



LOWER SCHOOL

SESSION I

JUNE 9 - JUNE 27

SESSION II

JULY 7 - JULY 25

STUDENT INFORMATION

Student Name (last) _____ (first) _____ (English Name) _____

Gender Male Female Date of Birth _____ First Language _____

Grade in Fall '25 _____ Current School Name _____

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"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL

LOWER SCHOOL

GRADES 1 - 5

Half Day 8am - 12pm **Session I** (June 9 - June 27) \$500 **Session II** (July 7 - July 25) \$500

Full Day 8am - 3pm **Session I** (June 9 - June 27) \$750 **Session II** (July 7 - July 25) \$750

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 and classes are subject to cancellation if enrollment is below required minimum.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Court Games | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Creative Dance | <input type="checkbox"/> Makers Space! (3rd-5th Grade) |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Discovery Science Lab | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Strength Training | | <input type="checkbox"/> Music |

Schedule Change Fees. Schedule changes made after 3 business days of receiving your child's summer schedule will incur a fee of \$75 per course. Schedule changes made after the **first day** of your child's summer session instruction will incur a late fee of \$100 per course.

COURSE REGISTRATION

Registration Fee \$50 (non refundable) _____

After-School Care 3:00 - 5:30 pm _____
Parents will be charged a late fee of \$2.00 per minute after 5:30 pm.

Session I (14 days) \$350 **Session II** (14 days) \$350 _____

Daily Rate: \$30 Hourly Rate: \$18

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: _____

PARENT/GUARDIAN INFORMATION

The parent/guardian must provide a **local number** to the Summer School Coordinator upon the 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 Local Numbers cell _____ work _____ home _____

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 _____

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.

Primary Physician _____ Clinic _____ Contact Number _____

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 _____