



# ENGLISH ACADEMY

**SESSION I**  
JUNE 9 - JUNE 30

**SESSION II**  
JULY 6 - JULY 23

## STUDENT INFORMATION

Student Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (English Name) \_\_\_\_\_  
 Gender  Male  Female Date of Birth \_\_\_\_\_ First Language \_\_\_\_\_  
 Grade in Fall '21 \_\_\_\_\_ Current School Name \_\_\_\_\_  
 Primary Email \_\_\_\_\_ Country of Residence \_\_\_\_\_

**STATUS**  
 Guam Resident  
 I-20 Visa  
 Visitor Visa  
 \_\_\_\_\_  
 Other (please specify)

Student Shirt Size	Youth:					Adult:					
	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL

## PARENT/GUARDIAN INFORMATION

Parent/Guardian must provide local number to Summer School Coordinator upon student's first day of class.

Father's Name or Legal Guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone Numbers cell \_\_\_\_\_ other \_\_\_\_\_

Mother's Name or Legal Guardian \_\_\_\_\_

Email \_\_\_\_\_ Phone Numbers cell \_\_\_\_\_ other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

Primary Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Contact Number \_\_\_\_\_

## STUDENT RELEASE CONSENT FORM

I give permission for St. John's School to release my child to the following individuals. I understand that I must notify the school of any subsequent changes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Numbers cell \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

## COURSE REGISTRATION

- Registration Fee** \$35 (non refundable) \_\_\_\_\_
- After-School Care** 3:00 - 5:00 pm \_\_\_\_\_
- Session I** (16 days) \$195  **Session II** (13 days) \$160 \_\_\_\_\_

**Half Day** 8am - 12pm  **Session I** (June 9- June 30) \$670  **Session II** (July 6 - July 23) \$550

**Full Day** 8am - 3pm  **Session I** (June 9- June 30) \$1000  **Session II** (July 6 - July 23) \$815

**Full Day Elective: 2 Hours.** Full day students, you will have **one** elective everyday. Number your top 3 choices (1 being your 1st choice). Electives are subject to availability.

- |  |  |                                       |                                   |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Discovery Science Lab | <input type="checkbox"/> Survival Skills | <input type="checkbox"/> Golf         | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> CHamoru Culture Dance | <input type="checkbox"/> Art             | <input type="checkbox"/> Modern Dance | <input type="checkbox"/> Coding   |

**Schedule Change Fees.** Schedule changes made after **3** business days of receiving your child's summer schedule will incur a fee of **\$50** per course. Schedule changes made after **5** days of your child's summer session instruction will incur a late fee of **\$70** per course.

**STUDENT MEDICAL INFORMATION**

**MEDICAL HISTORY.** Please indicate if your child has had any of the following:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Anemia                              | <input type="checkbox"/> Convulsions or Seizures | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Measles       | <input type="checkbox"/> Skin Problems   |
| <input type="checkbox"/> Chickenpox                          | <input type="checkbox"/> German Measles          | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Tuberculosis    |
| <input type="checkbox"/> Allergies (please list types) _____ |  |  |  |

Has your child been under the care of a Psychologist, Psychiatrist or other mental health treatment provider?  Yes  No  
Please list other significant illnesses, accidents, surgery, limitations, disabilities and medications the school should be aware of.

**PPD SKIN TEST RESULTS.** It is school policy that each child must have a PPD skin test annually within the past year. If PPD results are positive, a copy of chest X-ray and physicians report must be attached.

**IMMUNIZATIONS.** Are the immunizations current per the Public Health Schedule and requirements to school enrollment?  Yes  No  
Please attach a copy of student's current immunization record and PPD test.

**CONSENT & WAIVERS**

**FIELD TRIP PERMISSION.** You will be asked to sign a consent & waiver for your child to participate in off campus activities.

**PERMISSION TO PHOTO.** I give permission for St. John's School to publish in print, electronic or video format the likeness or image of my child. I release all claims against St. John's School with respect to copyright ownership and publication including any claim for compensation related to the use of materials.

**MEDICAL** I agree to provide the information deemed necessary by St. John's School in the event of an emergency or otherwise, including but not limited to completing the documents enclosed herewith. Further I agree to provide health insurance for Student for the entire enrollment during summer session and assume all liability for Student's medical expenses. The undersigned and Student hold the school harmless from said expenses.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**ADMISSIONS CHECKLIST**

FOR BUSINESS OFF USE ONLY

- Current Immunization record (w/recent PPD shot)
- Copy of Birth Certificate/Passport
- Notarized Legal Guardianship Document or Notarized Power of Attorney (if applicable)

Registration Fee: \_\_\_\_\_  
After-School Care : \_\_\_\_\_  
Session Fee : \_\_\_\_\_  
Total Cost: \_\_\_\_\_