



# JOHN HANCOCK ACADEMY

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

## 2023-2024 STUDENT REGISTRATION

(Registration fee applies to all students, is non-refundable, and covers administrative, re-enrollment fees, and entrance to all home sporting events for the student.)

**\*Please complete ALL blanks and return with registration fee. Incomplete applications or those that do not have the registration fee payment attached will not be considered.**

**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 \_\_\_\_\_

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

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

**Relationship to Student(s)** \_\_\_\_\_

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

\_\_\_\_\_ PF \_\_\_\_\_ IA \$ \_\_\_\_\_ /mo \_\_\_\_\_ Bus \$ \_\_\_\_\_ /mo \_\_\_\_\_ JHA Staff \_\_\_\_\_ GSNS

**Family Information:**

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

Relationship to student(s): (Circle One)

Father      Mother      Grandparent      Other \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

Relationship to student(s): (Circle One)

Father      Mother      Grandparent      Other \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

*(if different from above)*

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

Please list individuals (other than parents/guardians) who have permission to pick student(s) up from school:

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

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

\_\_\_\_\_  
Date

**FINANCIAL WORKSHEET: X Indicates selection. Parents will initial final numbers on a separate sheet.**

\_\_\_\_\_ Registration Fee(s) paid at time of registration Before May 1 \$100/After \$125

Number of students \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

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\_\_\_\_\_ Building fund fee \$500 total per family (May be paid at \$100 for 5 years.)

Write amount paid this year if not completed and number of payments made

\$ \_\_\_\_\_ paid 2023-24 and our family has already paid \$ \_\_\_\_\_ of \$500.  
This can be paid with registration or added to tuition balance and financed over 12 mo.

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\_\_\_\_\_ Full payment to JHA by August 18, 2023 \$ \_\_\_\_\_

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\_\_\_\_\_ 12-month plan (**June - May**) Select # of students

\_\_\_\_\_ 1 child \$5,950

\_\_\_\_\_ 2 children \$10,910

\_\_\_\_\_ 3 children \$15,330 (4th child free and starts over with 5th child)

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\_\_\_\_\_ GA Special Needs Scholarship Recipient \$ \_\_\_\_\_ (just ✓-office will fill in)

Total tuition \$ \_\_\_\_\_ - GSNS Award Amount if applicable \$ \_\_\_\_\_

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\_\_\_\_\_ Van Fee - To/From Milledgeville/JHA \_\_\_\_\_ \$130/1 student \_\_\_\_\_ \$160/2 students

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Total minus fees pd at registration \$ \_\_\_\_\_ /12 month= \$ \_\_\_\_\_ mo

**PAYMENTS DUE THE 1st OF EACH MONTH; LATE AFTER THE 10th**  
**\$50 late fee assessed each month for payments**  
**received after 10th**

**FINANCIAL INFORMATION:**

1. **PAYMENTS DUE THE 1st OF EACH MONTH; LATE AFTER THE 10th**  
**\$50 late fee assessed each month for payments**  
**received after 10th**
2. The financial year begins in June. All tuition must be paid by the end of the school year in May. All payments and late charges must be current for a child to continue the second semester. If the balance for tuition is not paid in full by the end of the school term, the records for that child will be held.
3. Checks should be made payable to: **John Hancock Academy**
4. Payment methods accepted by **JHA** - cash, check, money order, or debit/credit card. We accept Visa, MasterCard, Discover, and American Express.
5. There is a **3% processing fee for debit/credit card payments.**
6. Senior students will not be able to participate in graduation exercises until all tuition and fees have been paid.
7. **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.**

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Signature of Parent/Guardian Responsible for Payment

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Date

Name of Student(s) 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(s) 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(s), I/We agree to complete required registration by appropriate due dates, pay all fees and tuition owed as indicated below for the above named student(s). I understand that a 12 month installment plan begins in June 2023 and I/We are responsible for all tuition and fees and missed payments must be paid before the student is allowed to move on to the next grade level. I understand that a \$50/month late fee will be assessed on my invoice for any payments made after the 10th of each month.

**TUITION AND FEES FOR THE APPLICABLE SCHOOL YEAR**

**Tuition for the Student(s)** \$ \_\_\_\_\_

**Registration Fee(s)** \$ \_\_\_\_\_

**Van Fee(s) Sept-May (9 months)**

**\$130/1 child/mo, \$160/2 children/mo X 9=** \$ \_\_\_\_\_

**Building Fee - \$500/family** \$ \_\_\_\_\_

*(or \$100/year until paid in full)*

**TOTAL TUITION AND FEES FOR YEAR** \$ \_\_\_\_\_

By initialing 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 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, 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 \_\_\_\_\_

**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 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)/GUARDIAN(S):**

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Date

**ACCEPTANCE BY:**

\_\_\_\_\_  
Headmaster or Board Official

\_\_\_\_\_  
Date

**JOHN HANCOCK ACADEMY**  
**Corporal Punishment Policy**

(To be completed/signed by parent or guardian)

Student 1 Name: \_\_\_\_\_ SS# \_\_\_\_\_

Student 2 Name: \_\_\_\_\_ SS# \_\_\_\_\_

Student 3 Name: \_\_\_\_\_ SS# \_\_\_\_\_

Student 4 Name: \_\_\_\_\_ SS# \_\_\_\_\_

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.

**Parent's/Guardian's Release:**

Please indicate your choice below by marking an "X" 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/Guardian Signature

\_\_\_\_\_  
Date



# 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: \_\_\_\_\_  
\_\_\_\_\_
9. Any allergies: \_\_\_\_\_
10. Additional information: \_\_\_\_\_  
\_\_\_\_\_

## 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.

\_\_\_\_\_  
Parent/Guardian 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 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 2023-24

(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 2023-24 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 Association of Private and Parochial Schools (GAPPS), 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:

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

\_\_\_\_\_  
Date