, please indicate which parent/guardian is the primary contact person by placing an "X" in front of the name above. If custody is shared, JHA must have a copy of the current divorce decree outlining custody arrangements.**

**Student 1 Full Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Race** \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Student 2 Full Name** \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Student 3 Full Name** \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Student 4 Full Name** \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Student 5 Full Name** \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Student 6 Full Name** \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone #** \_\_\_\_\_

**List of Names Who May Pick Your Child Up From School Other Than Guardians:**

\_\_\_\_\_  
\_\_\_\_\_

## **FINANCIAL INFORMATION:**

**I/we understand that my account will be registered online with FACTS Tuition Management and I/we will sign up for debit, credit, or ACH Bank drafts. I/We agree to participate in the FACTS payment plan of my choice or agree to pay my**

**family balance in full in the office by cash, check, or credit card before August 10, 2025.**

## **FINANCIAL INFORMATION:**

- 1. Families must participate in FACTS Tuition Management for all financed tuition. If paying in full, a check or credit card payment must be made in the school office before Aug 10, 2025.**
- 2. Senior students will not be able to participate in graduation exercises until all tuition and fees-including any cafeteria or athletic balances (uniforms turned in or concession balances) have been paid.**
- 3. The signature below constitutes a commitment for the entire amount of tuition, which is non-refundable whether withdrawal from JHA is voluntary or involuntary. Written notification of withdrawal is required and must be received prior to seeking a tuition waiver from the Board.**

\_\_\_\_\_  
Printed Name of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian Responsible for Payment

**After returning registration forms, you will receive an email invitation to set up your financial account on FACTS. See last page for instructions for accessing the FACTS Family Portal to see students' balances and grades and JHA calender.**

## **GENERAL AGREEMENTS AND UNDERSTANDINGS**

(I/We) agree, if the student is absent by reason of illness, expulsion, and suspension for disciplinary grounds, voluntary withdrawal or for change of residence, the obligation hereunder shall continue and NO REFUNDS will be made to (me/us) by the Academy.

**Initials** \_\_\_\_\_

(I/We) agree and acknowledge our responsibility to pay for any damage or vandalism caused by the student directly or as an accomplice or accessory.

Initials \_\_\_\_\_

(I/We) agree that student(s) will comply with the rules outlined in the Student Handbook, as amended.

Initials \_\_\_\_\_

(I/We) agree and acknowledge the Academy will not provide transcripts, final year-end grade report cards, diplomas, or any other related documentation of attendance-performance, unless and until all financial obligations outlined herein are fully met. This includes, but is not limited to lost or damaged textbooks, lost or damaged library books, athletic uniforms, cafeteria balances, and class dues.

Initials \_\_\_\_\_

(I/We) agree and acknowledge to indemnify and hold harmless the Academy from all claims, losses, expenses, fees – including attorney fees, cost and judgments that may be asserted against the Academy that result from the acts or omissions of its officers, staff, teachers, volunteers, employees, and its agents.

Initials \_\_\_\_\_

(I/We) agree to provide help to the best of (my/our) ability to perform work as volunteer(s) at and for the Academy.

Initials \_\_\_\_\_

(I/we) agree that the academy reserves the right to suspend or expel any student if the attitude or actions of the student and/or parent/guardian do not conform to the spirit and standards of the school. Disrespect of the school including (but not limited to) social media, may be grounds for further action.

Initials \_\_\_\_\_

(I/We) understand that our school relies on fundraisers and volunteers to be able to operate and function well. I/we commit to participating in fundraisers and volunteering at least one time per semester in areas such as concessions, school programs, or special events. I understand that I will be called upon if I do not choose my times to volunteer when offered at open house.

Initials \_\_\_\_\_

## **RIGHTS AND PREROGATIVES VESTED IN THE ACADEMY**

(I/We) agree that the following rights and prerogatives shall remain vested in the Academy:

- a. To determine grades and grade levels assigned to the student;
- b. To require entrance and evaluation tests for the student at enrollment and after student is enrolled in the Academy;
- c. To suspend or expel the student for any scholastic or disciplinary reason or cause and in the event of such suspension or expulsion, the Academy shall be the sole judge of the sufficiency of such reason or cause; and
- d. To assign the student chores or work duties as may be deemed necessary for the proper maintenance of the grounds and buildings.

## **ENTIRE AGREEMENT**

This contract contains the entire agreement of the parties and there are no other promises or conditions in any other contract whether oral or written, unless attached hereto. The contract

\_\_\_\_\_ **YES** \_\_\_\_\_ **No** \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Social Media Acceptable Use Policy**

The acceptable use policy outlines the guidelines and behaviors that students are expected to follow when using school technologies or personal devices.

- 1) Students, parents, and teachers are expected to follow the same rules for good behavior and respectful conduct online.
- 2) JHA reserves the right to suspend or expel students if the attitude or actions of a student or a parents does not conform to the spirit and standards of of the school.
- 3) JHA makes a reasonable effort to ensure students' safety and security online and will not be held responsible any harm or damages that result from misuse of social media.
- 4) Students, parents, and teachers agree not to publish or post any information that is considered private. If in doubt as to if it is private, do not post. Online posts are never private all should be considerate of making any posts about others.
- 5) Cyberbullying will not be tolerated. Any behaviors that fall under this category will result in severe disciplinary actions, and in some cases, criminally punished.

I have read and understand the social media policy and I will cooperate with administration and the JHA Board of Trustees in enforcing this policy.

**Parent/Guardian Signature** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_

## **STUDENT MEDICAL RELEASE FORM**

(To be completed/signed by parent or guardian for each student)

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Current conditions or injuries under treatment: \_\_\_\_\_  
\_\_\_\_\_
2. Please list all medications (both prescription and non-prescription) that your child uses on a regular basis \_\_\_\_\_
3. Physical limitations: \_\_\_\_\_
4. Any debilitating injuries: \_\_\_\_\_
5. Any mental limitations: \_\_\_\_\_
6. Contact lenses or glasses: \_\_\_\_\_
7. Past illnesses of more than one-week duration: \_\_\_\_\_  
\_\_\_\_\_
8. Name and address of student's physician: \_\_\_\_\_

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9. Any allergies: \_\_\_\_\_
10. Additional information: \_\_\_\_\_
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**Parent's/Guardian's Release:**

I hereby certify to the best of my knowledge and belief that the above-named child is medically qualified to attend John Hancock Academy. I hereby authorize the staff of the school to act for me according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital to administer necessary care.

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Parent/Guardian Signature

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Date

**If your child requires medication to be administered at school, it must be sent to the office in its original container with the student's name written on it. This applies to ALL medications. The school will not supply Tylenol, Advil, or any other medications except on an emergency basis.**

## **Field Trip Permission Form**

### **2025-26**

(To be completed/signed by parent or guardian for each student)

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give him/her permission to participate in any JHA field trips during the 2025-26 school term.

It is my understanding that students will be transported by privately owned automobiles or by school vans driven by parents, students, and/or teachers. I understand that every reasonable effort will be made to plan for safety.

Hancock Academy, Inc. (dba John Hancock Academy), the Georgia Independent Schools Association (GISA), Georgia Independent Athletic Association (GIAA), their directors, officers, staff and members, shall in no manner be liable to the student, his/her heirs, executors, administrators, or personal representatives, for any damages, or redress in any form for injuries, fatal or otherwise, caused to or sustained by the student, because of accident from any cause whatsoever.

I also give the teacher or trip sponsor permission to seek emergency medical treatment for my son/daughter. I understand every attempt will be made to contact me before such treatment is given.

Phone numbers where I can be reached on the day of the field trip:

\_\_\_\_\_ or \_\_\_\_\_

The following medical allergies, prescription medications, or conditions should be made known to any attending medical personnel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

**2025-26 Registration, Fees, and Tuition Schedule**

Registration per student by May 16, 2025    \$100    \_\_\_\_\_  
Registration per student after May 16, 2025    \$150    \_\_\_\_\_  
Athletic/Activity Fee per student (may be financed w/ tuition \$125)    \_\_\_\_\_

Registration fees must be paid by check, cash, or credit card at the time these forms are returned and before setting up tuition payments in FACTS. Reg fees can not be financed.

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Tuition and Building Fund Fee May Be Financed In FACTS

New Student Tuition    \$4250    \_\_\_\_\_  
New Families - One Time Building Fund Fee    \$500    \_\_\_\_\_

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Yearly Returning Student Tuition if Financing - Pre K-12th Grade

1 Student	\$6250	_____
2 Students	\$11,210	_____
3 Students	\$15,630	_____
4 Students	\$15,630 (4th child is free)	_____
5 Students	\$18,630	_____
6 Students	\$23,590	_____

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Yearly Returning Student Tuition if Paid in Full by August 10, 2025- Pre K-12th Grade

1 Student	\$5750	_____
2 Students	\$10,450	_____
3 Students	\$14,550	_____
4 Students	\$14,550 (4th child is free)	_____
5 Students	\$17,550	_____
6 Students	\$22,550	_____

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Bus Rider To/From Milledgeville

1 Student \$1170

\_\_\_\_\_

2 Students \$1440

\_\_\_\_\_

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GA Special Needs Scholarship Recipient

GA Testing ID Number # \_\_\_\_\_

Amount allowed by GSNS \$ \_\_\_\_\_

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Total Due \$ \_\_\_\_\_

Total to be financed \$ \_\_\_\_\_