



LOWER SCHOOL

GRADES K - 5

JUNE 10 - JULY 24

STUDENT INFORMATION

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

Gender Male Female Date of Birth _____ First Language _____

Grade in Fall '26 _____ Current School Name _____

Country of Residence _____

STATUS

- Guam Resident
- I-20 Visa
- Visitor Visa

Other (please specify) _____

Student Shirt Size | Youth: | Small Medium Large XL 2XL 3XL Adult: _____

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Half Day (all 6 weeks) 8am - 12pm \$1100

Half Day (weekly) 8am - 12pm \$220

Full Day (all 6 weeks) 8am - 3pm \$1600

Full Day (weekly) 8am - 3pm \$320

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"/> Jiu-Jitsu | <input type="checkbox"/> Outside Games |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Coding (3rd - 5th Grade) |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Discovery Science Lab |
| <input type="checkbox"/> Volleyball (4th - 5th Grade) | <input type="checkbox"/> Swimming |

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** \$100 (non refundable) _____
- After-School Care** (3:00 - 5:30 pm) \$750 _____
Parents will be charged a late fee of \$2.00 per minute after 5:30 pm.
- Daily Rate: \$35 Hourly Rate: \$20 _____

ADMISSIONS CHECKLIST

FOR BUSINESS OFF USE ONLY

- | | |
|--|---------------------------|
| <input type="checkbox"/> Current Immunization record (w/recent PPD shot) | Registration Fee: _____ |
| <input type="checkbox"/> Copy of Birth Certificate/Passport | After-School Care : _____ |
| <input type="checkbox"/> Notarized Legal Guardianship Document | Session Fee : _____ |
| or Notarized Power of Attorney (if applicable) | 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) _____ | | | |

Does your child have an allergy that requires special intervention from the nurse? If so, describe this intervention: _____

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. _____

Does your child have a 504/IEP? Yes No If yes, please provide a copy.

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 _____