January 27, 2020

Dear Parents,

It is hard to believe it is already time to re-enroll your student(s) for the 2020/2021 school year! Enclosed in this packet is all of the information you need to start the re-enrollment process. At this time we have only opened enrollment only for our current families. Please follow the steps below to complete re-enrollment.

1. Complete the returning student application and parent contract and pledge of support form.
2. Contact Jamie Lane by phone (912-352-4535) or email (jlane@memday.org) to set up an appointment to complete the re-enrollment process.

Enclosed please find the new fee sheet for the 2020/2021 school year. This will be helpful to you in planning for the new school year. At the bottom of this page you will find new registration deadlines set in motion by the Memorial Day School Board of Directors. Please read them carefully.

It is our mission to provide smaller class sizes to offer your student more individualized attention to help them reach their academic potential and success. In order for us to achieve this mission our class sizes are limited.

As our students are enjoying the second semester, we are looking forward and making plans for next year. Our administrative team is working to add new opportunities for our students in the classes we offer, clubs for all grade levels, and athletic endeavors. Please call or email Mrs. Lane or myself if you have any questions.

Sincerely,

[Signature]

Jennifer Farris
Head of School
RETURNING STUDENT APPLICATION

Application must be completely filled out and signed to be processed
A registration fee $250.00 must accompany this application

STUDENT INFORMATION - Please register the following student(s):

Name __________________________ Goes by: __________________________
Entering Grade ____________ Birthdate ____________ Social Security # ____________

Name __________________________ Goes by: __________________________
Entering Grade ____________ Birthdate ____________ Social Security # ____________

Re-Application Date: __________________________

Student's Address: __________________________

Student's Email Address: __________________________

STUDENT INFORMATION - Please register the following student(s):

Name __________________________ Goes by: __________________________
Entering Grade ____________ Birthdate ____________ Social Security # ____________

Name __________________________ Goes by: __________________________
Entering Grade ____________ Birthdate ____________ Social Security # ____________

Re-Application Date: __________________________

Student's Address: __________________________

Student's Email Address: __________________________

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

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

I agree to provide the school with a copy of any current legal documents showing custodianship.

Please circle one:
FATHER / STEP-FATHER / MALE GUARDIAN:
NAME __________________________
Social Security # ____________
Address __________________________
City, State, Zip __________________________
Home Phone ____________ Beeper/Cell ____________
Email Address __________________________
Employer __________________________
Position or Title __________________________
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 ____________ Beeper/Cell ____________
Email Address __________________________
Employer __________________________
Position or Title __________________________
City, State, Zip __________________________
Business Phone __________________________

OTHER PARENT (Optional) __________________________
Address __________________________
City, State, Zip __________________________

EMERGENCY CONTACTS: If parents cannot be reached, to what relative or friend do I give permission to pick up or make decisions regarding the health and well being of my child?

Name __________________________ Relation __________________________ Phone __________________________

Physician's Name __________________________ Phone __________________________

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 for additional information.) If so, please describe the condition and list any medications the child is currently taking.

________________________ Does your child have any known allergies (ex: food allergies, insect bites, medicines, etc.)? Yes ________ No ________

Please explain: __________________________
DICeLINE RECORD:

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

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.
I agree that my child (ren) may participate in interscholastic or intramural athletic programs.
I agree that my child (ren) may be photographed in conjunction with the school's activities
   And/or advertising campaigns.
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__________
Yes__________ No__________
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 grandparents in our Grandparents' Club, invite them to various school activities, and keep them informed, please list their names and addresses.

NAME: __________________________ ADDRESS: __________________________ City, State, Zip: __________________________

NAME: __________________________ ADDRESS: __________________________ City, State, Zip: __________________________

TERMS OF ENROLLMENT

This school 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 after August 13th of each year 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.

STUDENT (1) SIGNATURE        STUDENT (2) SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN

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.
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>
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<td>$7,200.00</td>
<td>$7,700.00</td>
<td>$8,200.00</td>
</tr>
<tr>
<td>Capital Improvement (per family)</td>
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<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>TOTAL COST</td>
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<td>$7,950.00</td>
<td>$8,450.00</td>
<td>$8,950.00</td>
</tr>
<tr>
<td>Junior / Senior Class Dues:</td>
<td>$200.00</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Junior / Senior Class Total Cost:</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.
MEMORIAL DAY SCHOOL

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