



Education Center School

The School With A Difference, Giving Wings To The Mind™

4080 Old Canton Road (39216-3722)

P. O. Box 55509

Jackson, MS 39296-5509

Phone: (601) 982-2812

Fax: (601) 982-2827

Email: edcenter@bellsouth.net

Web page: <http://www.educationcenterschool.com>

ESTABLISHED - 1964

Welcome and thank you for your interest in the Education Center School (“ECS”). This packet is provided to convey, to you, our commitment to our students and their education. We are looking forward to the 2008-2009 school year as we begin our 44th anniversary of serving students and families. ECS is a nationally recognized pioneer and leader in education. It and is considered a front-runner in non-traditional schools.

ECS offers an eleven-month school term that includes a continuing summer session featuring small classes and individual assistance. All grades are taught in a small classroom setting with additional one-on-one tutorial as needed. The commitment and dedication of each teacher is one of the major strengths of our program. The quality of instruction is characterized by the personalized approach as well as the learning needs of each and every student.

In recent years, ECS has worked with dozens of public and non-public schools in assisting pupils with transferring to our full time school, tutoring, or taking individual courses. If your counselor or principal has questions or needs information about our academic courses or other services, I will be available to talk to them.

A Student Handbook of Rules and Regulations is available for all new students. I encourage you to read these carefully and to be sure that your child understands them fully.

I will be happy to answer any questions concerning any of the information in the enrollment packet, so please feel free to contact me for an appointment. Also, a campus visit or tour can be arranged if you need more information about our school or services. We invite you to be a part of our school community and we are looking forward to having you visit our campus.

Sincerely,

Lynn T. Macon
Principal

The Education Center School is Accredited by The Southern Association of Independent Schools, Southern Association of Colleges and Schools, and The National Independent Private School Association



**2008-2009 STUDENT APPLICATION
EDUCATION CENTER SCHOOL**

Date _____

Student Name _____

Previous School _____ Grade last completed _____

Student Social Security Number: _____ Date of Birth _____

Parent / Guardian Name _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

E-mail address: _____

Mother's Place of Employment: _____

Mother's Occupation _____ Cell Phone _____

Business Address _____ Bus. Phone _____

E-mail: _____

Father's Place of Employment: _____

Father's Occupation _____ Cell Phone _____

Business Address _____ Bus. Phone _____

E-mail: _____

Address (if different from above) for Progress Reports etc. _____

Phone number with voice mail (to which the student does not have access) to notify you that your child is absent or tardy: _____

*****New Students must meet in person with the counselor when applying, and transcript MUST accompany application.**

Grades 1 –12 School is in session from 8:00 A.M. – 2:00 P.M. After school session from 2:00 P.M. – 5:00 P.M. Choose courses and times. Schedules are flexible and are worked out individually by including work/study and career experience programs.

List subjects or grade needed below:

Please make any additional comments concerning this student below:

Parent/Guardian signature

Date

*****This page may not be turned in without the attached tuition contract being signed by the responsible party.**



**2008-2009 Tuition Contract
EDUCATION CENTER SCHOOL**

I the undersigned, parent and or guardian, hereby make application for the enrollment of the following student:

Name of Student 2008-2009
Year

I am tendering and paying herewith the Registration Fee of **Six Hundred Dollars (\$600.00)**. **Enrollment applications will not be accepted unless the following are signed by responsible party, parent or guardian: Application, Tuition Contract, Field Trip and Record Release Form.**

In the event that the student is accepted for enrollment, I agree to pay the Education Center School (“ECS”) \$ _____ per month as tuition. Tuition is calculated on a yearly basis (September through June). Tuition is payable by year, semester, or monthly. **Monthly tuition is due on or before the fifth of each month. Tuition may be paid by bank draft or by credit card. A late fee of \$25.00 will be charged on the 10th if tuition has not been paid. An additional \$15.00 late fee will be charged if tuition is not paid by the 20th. Bank checks or drafts returned by the bank for insufficient funds or other reasons will result in a charge of \$30.00 to cover the additional administrative and bookkeeping cost.**

I understand and agree this contract is for the entire school year. **I agree that due to faculty, curriculum, and building expenses all tuition is non-refundable, and will be paid in full even in the event of late registration, early graduation, withdrawal, holidays, student absences, or completion of courses. Further I agree, ECS earned student credits represent a “secured interest” under Federal Rules of Bankruptcy Procedure.** Each month’s tuition must be paid in full, including September and June. Students, parents and guardians must notify the Education Center School in writing when a student is being withdrawn.

I agree that all privileges of attendance at the school may be withdrawn from the above named student for academic reasons, disciplinary reason, failure to abide by the rules and regulations of the School and for failure to pay monetary amounts due under this contract. **I understand, agree and give permission for random drug screenings of students as a part of the Schools policies.** In the event of suspension, dismissal, or voluntary withdrawal of attendance by the student, the tuition due the school is payable immediately, and any amounts prepaid are nonrefundable, except as provided above. **I understand and agree that no official or unofficial student records will be forwarded until all money due has been paid.**

SCHEDULE OF FEES (see Enrollment Policy)

Registration	\$600.00
Monthly Tuition, Grades 1 - 12	\$600.00

Fees can be flexible depending on course work and curriculum.

Bank drafts, VISA, Master Card, Discover and American Express cards are accepted.

A student must notify his former school of plans to withdraw **before** enrolling in the ECS. If someone other than the person registering the student is responsible for the tuition, please write his / her name, address, and relationship to the child on the back of this application. In the event of non - payment of fees, the undersigned will be liable for all legal expenses incurred in recovering those fees. The undersigned will also be responsible for fees incurred by a collection agency.

Signature of Party Responsible for Tuition

Date

Notary Public

Notary Expiration Date



EDUCATION CENTER SCHOOL

2008-2009 Enrollment Policy – Grades 1 - 12

Tuition may be paid for the full year, per semester, or by monthly bank draft or credit card charge.

Bank drafts returned by the bank for insufficient funds or other reasons will result in a charge of **\$30.00** to cover the additional administrative and bookkeeping cost.

In the event of non-payment of tuition or fees, the party responsible for tuition payments will be liable for all Tuition Contract late fees and all fees incurred by a collection agency or an attorney.

Scholarship information is available if requested in writing to the principal.

Registration Fee

\$600.00, to be paid each year.

Grades 1 - 12

Monthly Tuition (Ten Months) September – June	Annual Total	Annual Total if Paid in Full at the Time of Enrollment (includes registration)
\$600.00	\$6,000.00 + Registration Fee	\$6,600.00

A discount of \$25.00 per child, per month is given if more than one child in the family is enrolled.

There are three methods for tuition payment. Please select one below.

- _____ Yes, enroll my child in the Education Center School. I am enclosing payment in full of \$6,600.00, or the first semester payment of \$3,600.00.

- _____ Yes, enroll my child in the Education Center School. The registration fee of \$600.00 is enclosed and I authorize you to automatically debit my checking account each month (September – June, or ten months), as noted on the attached authorization agreement.

- _____ Yes, enroll my child in the Education Center School. The registration fee of \$600.00 is enclosed and I authorize you to automatically charge my credit card each month (September – June, or ten months), as noted on the attached authorization agreement.

I have read and fully understand the Tuition Contract and the Enrollment Policy.

Signature of Party Responsible for Tuition

Date

Notary Public

Notary Expiration Date



**EDUCATION CENTER SCHOOL
2008-2009 PAYMENT ARRANGEMENTS**

Please choose one of the following payment methods:

 Automatic Bank Draft

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: _____ Phone: _____
(As it appears on financial institution records)

Address: _____ City: _____ Zip: _____

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay my monthly tuition of \$_____ by charging each payment to my account and to make that deduction payable to the order of THE EDUCATION CENTER, INC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and THE EDUCATION CENTER, INC. reserves the right to terminate this payment plan (or my participation therein.)

DATE: _____ SIGNATURE: _____

NOTE: Please return a VOIDED check on your account with this form.

 Automatic Charge to a Credit Card

Type of card: (ex. Visa, AMEX) _____

Card number: _____ Exp: _____
(must list entire number as stated on your card)

Name on card: _____

Amount of tuition to be charged each month: \$_____

DATE: _____ SIGNATURE: _____

 Pay in full



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PERMISSION FORM

_____ has my permission to go on all field trips and participate in school activities during the school year with the Education Center School. I hereby release the Education Center School and all personnel from any liability incurred as a result of these trips. I understand that my child may travel to these field trips by bus and/or cars driven by other parents, guardians or school official.

PARENTS WILL BE NOTIFIED OF STUDENT EVENTS.

The Education Center School has my permission to photograph my child for class projects, advertising, newspapers, etc.

Student Name _____ Date of Birth _____
Address _____
Address if different from above _____
Home Phone Number _____
Work Phone Number _____
Cellular Phone Number _____
Pager Number _____

Alternate Contact Source if Parent or Guardian can not be reached _____
Relationship _____ Phone Number _____

Physician's Name _____ Phone _____
Physician's Address _____
List hospital preference _____
Name of insurance company _____ Phone _____
Name of policy holder _____ Policy Number _____

List any allergies: _____
List any medication your child takes _____
List any condition your child is being treated for: _____
List any physical or Medical limitation your child has _____
Other pertinent information: _____

I, the undersigned parent or guardian of the above named student, do hereby authorize the Education Center School as agent for the undersign to consent to medical care by hospital and/or medical clinic.

This authorization shall remain effective for one year from the date of signature unless sooner revoked in writing to the school.

(Parent or Legal Guardian)

(Notary Public)

(Date)

(Notary ex. Date)

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EDUCATION CENTER SCHOOL
JACKSON, MS



DRESS and APPEARANCE POLICY

UNIFORMS MUST BE WORN by each student who attends the Education Center School. The staff realizes that our students want variety, and has worked diligently to offer a wide selection from which to choose. We have also gone to great lengths to choose items that are attractive and affordable.

Uniforms may be purchased through:

LANDS' END

www.landsend.com Toll Free: 800-963-4816

Education Center School Preferred Number: 9001-1460-4

ADDITIONAL GUIDELINES:

1. Shirt tails **MUST BE TUCKED IN** at all times. (They may **not** be tied in the front.)
2. Shirts / tops must cover entire torso, even with arms raised.
3. Undershirts and T-shirts worn under clothing must be **solid white** (no graphics, lettering, etc.)
4. Sweatshirts and jackets must have a uniform shirt underneath with collar showing.
5. Sweatshirts, jackets, blazers, etc., must meet uniform standards, and be purchased through Lands' End. No others allowed.
6. Jeans are not allowed, period.
7. Hemmed pants, skorts, shorts, etc., may not be rolled up at the waist.
8. Hemmed pants, skorts, shorts, etc., are not to be worn below the hipbone. (By extension, the midriff should not be shown - **sit down** in your clothing to see if the lower part of your back is exposed.)
9. Shorts and skorts may not be any shorter than **THREE INCHES** above the middle of the knee. (Student must be able to kneel on the ground, with body positioned upright - the item should not be over three inches from the floor.) **Shorts may be worn only in August, September, May June and July.**
10. No tattered or torn clothing; no holes in clothing.
11. No oversized clothing; no clothing may be too tight.
12. No hats, caps, bandannas, or headdresses.
13. No excessive jewelry. If the student has multiple piercings, only one jewelry item may be worn (one earring in each ear counts as only "one" item).
14. Unusual, distracting, or inappropriate hair color is not allowed.
15. Hair should be neat, combed, and out of the eyes.
16. Shoes must be worn at all times. Flip-flops are not allowed; all sandals **MUST** have a back strap – no exceptions!



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REQUEST FOR TRANSFER OF RECORDS

DATE _____

To: Records Clerk

Name of School holding records

Street Address or P.O. Box

City, State, and Zip Code

According to the Family Educational Rights and Privacy Act (Buckley Amendment 99:31) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and in school systems in which the student may intend to enroll, may receive a student's records with consent for such a release.

Full Name of Student

Grade _____

Please transfer the records of the above named student to us immediately.

Sincerely,

Lynn T. Macon
Principal