

Registration Fee Paid _____ Date _____

JOHN HANCOCK ACADEMY

P.O. Drawer E - Sparta, GA 31087 - (706) 444-6470 - FAX (706) 444-6933

2019-2020 STUDENT REGISTRATION

(Please complete **ALL** blanks and return with registration fee. Registration fee applies to all students, is non-refundable, and covers catastrophic insurance and entrance to all home sporting events for the student.)

Incomplete applications or applications that do not have the registration fee payment attached to them will not be considered.

Student's Full Name _____ Grade _____

Date of Birth _____ Male _____ Female _____ Race _____

Physical Address _____

Mailing Address(if different from physical address) _____

Home Phone _____ Student's Cell _____

Parent's Email _____ Social Security # _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Parent's Marital Status* _____ Guardian _____

*If divorced and custody is shared, JHA must receive a copy of the current divorce decree outlining custody arrangements.

Father's Name _____ Home Phone _____

Cell # _____ Grandparents _____

Address _____

Phone # _____

Father's Employer _____ Work Phone _____

Mother's Name _____ Home Phone _____

Cell # _____ Grandparents _____

Address _____

Phone # _____

Mother's Employer _____ Work Phone _____

Please list individuals (other than parents/guardians) who have permission to pick your child up from school: _____

Please list any allergies _____

PAYMENT SCHEDULES: I desire to pay my tuition (x indicates selection)

_____ Full payment to JHA by August 2019 _____
_____ 10-month plan (August – May) 10 pmts x _____ = _____
_____ 12-month plan (June-May) 12 pmts x _____ = _____

_____ Other arrangements approved by Administration _____

**PAYMENTS ARE DUE THE 1st OF EACH MONTH; LATE AFTER THE 10th
with a 1.5% late charge on all overdue accounts**

FINANCIAL INFORMATION:

1. Checks should be made payable to: **John Hancock Academy**
2. Payment methods accepted by **JHA** - cash, check, money order, or debit/credit card. We accept Visa, MasterCard, Discover, and American Express.
3. All payments and late charges must be current for a child to continue the second semester. If the full balance for tuition is not paid in full by the end of the school term, the records for that child will be held.
4. Senior Students will not be able to participate in graduation exercises until all fees have been paid.
5. **The signature below constitutes a commitment for the entire amount of tuition and 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.**

Signature of Parent/Guardian Responsible for Payment

Date

Permission is hereby given to use my child's name, likeness, image, voice, appearance, and/or performance in all forms of publicly released media, internal and external to the school, including television and the internet. _____ Yes _____ No

Signature of Parent/Guardian

ALL PAYMENTS WILL BE HANDLED BY JOHN HANCOCK ACADEMY.

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State of Georgia, County of Hancock

Name of Student for Enrollment _____

Name of Parent(s), Guardian(s), or Sponsor(s) _____

Application is hereby made by the Parent(s) for the enrollment of the Student in John Hancock Academy in Sparta, Georgia (hereinafter referred to as the Academy) for the applicable academic school year.

As the Parent(s) of the above-named Student, (I / We) agree to complete registration by the earliest possible date, but no later than August ____, 2019. Further, (I / We) agree to pay in full all tuition and fees indicated below before the above-named Student starts school on August ____, 2019, unless other arrangements have been made.

TUITION AND FEES FOR THE APPLICABLE SCHOOL YEAR

Tuition for the Student \$ _____

Registration Fee – amount charged corresponds to application date and is per child

(Ins. & entrance to games) \$ _____

Van Fee - \$130/month/family \$ _____

Building Fund Fee – \$ _____

\$500 beginning in 1st Grade or \$100 per year until paid.

Testing Fees (PSAT) \$ _____

Book Fees (Botany & Anatomy/Frog) \$ _____

TOTAL TUITION AND FEES FOR YEAR \$ _____

By initializing below, (I/We) agree to pay in full the total of the applicable tuition and fees for this academic year as specified in the tuition policy. Initials _____

If any payment obligation under this contract is not paid when due, the remaining unpaid principal balance shall become due and payable immediately at the option of the Academy and, the parent promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as a part of the collection process.

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 student 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, 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 spirit and standards of the school. Disrespect of the school including (but not limited to) social media, may be grounds for further action.

Initials _____

RIGHT 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 may be modified or amended, if the amendment is made in writing and is signed by both parties.

SEVERABILITY

If any provision of this contract shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable and that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

APPLICABLE LAW

The laws of the State of Georgia shall govern this contract.

Initials _____

My signature below acknowledges that I have read and agree to comply with the terms herein stated.

APPLICANT'S PARENT (S):

Parent

Date

Parent

Date

ACCEPTANCE BY:

Headmaster or Board Official

Date

John Hancock Academy

Corporal Punishment Policy

(To be signed by a parent or guardian)

Student's Name: _____

Social Security Number: _____

The Board of Directors of John Hancock Academy permits the use of corporal punishment (paddling) in the discipline of students. Such punishment is used only in extreme cases of disrespect or willful disobedience. Only the headmaster or a teacher within the presence of another teacher as a witness administers it outside of the classroom with extreme care, tact, and caution. The Board of Directors and the Headmaster will support teachers in their efforts in teaching good citizenship and in demanding proper respect from students to the faculty and staff. Teachers will be reasonable in their demands but will not tolerate disrespectful, boisterous, rough and violent outbursts of language or temper on the part of students.

The parents, however, have the right to refuse the school the right to administer corporal punishment. In such instances, the child will be suspended from school for three to five days depending on the offense.

Parents Release:

Please indicate your choice below by marking an X or a check to show your preference.

_____ I hereby authorize the staff of the school to act for me according to their best judgment in any use of corporal punishment. I give permission for the headmaster or a teacher to administer corporal punishment (paddling) under the above guidelines.

_____ I would prefer that my child not receive corporal punishment (paddling) even if the alternative is expulsion for three or more days.

Parent Signature

Date

STUDENT MEDICAL RELEASE FORM

(To be completed by parent or guardian)

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: _____

9. Any allergies: _____

10. Additional information: _____

Parent'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.

Parent's Signature

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 on the container. 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 2019-20

I, _____, parent/guardian of _____, give him/her permission to participate in any JHA field trips during the 2019-20 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 School Association (GISA), Georgia Independent Christian Athletic Association (GICAA), 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's Signature

Date