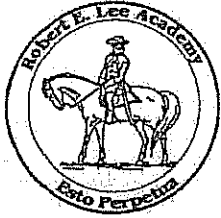


# Robert E. Lee Academy

## Enrollment Check List for Returning Students

These items are due at the time of enrollment. Please use this checklist to be certain that all of your information is complete so that your child's reenrollment can be processed in a timely manner. Applications will not be accepted without all of the following.

- \_\_\_\_\_ General Information Form
- \_\_\_\_\_ Medical Information Form
- \_\_\_\_\_ Application/Tuition Contract
- \_\_\_\_\_ Building Fund Fee
- \_\_\_\_\_ Enrollment Fee



**Robert E. Lee Academy**  
**630 Cousar Street Bishopville SC 29010**  
**Phone 803-484-5532 www.releeacademy.org**  
**General Information Form 2011-2012**

New Student     Returning Student                      Gender:  Male     Female

**Student Information** **Grade** \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred \_\_\_\_\_

Birth Date \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant lives with: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_

Applicants previous schools \_\_\_\_\_

**Parent/Guardian Information** **Student email** \_\_\_\_\_

Marital Status: Father: D M W Single Remarried      Marital Status: Mother: D M W Single Remarried

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_  
(If different from student) (If different from student)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer \_\_\_\_\_

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

**Financially Responsible Party**

Person responsible for tuition : \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are there any restrictions on custody, visitation, etc., of which we should be aware? \_\_\_\_\_  
 If yes, please specify and attach a copy of the Court Order: \_\_\_\_\_

Siblings attending REL and current grade: \_\_\_\_\_

**All new students must provide the following copies: Birth Certificate, Social Security Card, Immunizations Certificate, Last Report Card or School Records, Signed Drug Policy, Signed Admission Requirements, Records Release, Assurances Form, Medical Form, Tuition Form and General Information Form.**

For office use only: Date Received:	Building Fund Fee	General Info Form	Records Release
	Enrollment Fee	Medical Info Form	Copy SS Card
	Tuition Fee	Application/Tuition	School Records
	Bus Registration	Birth Certificate	PSAT
	Bus Enrollment	Immunization	Drug Policy

**Student Medical/Emergency Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**To Parent/Guardian:** To serve your child in case of an ACCIDENT or SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List 2 nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Insurance Verification**

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

List any conditions such as allergies, Epi-pen, ADHD, ear, eye, heart problems, diabetes, seizures, or chronic conditions. List any medications that you are currently taking.

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

Please initial to allow your child to receive medication \_\_\_\_\_ Acetaminophen (Tylenol)

A student's parent /guardian may authorize the school to administer non-prescription medication. Medication must be supplied by the parent in the pharmacy labeled or drug manufacturer's original container. The authorization must be in writing and include the dosage and time the medication is to be administered.

**I, the undersigned, do hereby authorize officials of Robert E. Lee Academy to contact the persons named on this contract. In the event parents or other persons listed cannot be contacted, the school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and /or transport for the said child. I also understand that it is my responsibility to keep all insurance and medical/emergency information current throughout the entire year.**

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_

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

APPLICATION / TUITION CONTRACT AGREEMENT (2011-2012)  
**ROBERT E. LEE ACADEMY**  
 630 Cousar Street Bishopville, SC 29010 Phone (803-484-5532)  
[www.releeacademy.org](http://www.releeacademy.org)

The Board of Directors of Robert E. Lee Academy has final approval of all applications after receipt of school records. For current students and new students, the enrollment fee and building fund fee must accompany application. Said fees are non-refundable if the application is approved and does not apply toward tuition.

I, \_\_\_\_\_, parent, guardian, or sponsor, hereby make application for the enrollment of the student(s) listed below in Robert E. Lee Academy for the academic year beginning in August 2011 and ending in May 2012.

	Name	Grade	Tuition
First Student			
Second Student			
Third Student			
Other Students			

Note: Eleventh (11<sup>th</sup>) grade students are required to take the PSAT (\$15.00).

I hereby agree as follows:

**I. Tuition Payment Plan: Please check one (1) payment plan.**

**K5 – 12<sup>th</sup> Grade**

\$3,420.00 per student payable in installments of \$285.00 per month for twelve (12) months. First payment is due June 1, 2011 and the final payment is due May 1, 2012.

\$3,420.00 per student payable in installments of \$342.00 per month for ten (10) months. First payment is due August 1, 2011 and the final payment is due May 1, 2012.

**K4**

\$1,920.00 per student payable in installments of \$160.00 per month for twelve (12) months. First payment is due June 1, 2011 and the final payment is due May 1, 2012.

\$1,920.00 per student payable in installments of \$192.00 per month for ten (10) months. First payment is due August 1, 2011 and the final payment is due May 1, 2012.

**II. Payments are due on the 1st of each month; a late fee at a rate of 5% monthly will be assessed on the unpaid past due balance following the 10<sup>th</sup> day of the month. Returned check fee is \$25.00.**

**III.** If payment is 30 days late, student(s) may not attend school until past due balances are collected.  
**IV.** Student records will not be transferred to another school if there are outstanding fees payable to Robert E. Lee Academy.

**V.** An administrative fee of \$150.00 will be assessed on all students who withdraw after the opening day of school.

( OVER )

- VI. Bills are not sent unless tuition is past due.
- VII. The following rights and prerogatives shall be vested in the Academy:
  - 1. To determine the grade and section to which the child shall be assigned.
  - 2. To refuse application based on criteria set by the Academy.
- VIII. The Academy does not provide a program of study and support for students with learning problems.
- IX. The school reserves the right to search any vehicle entering or parked on school grounds.
- X. For a student to participate in athletics and/or school extracurricular activities tuition payment must be current and the student must be academically eligible.
- XI. Occasionally, student pictures are used to add interest to stories and for recognition of achievements. My signature on this agreement grants permission to post my child's picture and first name at [www.releeacademy.org](http://www.releeacademy.org). If I do not wish to grant permission to the Academy, I will write a letter to the Academy including my child's name, grade, and stating my wishes.

I understand that in signing this Application/Tuition Contract Agreement for the upcoming school year, I and my student(s) agree to the rules and regulations of Robert E. Lee Academy as published in the current Family Handbook. It is understood that if for any reason any student is unable to meet the standards and requirements of Robert E. Lee Academy, such student shall be subject to suspension, academic probation, or dismissal, and that Robert E. Lee Academy shall be the sole judge of the sufficiency of the reason and does not have to make formal or specific charges.

I understand that this is a valid contract between myself and Robert E. Lee Academy signed \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
 Signature of Responsible Party                      Address                      Phone

Robert E. Lee Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational or admission policies, athletic or other school administered programs.