Dear Parent(s),

Thank you for your interest concerning admission to Memorial Day School. It is obvious that you are a discerning parent who places the education of your child as a top priority. We, at Memorial, understand the importance of making an informed decision. As you have shown an interest in Memorial Day School it is our mission to provide you with all of the necessary information and support that you will need to complete the application and enrollment process. To assist you in beginning this process, we would like to invite you and your child to tour our campus and meet our faculty and staff.

PRE-K
1. Your child must be four (4) years old for Pre-K before August 1st.
2. Submit a completed Application for Enrollment and the Registration Fee of $250.00.
3. Medical Information: A current certificate of immunization and a current eye, ear, and dental certificate, obtainable from the Chatham County Health Department.
4. Your child must take an Admissions Test to be set up with the Director of Admissions.
5. Personal interview with student and parent(s).

Kinder-12th Grade
1. Your child must be five (5) years old on or before August 1st.
2. Submit a completed Application for Enrollment and the non-refundable Application / Testing Fee of $150.00.
3. Transcripts and School Records: Current transcripts showing final grades from last year and current grades from this school year are required along with standard achievement test scores. Also required are a current immunization certificate and an eye, ear and dental certificate from either the Health Department or your physician. We also require a discipline report from your current school. Enclosed you will find a Records Release form to be completed, signed and returned with your enrollment application. In order to expedite the admissions process we ask that you bring with you to the first interview an unofficial copy of the following documents: current transcript, discipline record or record of no discipline issues, immunization records, current test scores or any Special Education records.
4. Admission Testing: Appointments will be scheduled as soon as possible. You may expect a decision regarding admission within two weeks after testing.

Your application for admission will be reviewed and evaluated when all required records, documentation, and fees have been received. If you should have questions at any point in the process, you are encouraged to contact the school at 912-352-4535 or e-mail Mrs. Jamie Lane, Director of Admissions, at jlane@memday.org.

We look forward to hearing from you.

Sincerely,

Jamie A. Lane
Director of Admissions
NEW STUDENT APPLICATION

Application must be completely filled out and signed to be processed.
$150.00 Application Fee must be submitted with application.

STUDENT INFORMATION: Please register the following student:

Last Name                        First Name                      Middle Name         Goes by

Date of Application

Street Address

Date of Birth

City                         State                         Zip Code          Home Phone

Student Cell Phone

Student Email Address:

Grade Applying For            Academic Year          Student’s Social Security Number    Male/Female

PARENT OR GUARDIAN INFORMATION: (Married, Divorced, Separated, Widowed) ____________________________

If parents are separated or divorced, who has legal custody? ____________________________

REQUIRED (for divorced parents): By my execution below, I affirm that with this Application, I am submitting current legal documents showing custodianship. If I fail to comply with this requirement, the School may reject this application.

Please circle one:
FATHER / STEP-FATHER / MALE GUARDIAN:

NAME ____________________________

Social Security # ____________________________

Address ____________________________

City, State, Zip ____________________________

Home Phone ____________________________ Pager/Cell Phone ____________________________

Email Address ____________________________

Employer ____________________________

Position or Title ____________________________

Address ____________________________

City, State, Zip ____________________________

Business Phone ____________________________

OTHER PARENT (Optional) ____________________________

Address ____________________________

City, State, Zip ____________________________

Please circle one:
MOTHER / STEP-MOTHER / FEMALE GUARDIAN:

NAME ____________________________

Social Security # ____________________________

Address ____________________________

City, State, Zip ____________________________

Home Phone ____________________________ Pager/Cell Phone ____________________________

Email Address ____________________________

Employer ____________________________

Position or Title ____________________________

Address ____________________________

City, State, Zip ____________________________

Business Phone ____________________________

OTHER PARENT (Optional) ____________________________

Address ____________________________

City, State, Zip ____________________________
Student Name ____________________________

EMERGENCY CONTACTS: If I / We cannot be reached, I / We give permission for the following named person to pick up our child(ren) from school and to make decisions regarding our child(ren)'s health and well-being.

Name ____________________________ Relation ____________________________ Phone ____________________________

Physician’s Name ____________________________ Phone ____________________________

1. Is there a medical condition, physical or mental handicap, mental or nervous condition, learning disability or attention deficit disorder of which the school should be aware? Yes ______ No ______
(Optional: Please complete the "Voluntary Declaration of Disability Form" if applicable. Form is available upon request from the school admissions office.) If so, please describe the condition and list any medications the child is currently taking. ____________________________________________________________

2. Does your child have any known allergies (ex: food allergies, insect bites, medicines, etc.)? Yes__________ No__________

   Please explain: __________________________________________________________

DISCIPLINE RECORD:

1. Has your child ever been adjudicated through the court system? Yes_______ No__________ Pending__________

2. Has your child ever been charged with:
   A misdemeanor? Yes_______ No__________ Found Guilty? Yes_______ No__________
   A felony? Yes_______ No__________ Found Guilty? Yes_______ No__________

3. Has your child ever been suspended or expelled from another school? Yes_______ No__________

4. Is your child currently under suspension or expulsion from any other school? Yes_______ No__________

PERMISSIONS:

   I agree that my child(ren) may participate in school sponsored field trips. Yes_______ No__________
   I agree that my child(ren) may participate in interscholastic or intramural athletic programs. Yes_______ No__________
   I agree that my child(ren) may be photographed in conjunction with the school's activities and/or advertising campaigns. Yes_______ No__________
   If a parent or guardian cannot be reached in case of accident or illness requiring immediate attention, I grant permission for the school to summon emergency medical services and to obtain hospital treatment. Yes_______ No__________

   I understand that the above permissions are granted assuming they are exercised in accordance with school regulations. I also agree on behalf of myself and my child to release and hold harmless, the school, its agents and employees, from all claims, damages, or other liabilities which are not the result of gross negligence by this school, its agents, or employees. I also agree to indemnify the school for all damages incurred and/or caused by my child.

Parent/Guardian Signature: __________________________________________________________

GRANDPARENT INFORMATION: So that we can include your child’s grandparents in our Grandparents’ Club, invite them to various school activities, and keep them informed, please list their names and addresses.

PATERNAL GRANDPARENTS

Names: ____________________________
Address: ____________________________
City, State, Zip: ____________________________
Occupations: ____________________________
Phone: ____________________________

MATERNAL GRANDPARENTS

Names: ____________________________
Address: ____________________________
City, State, Zip: ____________________________
Occupations: ____________________________
Phone: ____________________________

(January, 2020 revision)
EDUCATION:
1. Please list all schools, including summer sessions, student has attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location (City, State, Zip)</th>
<th>Grades Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. For students entering grades 6 – 12, tell us what you like best about your present school and what you do not like. 

3. Briefly list any scholastic distinctions or honors achieved. 

4. Has student ever repeated a grade? _________ If yes, please explain. 

EXTRACURRICULAR AND PERSONAL ACTIVITIES:
Please list principal extracurricular, community and family activities, and hobbies in order of interest to student. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc. 

RECOMMENDATIONS:
1. How did you hear about Memorial? 

2. Have you or any members of your family ever attended Memorial? _________ If yes, please give dates of attendance, names, and relationship to student. 

3. Name of person who recommended Memorial to you. 

4. Names of students you know who are currently attending Memorial. 

STUDENT NARRATIVE:
Why do you want to attend Memorial? 

(January, 2020 revision)
TERMS OF ENROLLMENT

Memorial Day School, a PK-12 college preparatory school based on Christian values, operates under a non-discriminatory policy whereby each child is accepted on his/her own merit without regard to race, color, gender, and national or ethnic origin. Acceptance to Memorial Day School is dependent upon testing results, records, evaluation, parent conference and subsequent placement. The school reserves the right to refuse admission to any applicant who, in the opinion of the administration, will not benefit from the total program offered. I UNDERSTAND THAT MY OBLIGATION TO PAY THE FEES FOR THE FULL ACADEMIC YEAR IS UNCONDITIONAL AND THAT ON THE 15TH DAY OF SCHOOL THEREAFTER NO PORTION OF FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE, WITHDRAWAL OR DISMISSAL OF THE ABOVE STUDENT FROM THE SCHOOL.

SIGNATURE OF PARENT OR GUARDIAN ___________________________ DATE ___________________________

CONDUCT PLEDGE:

The student and the student’s parents/guardians agree to read the Parent/Student Handbook (please refer to student handbook at www.memorialdayschool.com) and abide by the school’s policies, rules, and regulations, as may be adopted or amended from time to time. The student may be suspended or dismissed from school at any time, if, in the sole opinion of the school’s Headmaster or School Board, (1) the student’s academic progress is unsatisfactory; (2) the student’s conduct at school or away therefrom, including conduct as seen on social media or in electronic communications from the student, is: a) unsatisfactory or b) detrimental to good order and discipline in the school, or, poses a danger to any faculty member, school employee, or other student; or (3) the student and/or the student’s parents/guardians fail to abide by the school’s policies, rules, and regulations or otherwise seriously interfere with the school’s accomplishment of its educational purpose. The acceptance of the student for enrollment in any school year shall not obligate the school to accept the student in any succeeding year.

Part of Memorial Day School’s commitment to safeguarding the health of its students and providing a safe place for its students to learn and grow, is its decision that the school shall be free of illegal drugs and alcohol. Because substance abuse, either while at school or away from school, can seriously endanger the health and safety of students and render it impossible to create a conducive environment for learning, Memorial Day School has established a Drug-Free School program to detect users and to remove abusers of alcohol, drugs or other controlled substances. Memorial Day School is committed to preventing the use and/or presence of these substances in its school or on its property and to encouraging its students to say “no” to drugs and alcohol.

Memorial Day School will utilize mandatory drug and alcohol testing which will be applicable to all students enrolled in the seventh through twelve grades. Memorial Day School reserves the right to drug and/or alcohol test these students at any time, for any reason.

We agree to support and participate in the drug/alcohol testing program and consent to the testing of my child under the program.

SIGNATURE OF APPLICANT ___________________________ DATE ___________________________

SIGNATURE OF PARENT OR GUARDIAN ___________________________ DATE ___________________________

I HAVE READ AND AGREE TO ALL THE TERMS OF THIS ENROLLMENT APPLICATION. My signature below indicates that all the information contained in this application is factually correct and honestly presented.

SIGNATURE OF PARENT OR GUARDIAN ___________________________ DATE ___________________________

SIGNATURE OF PARENT OR GUARDIAN ___________________________ DATE ___________________________

Memorial Day School admits students of any race, color, and national or ethnic origin.

(January, 2020 revision)
MEMORIAL DAY SCHOOL
2020-2021 TUITION AND FEES
Kindergarten – 12th Grade

NEW STUDENTS – APPLICATION / TESTING FEE of $150.00
Non-Refundable and Due with Application

NEW AND RETURNING STUDENTS

<table>
<thead>
<tr>
<th></th>
<th>Kindergarten</th>
<th>1st –5th</th>
<th>6th –8th</th>
<th>9th-12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee:</td>
<td>$250.00</td>
<td>$250.00</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>(Per- Student Non-Refundable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition:</td>
<td>$7,000.00</td>
<td>$7,200.00</td>
<td>$7,700.00</td>
<td>$8,200.00</td>
</tr>
<tr>
<td>Capital Improvement</td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>(per family)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL COST</td>
<td>$7,750.00</td>
<td>$7,950.00</td>
<td>$8,450.00</td>
<td>$8,950.00</td>
</tr>
<tr>
<td>Junior / Senior Class Dues:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior / Senior Class Total Cost:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$9,150.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6th – 12th grade students are required to purchase their own textbooks

Multi-Child Discount: $100.00 for 2nd Student; $200.00 for 3rd and 4th Student

MANDATED BY THE MEMORIAL DAY SCHOOL BOARD OF DIRECTORS:
The registration fee of $250.00 per student must be paid by Friday March 20, 2020
There will be a late charge for any student not registered by March 20, 2020

$300.00 Late Fee will be assessed for any returning student if not enrolled by March 20, 2020
$400.00 if not enrolled by April 20, 2020 and $500.00 if not enrolled by May 20, 2020

TUITION PAYMENT OPTIONS

There are three options for tuition payment:

1. One payment of full tuition due May 1, 2020
   A discount of $400.00 will be offered if all fees and Tuition are paid in full by May 1, 2020

2. Two payments: 1st payment due May 1, 2020, 2nd payment due December 1, 2020

3. Monthly payments through FACTS Management program and will be handled through the school Business Office

   ** A Tuition Credit Plan fee of $250.00 is required for payment option 2 or 3**

   There will be a fee of $50.00 for any and all returned checks.

Memorial Day School admits students of any race, color, and national or ethnic origin.
MEMORIAL DAY SCHOOL
TUITION CREDIT PLAN

At Memorial Day School, we understand that your decision to enroll your child here is an important financial commitment. We also know that unfortunately, unforeseen circumstances sometimes arise which would cause your child to miss a portion of the school year. Our Tuition Credit Plan is being offered to help offset your financial loss in this situation.

As stated in the Enrollment Contract, students are enrolled for the full academic year and no adjustment of fees can be made by the School for absences, withdrawal or dismissal for any reason. The person financially responsible assumes the obligation to pay the tuition for the full school year subject to the terms of this Plan. This requirement is necessary as the School has continuing expenses such as maintenance and faculty salaries. In order to plan and maintain these services for the year, it is essential that annual tuition fees should be received.

What is covered?
In the event your child withdraws from the School, you will receive a credit of 60% of the unused portion of the year's net tuition. The reasons for withdrawal covered by this plan include medical withdrawal, dismissal, and voluntary withdrawal from the School. Please note the following EXCLUSIONS: the Plan will not cover voluntary withdrawals from the School which result from actions of disciplinary, accidental or criminal nature within or outside the School against other students or adults.

Annual Cost:
The annual non-refundable cost to enroll in this plan is $250.00 per student per year and must be paid at the time of registration.

Who is covered?
Any parent choosing a payment plan other than an annual payment will automatically be enrolled in the Tuition Credit Plan. If you elect to pay annually the plan is optional.

Attendance requirement:
In the case of a voluntary withdrawal, a student must be in attendance for at least 14 calendar days (beginning the first day of academic classes) in order to be eligible for a credit.

Formula for calculating benefits:
The formula for calculation of the credit is as follows: The school year is divided into 9 week "quarters". For purposes of calculating a credit under this plan, if a student is enrolled on the first day of a quarter, he or she will be considered to be in attendance for the full quarter. In other words, after the first day of the quarter, no credit will be given for that particular quarter.

What happens to the benefit?
After the full year's tuition due and owing has been posted, any benefit amount will be applied to the student's account. Any amount still due on the account will be billed to the parent and payment will be expected upon receipt of the statement. No grades, transcripts, or diplomas will be released until account is paid in full.

Any remaining credit balance on the student's account after all fees and charges have been posted will be refunded to the parent by check.

Memorial Day School admits students of any race, color, and national or ethnic origin.
PARENT CONTRACT AND PLEDGE OF SUPPORT TO MEMORIAL DAY SCHOOL

Memorial Day School is committed to providing the most effective educational experience for each student. In order to successfully fulfill this commitment, it is critical that the school and the parent(s) work as a team. It is for this reason that the school asks that the parent(s) to support the school's effort by agreeing to the following:

- Agree to support the stated mission of Memorial Day School.
- Agree to discuss with the student the Memorial Day School code of conduct and stress the importance of maintaining appropriate behavior while at school and school-related activities.
- Agree to pay all fees and tuition by the due date.
- Agree to maintain accurate and up-to-date information in the student’s school files (i.e. address, telephone numbers, e-mail address, immunization and medical).
- Agree to accept the authority of the school’s teachers and administrators.
- Agree to make certain their student is prepared for school each day by having students complete all academic assignments, study each day and focus on academic progress and achievement.
- Agree to attend school Parent-School Association meetings and provide support to school fund drives and initiatives.
- Agree to support all policies stated in the Memorial Day School Student Handbook, especially those pertaining to student attendance, discipline, and dress code.
- Agree to attend all requested school conferences regarding student academic performance, attendance and/or discipline.

__________________________________________  
Student’s Name

Father’s or Legal Guardian Signature   Date   Mother’s or Legal Guardian Signature   Date

Memorial Day School admits students of any race, color, and national or ethnic origin.

6500 HABERSHAM STREET <> SAVANNAH, GEORGIA 31405 <> 912.352.4535 <> FAX 912.352.4536  
www.memorialdayschool.com
School Name: ________________________________

Address: __________________________________

City: ___________________ State: _______ Zip: ______

The student named below has applied for admission to Memorial Day School. Please forward the records requested below.

Student’s Name: ___________________________ Last     First     Middle

Date of Birth: ___________________________ Grade Last Attended __________

Month/Day/Year

School Use Only

____ 1) Standard Transcript (Grades, Normal Achievement Testing, Attendance, Activities)

____ 2) Discipline History (if no Discipline History please state NONE) MUST HAVE

____ 3) Special Testing Reports

____ 4) Medical & Health Records (Immunization Certificate, EED Certificate)

____ 5) Other: Any IEP, special education records, or psychological testing if applicable.

Pursuant to the Family Educational Rights and Privacy Act (20 USC § 1232 (g)) and provisions of Georgia law, as the parent or legal guardian of the above named student, I request and authorize the specific records requested above to be forwarded to the following address:

Memorial Day School, 6500 Habersham Street, Savannah, Georgia 31405-5946

Phone: 912-352-4535

Email records to Jamie Lane at jlane@memday.org

PARENT/GUARDIAN SIGNATURE ___________________________________ DATE ____________________

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