

How did you learn about St. Philip's  
Episcopal School?

Please check all that apply:

- Family/Friend  
 School Website  
 School Advertisement  
 Newspaper  
 Other



105 N. Adams  
Beeville, Texas 78102  
(361)358-6242

[www.spiscopalschool.org](http://www.spiscopalschool.org)

**FOR OFFICE USE ONLY**

Application Received \_\_\_\_\_

Registration Fee PD \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Shot Record \_\_\_\_\_

Grade \_\_\_\_\_

**2021-2022 Enrollment Application**

Returning Student  New Student

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

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

Who has legal custody of child?  Joint  Mother  Father  Other/Legal Guardian

Student lives with: \_\_\_\_\_ Child's Ethnicity: \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

**School Information**

Age as of August 1, 2021: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Name of Former School and Address: \_\_\_\_\_

Has this student ever been retained?  Yes  No

Has this student ever been diagnosed with any learning disability?  Yes  No

Does this student have any physical or health problems?  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Information**

Mother Title:  Mrs.  Ms.  Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated

Father Title:  Mr.  Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated

**Please submit the following with your application:**

Completed and Signed Registration Forms  
Copy of Immunization Record  
Copy of Student's Birth Certificate

Also due upon registration:  
**Non-Refundable** Registration Fee: \$100

I acknowledge my understanding of the forms and fees required to enroll my child at St. Philip's Episcopal School.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**ENROLLMENT CONTRACT**

I agree to pay to St. Philip's Episcopal School all applicable annual tuition, fees, and charges. Your space is confirmed only after paying the non-refundable enrollment fee and signing the enrollment contract.

I have read, understood and agree to be bound by this Enrollment Contract and the Terms and Conditions. I accept this offer of enrollment and certify that I am the legal custodial parent(s) and the financially responsible party and hereby enroll my CHILD(REN) at St. Philip's Episcopal School. I hereby assume full legal and financial responsibility for paying annual tuition, fees, and other charges as indicated by the Plan selected below.

I also agree to:

- CHOOSE ONE:
- Volunteer 10 hours of service during the school year per family with participation in the various school functions and opportunities throughout the school year.
- Pay \$75 to waive the volunteer requirement for the school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FINANCIAL CONTRACT**

Tuition

Preschool thru 6thGrade

<b>\$3,996 Yearly</b>	<b>\$444 (9 Months/ August-April)</b>	<b>\$333 (12 Months June-May)</b>
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Please choose a payment plan:

- One payment by August 1 with a 5% discount
- Two payments on August 1 and Jan 4 with a 2.5% discount
- Nine Monthly payments from Aug 1-April 1
- Twelve Monthly Payments from June 1- May 1

Please Initial:

- By enrolling my child I am committed to the payment plan I have chosen and understand that payment is due the 1<sup>st</sup> of each month.
- Tuition received after the 5<sup>th</sup> of the month will incur a \$25.00 late fee.**
- If at any time my account is delinquent more than 60 days I will make specific arrangements and I understand that my child could be removed from St. Philip's as well as the Extended Care program.

I acknowledge and agree to pay the tuition and fees for my child's education at St. Philip's Episcopal School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Photography and Media Release**

I, hereby give my permission for \_\_\_\_\_ to be photographed or videotaped  
(Student Name)

for St. Philip's Episcopal School purposes:

Yes  No For use on St. Philip's Episcopal School Website & Newspaper

Yes  No For use in the St. Philip's Episcopal School Yearbook

Yes  No For use on St. Philip's Episcopal School Social Media accounts

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Authorization to Administer Medication**

At times students are sent to the office with common ailments such as headaches, stomachaches, temperature, or the need of a topical ointment. Please indicate if you would like to give consent for St. Philip's Episcopal School Staff to administer medications for such ailments. (Ex.: Tylenol, cough drops, topical ointment)

Yes, I give permission for the school to administer over the counter medication.

No, I DO NOT give permission to give any medication. Please contact me first at (\_\_\_\_)\_\_\_\_\_.

Types of Medication: \_\_\_\_\_ Amount to be Given: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*If your child is prescribed a medicine that needs to be taken every day at a certain time, please send a copy of the prescription along with the medicine. If needs to be taken at school.

**Emergency Contacts and Pick Up**

In case of illness or emergency, if parents cannot be reached, please list other persons in the order you wish us to call.

1. \_\_\_\_\_  
Name Relationship Phone #

2. \_\_\_\_\_  
Name Relationship Phone #

The following persons are authorized to pick up my child after school. *For security purposes, please come to the office to submit copy of valid Texas Driver's license or photo ID.*

1. \_\_\_\_\_  
Name Relationship Phone #

2. \_\_\_\_\_  
Name Relationship Phone #

3. \_\_\_\_\_  
Name Relationship Phone #

Remarks: (Special diet, medication, etc.) \_\_\_\_\_

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

List any food/other allergies, if any \_\_\_\_\_

\_\_\_\_\_

**Authorization for Emergency Medical Attention**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to any qualified physician or medical institution.

Preferred Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date