The Education Center
School

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

4080 Old Canton Road, Jackson, MS 39216-3722

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. We are looking forward to the 2016 – 2017 school year, and our 53rd year of educating students. We are located in the historic Fondren District of Jackson.

Fully accredited, The Education Center School offers year-round school terms with additional summer school programs. Students can enroll at any time of the year and benefit from our instructional program, which is characterized by a personalized approach to students' specific needs and learning styles.

Our qualified and experienced faculty and staff provide a traditional, challenging, and differentiated curriculum for all students. This approach encourages students to use their strengths to correct their deficiencies, enhances emotional well-being, and emphasizes the development of character and citizenship.

Parents, teachers, counselors, physicians, and others create partnerships that support each student's educational experience. Whether in a conventional classroom setting or in our online classes, we celebrate each student's individuality and broad range of interests and teach them to embrace the unique qualities within themselves and others.

Thank you for contacting The Education Center School. You are invited to be a part of our school family and experience firsthand the commitment and dedication that are hallmarks of our program. We would be honored to work with you and your child.

If you or your child's current counselor or principal have questions or need additional information about our academic program or other services we offer, please call me at 601-982-2812 ext. 224. We encourage you to see our campus by arranging a time to visit with an administrator or counselor and tour our school.

Attached is our enrollment packet for your convenience. I look forward to speaking with you soon.

Sincerely,

Lynn T. Macon

Lynn T. Macon
Director

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2016-2017 STUDENT APPLICATION

THE EDUCATION CENTER SCHOOL

Date _____ ***~ CONFIDENTIAL ~***

Student Name _____ Birth Date _____

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

Age _____ Grade Last Completed _____ School Last Attended _____

Parent / Guardian Name_____

Home Address _____
(street) (city) (state) (zip)

Home Phone _____ Home E-Mail _____

Mother's Place of Employment: _____ Work Phone _____ Cell Phone _____

Mother's Occupation_____

Business Address _____
(street) (city) (state) (zip)

E-mail _____

Father's Place of Employment: _____ Work Phone _____ Cell Phone _____

Father's Occupation_____

Business Address _____
(street) (city) (state) (zip)

E-mail _____

Address (if different from above) for Report Cards, Mail outs, etc.

_____

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

Emergency Contact Name _____ Work Phone _____ Cell Phone _____
(Other than Parents/Guardians)

*****<u>New students must meet in person with the counselor or principal when applying, and transcript MUST accompany application.</u>**

Grades K–12 School is in session from 8:00 A.M.–2:10 P.M.; with after school tutoring available from 2:15 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.

Please make any additional suggestions or comments concerning this student below:

_____

_____

_____

_____

_____ _____
Parent/Guardian Signature Date

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2016-2017 TUITION CONTRACT
THE EDUCATION CENTER SCHOOL

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

_____ 2016-2017

Name of Student Year

I am tendering and paying herewith the Registration Fee of **Eight-Hundred-Five & 00/100 Dollars ($805.00). 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 an annual basis (**August through May**). Tuition is payable by month, year, or semester. **Monthly tuition is due on or before the fifth of each month. Tuition may be paid by bank draft or 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 that this contract is for the entire school year. **I agree that due to faculty, buildings, grounds, furniture, fixtures, equipment, books, technology and other 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 that ECS earned student credits represent a "secured interest" under Federal Rules of Bankruptcy Procedure.** Each month's tuition must be paid in full, including **August through May**. 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 reasons, failure to abide by the standards, 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 School's policies.** In the event of suspension, dismissal, or voluntary withdrawal of attendance by the student, the tuition due to the school is payable immediately, and any amounts prepaid are nonrefundable. **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	**$ 805.00**
Annual Tuition, Grades K - 12	**$8,050.00**
	Tuition fees can be flexible depending on course work and curriculum.

Bank drafts, VISA®, MasterCard®, Discover®, and American Express® cards are accepted.

A student must notify his or her 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 and collection expenses and fees incurred in recovering such non-payment fees due.

_____ _____

Signature of Party Responsible for Tuition Date

_____ _____

Notary Public Notary Expiration Date

NOTARY SEAL

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2016-2017 ENROLLMENT POLICY – Grades K – 12
THE EDUCATION CENTER SCHOOL

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 fee 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,
- Bank fees for insufficient funds,
- All collection fees and expenses incurred by hiring a collection agency or an attorney,
- Any court cost or court filing fees, and
- Normal and reasonable internal staff cost and expenses associated with the collection of any and all non-payment of tuition and fees.

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

The Registration Fee is associated with expenses for buildings, grounds, furniture, fixtures, equipment, books, technology and other resources that benefit your child.
$805.00, to be paid each year.

Grades K - 12

Monthly Payment (Ten Months) **August through May**	Annual Total	Annual Total if Paid in Full at the Time of Enrollment (includes registration)
$805.00	**$8,050.00 +$805.00 Registration Fee**	**$8,855.00**

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

<u>There are three methods for tuition payment. Please select one below.</u>

____ Yes, enroll my child in the The Education Center School. I am enclosing payment in full of $8,855.00, (includes registration).

____ Yes, enroll my child in the The Education Center School. The registration fee of $805.00 is enclosed and I authorize you to automatically debit my checking account each month (**August through May**, or ten months), as noted on the attached authorization agreement.

____ Yes, enroll my child in the The Education Center School. The registration fee of $805.00 is enclosed and I authorize you to automatically charge my credit card each month (**August through May**, 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

NOTARY SEAL

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2016-2017 PAYMENT ARRANGEMENTS – Grades K – 12
THE EDUCATION CENTER SCHOOL

~ CONFIDENTIAL ~

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. reserve 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 officials.

PARENTS WILL BE NOTIFIED OF STUDENT EVENTS.

The Education Center School has my permission to photograph my child for class projects, advertising, newspapers, promotion of student(s), etc.

Student Name_____Date of Birth_____
Address_____
Work Phone Number_____
Cellular Phone Number_____

Alternate Contact Source if Parent or Guardian cannot 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 undersigned, consent for 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)

NOTARY SEAL

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ADDITIONAL STUDENT INFORMATION REQUEST – Grades K – 12

THE EDUCATION CENTER SCHOOL

ADDITIONAL STUDENT INFORMATION:

Does this student have access to a home computer? _____**YES** _____**NO**
Does this student have access to a laptop computer or a hand held device (i.e.: tablet, etc.) for school use; other than a phone? _____**YES** _____**NO**
Does this student see a personal counselor on a regular basis? _____**YES** _____**NO**
Has this student repeated a grade? _____**YES** _____**NO**
Has this student received any special services or any special accommodations at any previous school(s)? _____**YES** _____**NO**
Does this student have problems with attendance? _____**YES** _____**NO**
Please indicate if the student is presently assigned to a youth court counselor or is under the jurisdiction of the youth court system. _____**YES** _____**NO**
Has this student been tested or evaluated educationally or psychologically? _____**YES** _____**NO**
If yes, please provide a copy of all evaluations.

I understand, agree, and give permission for random drug screenings of students as a part of the School's policies.

Please provide any explanations or expansions of the above answers below. Also, please provide any additional information you feel would be beneficial to our staff concerning this student below:

_____

_____

_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature **Date**

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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: _____

Please include the following items:

_____ Cumulative Record and Transcript

_____ Most current grades (i.e. semester and nine-weeks' grades)

_____ Withdrawal grades and withdrawal date

_____ Any and all outside testing or psychological reports.

According to the Family Educational Rights and Privacy Act ("FERPA" [20 U.S.C. § 1232g; 34 CFR Part 99.31]), 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 as soon as possible.

Thank you,

Michele M. Ogburn, Counseling Services

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