



JOHN HANCOCK ACADEMY

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

2024-25 STUDENT REGISTRATION

(Registration fee applies to all students, is non-refundable, and covers administrative, enrollment fees, and entrance to all home sporting events for the student. Incomplete forms or forms turned in without attached check or credit card payment receipt from office will not be processed.)

Household Name _____

- Student 1 _____
- Student 2 _____
- Student 3 _____
- Student 4 _____
- Student 5 _____
- Student 6 _____

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 =\$ _____ /mo

* 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

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 _____

Emergency Contact Name _____

Emergency Contact Phone # _____

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

John Hancock Academy

Tuition Schedule 2024-25 School Year

Registration Fee is \$100/student before June 1, 2024 and \$125/student after June 1. \$ _____

Building Fund \$500/family and may be paid \$100/year until \$500 is met. \$ _____

CIRCLE WHICH APPLIES TO YOUR FAMILY Yearly Tuition If Financing K-12 tuition:

1 Student	\$6,250		\$ _____
2 Students	\$11,210	(\$6250 1 st child /\$4960 2 nd child)	\$ _____
3 Students	\$15,630	(\$6250 1 st child /\$4960 2 nd child /\$4420 3 rd child)	\$ _____
4 Students	\$15,630	(Same as 3 children, 4 th child is free)	\$ _____
5 Students	\$21,580	(5 th child is \$5950 if K-12)	\$ _____
5 Students	\$19,680	(5 th child is \$4050 if Pre-K 3 or Pre-K 4)	\$ _____

CIRCLE IF APPLIES TO YOUR FAMILY Yearly Tuition If Financing Pre-K3/ Pre-K4 Full Day

1 Student Rate	\$4,350	\$ _____
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CIRCLE WHICH APPLIES TO YOUR FAMILY Yearly Tuition If Paid in Full by August 15, 2024:

1 Student in Pre-K3 /4	\$4,050	\$ _____
1 Student K-12	\$5,750	\$ _____
2 Students	\$10,450	\$ _____
3 Students	\$14,550	\$ _____
4 Students	\$14,550	\$ _____
5 Students	\$20,500	\$ _____

CIRCLE- Transportation To and From Milledgeville- May be paid in full or added to financed amt

1 Student	\$1170	2 Students	\$1440	\$ _____
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CIRCLE IF NEW Student Tuition \$4250 (Same for multiple new K-12 students in one family) \$ _____

CIRCLE GA Special Needs Scholarship Recipient (Award to be determined after July 20, 2024) \$ _____

TOTAL AMOUNT CONTRACTING FOR 2024-25 SCHOO YEAR \$ _____

FINANCIAL INFORMATION:

NEW POLICY AS OF 2024-25 SCHOOL YEAR: (I/We) understand that JHA is in the process of switching over our financial management to FACTS Tuition Management and I/we understand that I/we may make payments by check or cash in the office until it is complete. Once the switch is complete in July, I/we understand that my account will be registered online and I/we will sign up for debit, credit, or ACH Bank drafts and participate in the FACTS payment plan of my choice or agree to pay my family balance in full in the office by cash or check at the point FACTS is up and running. Until we have the FACTS Management System in place, the following guidelines from last year will apply:

FINANCIAL INFORMATION:

- PAYMENTS DUE THE 1st OF EACH MONTH; LATE AFTER THE 10th \$50 late fee assessed each month for payments received after 10th**
- 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.**
- Checks should be made payable to: **John Hancock Academy****
- Payment methods accepted by **JHA** - cash, check, money order, or debit/credit card. We accept Visa, MasterCard, Discover, and American Express.**
- There is a 3% processing fee for debit/credit card payments.**
- Senior students will not be able to participate in graduation exercises until all tuition and fees have been paid.**
- 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

GENERAL AGREEMENTS AND UNDERSTANDINGS

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Initials _____

(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

Corporal Punishment Policy

Student 1 Name: _____

Student 2 Name: _____

Student 3 Name: _____

Student 4 Name: _____

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

MEDIA RELEASE

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

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
2024-2025

(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:

Parent/Guardian Signature

Date