

Student Application 2020-2021

Applicant's Nar	ne					
Home Address	First		Middle	Last		Preferred Name
nome Address	Street		City		State	Zip Code
Mailing Addres	S Street				Charte	7/2 (
Telephone	011 001		City Date	of Birth		Zip Code
Gender:	_Male	Female				
Registration Fee\$150.00(Non-Refundable)(New Student Only)						
Snack Fee (One time yearly p		00	3day/\$75.(5day/\$10	00.00
		Parent	t/Guardian Inf	ormation		
Telephone				er's Name		
Busin		Mobile	Occur	<i>Business</i> Dation	Мо	
•				oyer		
			•			
Marital Status o	of Parents: _	Married _	Single	Separated _	Divorce	d Widowed
If separated or	⁻ divorced, po	rent with legal	custody:			
Other children Names/Age/Sc	-					
Church Affiliati	on					
Has child atten	ded another	pre-school or c	lay care cente	r? (Location, Nu	mber of day	s)
				sion policy is to ac and siblings of e		

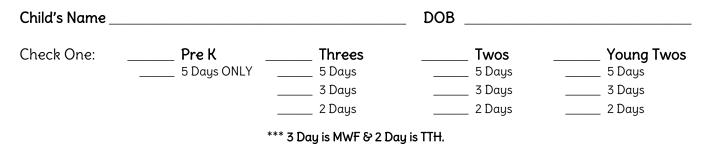
students, children of Sea Island Presbyterian Church members, and siblings of existing students first, and then children from the community. Sea Island Presbyterian Day School welcomes students of any race, color, religion, national or ethnic origin.

Parent's Signature _____

Date ___



Tuition Agreement 2020-2021



TUITION

Tuition Payments begin June 1, 2020 – March 1, 2021

	Annual	10 mo. Plan
Рге-К М & F 9-12 ат, TWTH 9-1 рт	\$4,050.00	\$405.00
Five days 9-12 am	\$3,780.00	\$378.00
Three days 9-12 am	\$3,060.00	\$306.00
Two days 9-12 am	\$2,610.00	\$261.00

**Sea Island Presbyterian Church Member Discount Available

You must be an active member of SIPC's congregation for a minimum of three months. You must attend church on a regular basis, participate in church-based activities, and participate in the Covenant of Financial Stewardship. Contact Day School Office for discount information and verification forms.

Day School Calendar: August 25, 2020 - May 20, 2021

I agree to pay the above amount. I understand my Registration Fee and any prepaid tuition is Non-refundable. (Please see Day School Handbook for complete policy on refunds and moving out of the area.) Tuition is due on the First of the month unless alternative arrangements have been made.

All checks are payable to Sea Island Presbyterian Day School (SIPDS).

Signature _____ Date _____

Return to the Day School Office. A copy will be made for your records. Summer tuition payments may be dropped off at the church office or mailed in the yellow tuition envelope provided.

Mailing Address: PO BOX 966, Beaufort, SC 29901



Emergency/Dismissal Information

Student's Name

Should my child have an accident or serious illness while at school and neither I nor my child's other parent can be reached, the school has my permission to contact the persons listed below and release my child.

Signature of Parent	Date
List two people who will assume temporar	ry care of your child if you cannot be reached.
1. Name	
Home Phone #	Cell Phone #
2. Name	
Home Phone #	Cell Phone #
understand that if my child is going home	to regularly pick my child(ren) up from school. Additionally, I with a friend, a written note or a phone call is required. Relation
Medical/General Information: Is your child potty-trained? Yes Is your child on any regular medication If yes, please explain:	
Does your child have any dietary rest	rictions? Yes No
If yes, please explain:	
 Does your child have any allergies? Y If yes, please explain:	es No
To compare the second	
	vices or therapy? Yes No
11 yes, piease explain:	

Release: Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, email address, phone numbers.

_____ I/We GRANT permission for photo/image that includes this student without any other personal identifiers to be published on the school's private internet site.

_ I/WE DO NOT GRANT permission.

Signature of Parent/Guardian _