

COPIAH EDUCATIONAL FOUNDATION, INC
NEW STUDENT
REGISTRATION FORM
2020-2021

Date Registered _____
FOR OFFICE USE ONLY:
Database _____
Bookkeeping _____ Records _____
Pre Admit Immunization _____
Compliant Admit Immunization _____

STUDENT INFORMATION

Full Name _____ Entering grade _____

Name to be called _____

MEMBERSHIP INFORMATION

Parent(s) name for membership information:

A purchased membership will authorize only natural or adopted child(ren) of that patron to attend CA.
Has this family ever held a membership at Copiah Academy? _____
Names of other children attending Copiah Academy: _____

Information for Account Purpose:

Mailing Address _____
City _____ State _____ Zip _____
Telephone (H) _____ (C) _____ (W) _____

EMERGENCY INFORMATION (Parents will be contacted first, but if parents are unavailable.)

Emergency Contact Person # 1 (other than parent) _____

Telephone (H) _____ (C) _____ (W) _____

Emergency Contact Person # 2 (other than parent) _____

Telephone (H) _____ (C) _____ (W) _____

GENERAL INFORMATION

A Birth Certificate and valid and updated Immunization Compliance (Form 121) are required. Immunization requirements for 3K, 4K, 5K, and 7th grade are specific. Refer to or check with your physician.

All MEMBERSHIP, REGISTRATION and BUILDING ASSESSMENT FEES ARE NON-REFUNDABLE

I have received a copy of the Copiah Educational Foundation, Inc. current fee schedule and membership policy. I have read and understand the tuition and membership policy of Copiah Educational Foundation, Inc. *My child and I agree to abide by the rules, regulations, policies and procedures, etc of the Copiah Educational Foundation, Inc. Handbook, found online at www.copiahedu.org. All matters cannot be covered in the handbook and decisions regarding such will be at the discretion of the administration.*

Signature of Parent

Registration is not considered complete until all parts of this packet are returned.

Copiah Educational Foundation, Inc. does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission and registration policies.

NEW STUDENT

Membership Name

Child's Name

Grade 2020-2021

The following fees are included in this check:

MEMBERSHIP (Choose one of two options)

_____ \$1,600 Full Membership Fee

_____ \$500.00 Membership Down-Payment with balance payable at \$25.00 per month for 60 months. The end total will be \$2,000. Adjustments to increase monthly payment will be made for students entering grades 9th or above.

_____ Existing Family membership under name: _____

REGISTRATION

_____ \$350.00 Registration Fee in full

OR

_____ \$175.00 paid at time of registration _____ \$175 due by August 1

BUILDING ASSESSMENT (Choose one of three options)

_____ \$125.00 Building Assessment Fee

OR

_____ \$62.50 ½ Building Assessment Fee _____ \$62.50 due by August 1

OR

_____ Add \$12.50 per month to my tuition starting with the July payment for the Building Assessment Fee for 12 months. This totals \$150 and includes a \$25 finance fee.

INSURANCE ASSESSMENT for Government Mandated Health Coverage (Choose one of three options)

_____ \$225.00 Insurance Assessment Fee

OR

_____ \$112.50 ½ Insurance Assessment Fee _____ \$112.50 due by August 1

OR

_____ Add \$22.50 per month to my tuition starting with the July payment for the Insurance Assessment Fee for 12 months. This totals \$270.00 and includes a \$45 finance fee.

\$ _____ Total included

Cash Receipt # _____

Check # _____

COPIAH EDUCATIONAL FOUNDATION, INC.
INCOME SURVEY TO DETERMINE SCHOOL E-RATE DISCOUNT

This information may assist Copiah Educational Foundation, Inc. in their efforts to qualify for telephone and internet discounts

INCOME SURVEY FOR E-RATE CALCULATIONS

FACILITY/INSTITUTION

Name of School	Copiah Educational Foundation, Inc.
Street Address	1144 East Gallman Road, Hazlehurst, MS 39083
Mailing Address	P.O. Box 125, Gallman, MS 39077
Telephone Number	601-892-3770
Fax Number	601-892-6222
Email Address	rhenley@copiahedu.org

These sections must be completed by head of household or designee.

1. **SIZE OF FAMILY** - Please indicate the total number of individuals in your household, including all adults and children
2. **STUDENT INFORMATION** - Please complete for each student Pre-K through 12th Grade

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
6.	

Copiah Educational Foundation, Inc. will hide the names of the students when submitting the completed survey to USAC. If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

3. **TOTAL HOUSEHOLD INCOME** - Please report for all members of the household:

Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions			
2. Monthly Welfare Payments, Child Support, Alimony			
3. Monthly Payments from Pensions, Retirement, Social Security			
4. Monthly Dividends or Interest on Savings			
5. Monthly Worker's Compensation, Unemployment, Strike Benefits			
6. Other Monthly (SSI, VA, Disability, Farm, other)			
Totals for Columns Jo1 and Job 2			

For additional information, please refer to the USAC website at:
<http://www.universalservice.org/sl/applicants/step05/alternative-discount-mechanisms.aspx>