

CURRENT STUDENT

COPIAH EDUCATIONAL FOUNDATION, INC REGISTRATION FORM 2019-2020

Date Registered _____
FOR OFFICE USE ONLY:
Database _____
Bookkeeping _____ Records _____
7th-12th MEA Drug Screen date reported _____
3K -4K Pre Admit Immunization _____
5K-1st 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 any natural or adopted child 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: ☐ New ☐ No Change

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) _____

Home Phone _____ Work Phone _____

Emergency Contact Person # 2 (other than parent) _____

Home Phone _____ Work Phone _____

GENERAL INFORMATION

Kindergarten and First Grade students entering Copiah Educational Foundation for the first time are not considered enrolled until Immunization Compliance Form 121 and Birth Certificate are received. Immunization requirements for 3K are different than 4K, 5K, and above. A valid and updated form 121 is required to enter 4K.

Students in **Grades 3K-12** are not considered enrolled until membership is established and registration fee and building fees are paid.

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

I have received a copy of Copiah Academy's current fee schedule and membership policy. I have read and understand the tuition and membership policy of Copiah Academy.

Signature of Parent

Copiah Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission and registration policies. Patrons may apply for Financial Aid through FAST.

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

For students currently in 1st through 11th and returning for the 2019-2020 school year

Please attach this form with your check and database information when registering your child. Return to the teacher or the office **on or before March 1, 2019.**

Membership Name

Child's Name

Grade 2019-2020

The following fees are included in this check:

REGISTRATION

_____ \$350.00 on or before March 1	_____ \$175 before February 8, \$175 due by August 1, 2019
_____ \$360.00 after March 1	_____ \$180 due after March 1, \$180 due by August 1, 2019
_____ \$370.00 after April 1 <u>OR</u>	_____ \$185 due after April 1, \$185 due by August 1, 2019
_____ \$380.00 after May 1	_____ \$190 due after May 1, \$190 due by August 1, 2019
_____ \$390.00 after June 1	_____ \$195 due after June 1, \$195 due by August 1, 2019
_____ \$400.00 after July 1	_____ \$200 due after July 1, \$200 due by August 1, 2019
_____ \$410.00 after August 1	

*1/2 Registration can be paid, with remaining 1/2 due by August 1, 2019. Late fees must be paid in addition to the registration fee. Late fees begin after March 1, 2019. All late fees must be paid in full.

BUILDING ASSESSMENT (Choose one of three options)

_____ \$125.00 Building Assessment Fee

_____ **OR**

_____ \$62.50 1/2 Building Assessment Fee with other \$62.50 to be paid by August 1, 2019

_____ **OR**

_____ Please add \$12.50 per month to my tuition starting with the July 2019 payment for the Building Assessment Fee for 12 months. This will total \$150.00.

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

_____ \$225.00 Insurance Assessment Fee

_____ **OR**

_____ \$112.50 Insurance Assessment Fee (other half due by August 1, 2019)

_____ **OR**

_____ Please add \$22.50 per month to my tuition starting with the July 2019 payment for the Insurance Assessment Fee for 12 months. This will total \$270.00.

\$ _____ Total included

\$ _____ Cash (Receipt # _____)

Check # _____

Student/Parent Handbook Signature Sheet

My child, _____ in grade _____,
(Please Print)

and I agree to abide by the rules, regulations, policies and procedures, computer on-line restrictions, Accelerated Reader Honor Code, etc. of the Copiah Academy Student Hand-book. All matters cannot be covered in the handbook and decisions regarding such will be at the discretion of the administration.

(Student Signature)

(Parent Signature)

Date _____

6th - 12th Grade Only

As per the Drug Screening Policy in the Copiah Academy Handbook and Board Policy

upon registration for the school year 2019-2020, I give my permission for my child,
_____, in grade _____
to be screened according to policy. (Please Print)

Parent Signature Date _____

Student Signature Date _____

**COPIAH EDUCATIONAL FOUNDATION
INCOME SURVEY TO DETERMINE SCHOOL ERATE DISCOUNT**

INCOME SURVEY FOR E-RATE CALCULATIONS

FACILITY/INSTITUTION – this section must be completed by a school official*

Name of School	Copiah Educational Foundation
Street Address	1144 East Gallman Road
City, State, Zip Code	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 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 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 Job 1 and Job 2			

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