



THE EDUCATION CENTER SCHOOL ("ECS")
APPLICATION FOR SUMMER SCHOOL
ELEMENTARY SCHOOL ~ 1ST - 6TH GRADES ~ 2010

SUMMER SCHOOL DATES:
TUESDAY, JUNE 8TH - FRIDAY, JULY 9TH, 2010

Student Name _____ Birth Date _____

Age _____ Grade Last Completed _____ School Last Attended _____

Parents/Guardians _____

Home Address _____

(street) (city) (state) (zip)

Home Phone _____ E-Mail _____

Work Cell

Mother's Employment _____ Phone _____ Phone _____

Work Cell

Father's Employment _____ Phone _____ Phone _____

Work Cell

Emergency Contact Name _____ Phone _____ Phone _____

How did you first hear of us (check one)? **Internet/WEB** **Phone Book** **Newspaper**
Magazine **School** ~ **Name of School:** _____ **Friend/Word of Mouth**

List areas of concentration to be taken and time slot preferred. **BE SPECIFIC.** Include **name of subject** and **grade level**.

1. _____ Time¹ 8:00 - 10:00 _____

2. _____ Time¹ 10:00 - 12:00 _____

¹*Some Students will attend both periods*

*****IMPORTANT***** Name of school where report card is to be sent (**include full address**)
(not necessary if student will be remaining at ECS for the Fall Semester or is taking enrichment classes only)

School _____

Address _____

(street) (city) (state) (zip)

*****IMPORTANT***** If you will be starting the session late or if you plan to be out for camp, vacation, etc., indicate the reason and the date below.

If there is any additional information or special documentations needed for this student, or if testing & evaluations are available, please attach second sheet.

TUITION IS DUE AND PAYABLE IN ADVANCE. IF YOU PREFER, YOU MAY FILL IN THE INFORMATION BELOW AND WE WILL GLADLY CHARGE YOUR CREDIT CARD. (American Express, Discover, Visa and Master Card accepted.)

Name	Card #	Type	Exp. Date

(Signature of Cardholder) _____ (Date) _____



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THE EDUCATION CENTER SCHOOL
 A d/b/a of The Education Center, Inc.
 4080 OLD CANTON RD.
 JACKSON, MS 39286-9387

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

~ *Non Discriminatory* ~

SUMMER 2010 TUITION CONTRACT

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

(Name of Student)

Upon enrollment of the above-mentioned student, I agree to pay The Education Center School \$ _____ per course, or per session.

I UNDERSTAND THAT TUITION IS DUE AND PAYABLE IN FULL BEFORE (NOT ON) THE FIRST DAY OF SUMMER SCHOOL.

I agree that all privileges of attendance at the school may be withdrawn from the above named student for academic reasons, disciplinary reasons, failure to abide by the rules and regulations of the school, and for failure to pay monetary amounts due under this contract. In the event of suspension, dismissal or voluntary withdrawal of attendance by the student, the tuition amount due the school is payable immediately, and any amounts prepaid are nonrefundable. Further I agree, ECS earned student credits represent a “secured interest” under Federal Rules of Bankruptcy Procedure.

I understand and agree that no transcripts, report cards, progress reports, or records will be forwarded until all money due the school has been paid.

SCHEDULE OF FEES FOR ELEMENTARY SCHOOL ~ 1ST – 6TH GRADES²:
 Elementary sessions are flexible. Choose time:
 8:00: _____ 10:00: _____ Both: _____
\$600.00 per session. June 8th – July 9th

²Students already attending The Education Center School and continuing into Summer School will continue paying their usual monthly tuition fee.

I understand that the principal of the “home school” must sign the attached form granting permission for the student to take summer courses at The Education Center School before the student may be enrolled for summer classes.

I understand that the student must attend school daily and be on time, Monday through Friday and any additional Saturdays, in order to receive credit. Parents of students who are absent or tardy, will not hold The Education Center School responsible for the students’ failure to complete the course.

(Signature of Parent or Guardian)

(Date)



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 4080 OLD CANTON RD.
 JACKSON, MS 39286-9387
 Phone: 601-982-2812 FAX: 601-982-2827
 E-Mail: edcenter@bellsouth.net Web Site: <http://educationcenterschool.com>
Lynn T. Macon, Administrator & Principal

PERMISSION TO PARTICIPATE IN SUMMER SCHOOL 2010

To the principal or headmaster of the school that the student is presently attending:

(Name of Student)

has completed an application to take the subject (s) listed below at The Education Center School Summer School for 2010. These courses are being offered for credit. Please fill out this form and sign below granting permission for the above named student to participate.

Subjects:

Student is currently attending:

(Name of School)

Signed :

(Signature of Principal/Headmaster)

(Date)

*****IMPORTANT***** Summer applications will not be processed until this form is completed, signed, and attached to the application. Failure to have this form signed may result in the student not receiving credit. Students may attend both periods to fulfill hourly requirements.

The Education Center School is accredited by the Southern Association of Colleges and Schools (SACS), Southern Association of Independent Schools, and National Independent Private School Association.

Mississippi Department of Education Schools accepts credits from SACS accredited schools.