

THE EDUCATION CENTER SCHOOL
APPLICATION FOR SUMMER SCHOOL
ELEMENTARY SCHOOL ~ 1ST – 6TH GRADES ~ 2016



SUMMER SCHOOL DATES:

Tuesday, June 7, 2016 - Thursday, July 21, 2016

Student Name _____ Birth Date _____

Social Security No. _____ E-Mail _____ Cell Phone _____

Age _____ Grade Last Completed _____ School Last Attended _____

Parents/Guardians _____

Home Address _____

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

Home Phone _____ E-Mail _____

Mother's Employment _____ Work _____ Cell Phone _____

Father's Employment _____ Work _____ Cell Phone _____

Emergency Contact Name _____ Work _____ Cell Phone _____

(Other than Parents/Guardians)

List areas of concentration to be studied and time slot preferred. Include **name of subject and grade level**. If you need a meeting to discuss the above please call the office.

1. _____ Time 8:00 A.M. - 10:00 A.M. _____
2. _____ Time 10:00 A.M. - NOON _____
3. _____ Time 8:00 A.M. - NOON _____

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

School _____

Address _____

(Street ~ post office box)

(City) (State) (Zip)

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(s) 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 MasterCard® accepted.)

Name	Card #	Type	Exp. Date
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(Signature of Cardholder) _____ (Date) _____

THE EDUCATION CENTER SCHOOL
APPLICATION FOR SUMMER SCHOOL



ELEMENTARY SCHOOL ~ 1ST – 6TH GRADES ~ 2016

THE EDUCATION CENTER SCHOOL

A d/b/a of The Education Center, Inc.

4080 Old Canton Road

Jackson, MS 39216-3722

THE EDUCATION CENTER SCHOOL IS FULLY ACCREDITED AND NON-DISCRIMINATORY.

SUMMER 2016 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 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 GRADES

Elementary sessions and times are flexible. Please call or come in for a meeting if you have questions.

8:00 A.M.: _____ 10:00 A.M.: _____ Both: _____ (Variation of times are available if needed)

\$650.00 per regular session (six weeks). June 7, 2016 – July 21, 2016

\$400.00 per mini session (three weeks).

I understand that if the courses are for academic credit, 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.

(Signature of Parent or Guardian)

(Date)

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THE EDUCATION CENTER SCHOOL
A d/b/a of The Education Center, Inc.
4080 Old Canton Road ~ Jackson, MS 39216-3722
Phone: 601-982-2812 FAX: 601-982-2827
E-Mail: edcenter@bellsouth.net Web Site: <http://educationcenterschool.com>

Lynn T. Macon, Director

PERMISSION TO PARTICIPATE IN SUMMER SCHOOL 2016

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 2016. 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)

(Signature of Principal/Headmaster)

(Date)

*****IMPORTANT***** Summer applications will be processed when this form is completed, signed, and returned. Failure to have this form signed may result in the loss of summer school credit. Students may attend both sessions to fulfill hourly requirements.

The Education Center School is fully accredited and non-discriminatory.

Mississippi Department of Education Schools accept credits from AdvancED™/SACS accredited schools.

