



Pillow Academy

Mrs. Catherine Fisher
Director of Admissions

69601 Highway 82 West
Greenwood, MS 38930

662-453-1266
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www.PillowAcademy.com

APPLICATION FOR RE-ENROLLMENT AND ADMISSION

2019-2020

Application for Readmission for Returning Student(s): This packet is for a family that currently has student(s) enrolled at Pillow Academy. This packet is also for families who will be enrolling a “New Sibling” at Pillow Academy.

Registration for the 2019-2020 school year will be done by printing “**The Returning Student/Family Application Packet**”. All completed paperwork must be received by Pillow Academy on or before February 11, 2019.

If registering a student who does not currently attend Pillow Academy but has a sibling attending Pillow Academy, please complete the “New Student” form on pages 4 and 5 of this packet. You do not need to complete the New Family packet.

Complete the student information for EACH student who will be attending PA during the 2019-2020 school year. **Student’s Name and Grade are required; however, other information MAY BE OMITTED if NO changes have occurred during the past year. Please print or type your information.**

Please print the complete Registration packet which includes the following:

Application for Admission/Readmission

Financial Agreement

Educational Contract (Please be sure to complete and sign contract.)

This admission application is due at Pillow Academy by 3:30 p.m. on Monday, February 11, 2019, for the applicant’s intended entry in **August 2019**.

A non-refundable **\$200** processing fee must accompany all applications. This fee will be waived for a “Returning Family”, if the application is completed and returned with payment requirements to Pillow Academy on or before February 11, 2019.

Please return forms to:

Pillow Academy
Mrs. Catherine Fisher, Director of Admissions
69601 Highway 82 West
Greenwood, MS 38930

**APPLICATION FOR ADMISSION
PILLOW ACADEMY 2019-2020**

Student's Name and Grade are required – other information MAY BE OMITTED if NO changes have occurred during the past year. Please print or type your information.

Student 1:

Full Name _____ **Application for Grade** _____
Last First Middle

Preferred Name _____ Date of Birth _____

Social Security # _____ Race African-American Asian

Gender _____ Caucasian Hispanic

Other _____

Student's Address _____
P.O. Box or Street

Home Phone _____

_____ City State Zip

Student Cell Phone _____

Is applicant currently taking prescribed medication(s)? _____
If yes, please provide the name(s) of the medication(s): _____

Please explain any medical concerns or needs: _____

Physician: _____ Phone: _____

Student 2:

Full Name _____ **Application for Grade** _____
Last First Middle

Preferred Name _____ Date of Birth _____

Social Security # _____ Race African-American Asian

Gender _____ Caucasian Hispanic

Other _____

Student's Address _____
P.O. Box or Street

Home Phone _____

_____ City State Zip

Student Cell Phone _____

Is applicant currently taking prescribed medication(s)? _____
If yes, please provide the name(s) of the medication(s): _____

Please explain any medical concerns or needs: _____

Physician: _____ Phone: _____

**APPLICATION FOR ADMISSION
PILLOW ACADEMY 2019-2020**

Student's Name and Grade are required – other information MAY BE OMITTED if there are NO changes. Please print or type your information.

Student 3:

Full Name _____ **Application for Grade** _____
Last First Middle

Preferred Name _____ Date of Birth _____

Social Security # _____ Race African-American Asian

Gender _____ Caucasian Hispanic

Other _____

Student's Address _____
P.O. Box or Street

Home Phone _____

_____ City State Zip

Student Cell Phone _____

Is applicant currently taking prescribed medication(s)? _____ If yes, please provide the name(s) of the medication(s): _____

Please explain any medical concerns or needs: _____

Physician: _____ Phone: _____

Student 4:

Full Name _____ **Application for Grade** _____
Last First Middle

Preferred Name _____ Date of Birth _____

Social Security # _____ Race African-American Asian

Gender _____ Caucasian Hispanic

Other _____

Student's Address _____
P.O. Box or Street

Home Phone _____

_____ City State Zip

Student Cell Phone _____

Is applicant currently taking prescribed medication(s)? _____ If yes, please provide the name(s) of the medication(s): _____

Please explain any medical concerns or needs: _____

Physician: _____ Phone: _____

**APPLICATION FOR ADMISSION
PILLOW ACADEMY 2019-2020**

New Siblings at Pillow Academy are required to provide the following along with this completed packet: (Please see the appropriate grade level.)

K4 Students entering K4

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate

K5 Students entering K5

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Pillow Academy Developmental Testing

1st- 5th Students entering 1st through 5th Grades

- Certified Birth Certificate a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Most Recent Report Card
- Achievement Test Scores
- Contact information from previous school attended

6th - 8th Students entering 6th through 8th Grades

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Most Recent Report Card
- Achievement Test Scores
- Contact information from previous school attended
- Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Pillow Academy. This screening will be at the parents' expense.

9th- 12th Students entering 9th through 12th Grades

- Certified Birth Certificate –a certified copy of your child’s Birth Certificate to remain at Pillow as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Most Recent Report Card
- Achievement Test Scores
- Transcript
- Contact Information from previous school attended
- Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Pillow Academy. This screening will be at the parents' expense.
- Pillow Academy Admission Test

**APPLICATION FOR ADMISSION
PILLOW ACADEMY 2019-2020**

Parents' Names are required – other information MAY BE OMITTED if no changes have occurred during the past year. Please print or type your information.

Father's Full Name _____

Preferred Name _____

Home Address _____

Home Phone Number _____

Cell Phone Number _____

E-mail _____

Employer _____

Business Number _____

Pillow Alumni Year _____

Mother's Full Name _____

Preferred Name _____

Home Address _____

Home Phone Number _____

Cell Phone Number _____

E-mail _____

Employer _____

Business Number _____

Pillow Alumni Year _____

Maiden Name _____

Check all that apply:

- Parents Married Parents Separated Joint Custody
 Single Parent Divorced Mother Deceased Father Deceased

- Student lives with Mother & Father Mother Father Guardian(s)
 Stepmother Stepfather

If parents are divorced or separated, to whom should correspondence be sent?

- Both Parents Mother Father

If parents are divorced, who has legal custody?

- Joint Custody Mother Father

Name of contact NOT at student's home: _____

Relationship to Student: _____

Home #: _____ Cell #: _____ Work #: _____

**FINANCIAL AGREEMENT
PILLOW ACADEMY 2019-2020**

Registration Fee: \$200.00. Payment must be submitted with application. Fee will be waived for all Current Families that register by February 11, 2019.

Pledge Fee: \$240.00. All families must make a pledge of \$240.00. Pledge payment may be paid in full (per year) or paid monthly (\$20.00) per family as long as they have a child enrolled.

2019-2020 Tuition: Tuition may be paid according to Plan I – Monthly payments or Plan II - Payment in full.

Plan I – Payment by Month

Tuition Amt.	Monthly Payment		x No. of Students	Total
\$ 4,930.00	\$ 410.83	K4	_____	\$ _____
\$ 5,120.00	\$ 426.67	K5	_____	\$ _____
\$ 6,450.00	\$ 537.50	Grades 1 - 5	_____	\$ _____
\$ 6,555.00	\$ 546.25	Grades 6 -12	_____	\$ _____
		Pledge		+ \$20.00
		Total of Monthly Payment		\$ _____

Plan I is a choice of monthly (May 2019-April 2020) drafts that will occur on dates indicated below or monthly post-dated checks deposited on dates indicated below. Please circle the type of Payment and Preferred Date of Payments.

Bank Draft					Post-Dated Checks				
Date of Drafts	1 st	5 th	10 th	15 th	Date to Deposit Checks	1 st	5 th	10 th	15 th
Enclose voided check if drafting payment					Enclose 12 post-dated checks				

Plan II – Payment in Full

Tuition Amt.	3% Discount	Balance	Grade	x No. of Students	Total
\$ 4,930.00	\$ 147.90	\$ 4,782.10	K4	_____	\$ _____
\$ 5,120.00	\$ 153.60	\$ 4,966.40	K5	_____	\$ _____
\$ 6,450.00	\$ 193.50	\$ 6,256.50	Grades 1-5	_____	\$ _____
\$ 6,555.00	\$ 196.65	\$ 6,358.35	Grades 6-12	_____	\$ _____
			Pledge		+ \$240.00
			Total of Payment		\$ _____

Plan II is a one-time payment for full tuition and pledge amount. A post-dated check dated no later than March 31, 2019, must be included with your registration packet – due by February 11, 2019. No exceptions! Plan II payment made after March 31, 2019, will not receive the 3% discount.

GREENWOOD LEFLORE EDUCATIONAL FOUNDATION, INC.

Bank Draft Authorization Form

Please complete this bank draft authorization form and return along with a voided check.

Name of Bank: _____

City/State of Bank: _____

Bank ABA Number: _____

Bank Account Number: _____

Amount of Draft: \$ _____ Date of Draft: 1st 5th 10th 15th

I hereby authorize Greenwood-Leflore Educational Foundation, Inc. to draw monthly drafts against my bank account. I further authorize the bank to pay and charge to my account monthly checks drawn in the amount listed above.

The above authorization is to remain in force until revoked by me in writing.

Signature accepted by Bank

***** A VOIDED CHECK MUST ACCOMPANY THIS FORM *****

Attach Check Here

EDUCATIONAL CONTRACT
PILLOW ACADEMY 2019-2020

EDUCATIONAL CONTRACT
GREENWOOD – LEFLORE EDUCATIONAL FOUNDATION, INC.



Total Tuition	\$ _____
Discount	\$ _____
Other	\$ _____
Tuition Payable	\$ _____
Annual Pledge	\$ _____
Registration	\$ _____
Total Payable	\$ _____

This contract made and entered into this _____ day of _____, 20____, by and between _____, hereinafter called the parent, guardians, or persons in loco parentis, and GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC., a Mississippi non-profit corporation, hereinafter called the corporation.

WITNESSETH: For and in consideration of the sum of \$ _____ due and payable as set out in this contract, GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. does hereby agree to provide education under a fully accredited curriculum in accordance with the rules and regulations as promulgated by its Board of Directors to the child or children listed below in the grade level for which said child or children are enrolled for the **2019-2020 school year**. Persons enrolling said child or children as the parents, guardians, or persons in loco parentis hereby give their consent that the child or children enrolled hereunder will be subject to all rules and regulations of the corporation as promulgated by the Board of Directors. It is specifically understood by the persons enrolling the child or children hereunder that the rules and regulations of the corporation provide for a random drug testing/screening for all students to detect and prevent illegal drug use. Said parents, guardians, or persons in loco parentis hereby consent and agree that said children enrolled hereunder may be corporally punished by the Administration under appropriate circumstance without notice to them and will be administrated random drug tests/screens. I have read and fully understand the drug testing/screening policy and do hereby release the corporation from any liability whatsoever arising as a result of the drug testing/screening program.

This contract is essential in order that the corporation may secure and maintain the necessary faculty and physical facilities for the education of the children which the parents, guardians, or persons in loco parentis, wish to enroll in its schools for the **2019-2020 SESSION**. I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the school as stated in the current Student and Athletic Handbooks and the rule concerning payment of fees and as referred to above. I understand that I am responsible for the full amount of this contract unless released for the remainder of balance by the Board of Directors and that I will not be eligible for any refund unless having paid tuition in full. Furthermore, I agree to the policy of the school that no student will be permitted to take examinations nor will grades and transcripts be released unless the account has been paid in full.

**EDUCATIONAL CONTRACT
PILLOW ACADEMY 2019-2020**

The undersigned acknowledge and agree that the Greenwood-Leflore Educational Foundation, Inc. retains the right at any time during the period of this contract to terminate this contract and dismiss the student(s) from Pillow Academy if, in the discretion of the Administration, such action is warranted. In the event the student(s) is dismissed from the academy pursuant to and in accordance herewith, then in that event, the unearned portion of the tuition (per student) shown on the contract shall constitute full damages and liquidated damages in favor of the affected student, his parents, guardians, and persons in loco parentis.

The GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other school-administered programs.

_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade

For value received I/We, jointly and severally, promise to pay to the order of GREENWOOD - LEFLORE EDUCATIONAL FOUNDATION, INC., a Mississippi non-profit corporation, \$ _____ paid in _____ equal consecutive installments on the same day of each succeeding month thereafter until all said equal installments are paid or in one lump sum payment.

In the event of default in making payment of any installment on the date required, the holder may declare due and payable the entire unpaid balance of the note. I/We hereby authorize Greenwood Leflore Educational Foundation, Inc. to automatically draft my account in the amount of \$25.00 for every check and/or bank draft which is returned as unpaid until such authorization is revoked in writing.

The makers, guarantors, and endorsers of this note hereby waive presentment, demand protest, and notice of dishonor and hereby agree to remain bound for the payment of this note notwithstanding any extension or extensions of time payment of it, or any part of it, made by agreement with any one of more parties hereto, and agree to pay all expenses incurred in collecting the same, including a 15% attorney's fee in case this note shall not be paid at maturity or when declared due and payable as provided herein. It shall be payable in lawful money of the United States of America acceptable as legal tender under the acts of congress.

Negotiable and payable at GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC.

Signature of Parent, Guardian, or Person in Loco Parentis

Address

City, State and Zip