



LOWER SCHOOL

SESSION I

JUNE 10 - JUNE 28

SESSION II

JULY 8 - JULY 26

STUDENT INFORMATION

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

Gender ☐ Male ☐ Female Date of Birth _____ First Language _____

Grade in Fall '24 _____ 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 10 - June 28) \$480

☐ Session II (July 8 - July 26) \$450

Full Day

8am - 3pm

☐ Session I (June 10 - June 28) \$780

☐ Session II (July 8 - July 26) \$730

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.*

____ Art

____ Court Games

____ Golf

____ Basketball

____ Creative Dance

____ Life/Survival Skills

____ Coding

____ Discovery Science Lab

____ 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** \$50 (non refundable)

☐ **After-School Care** 3:00 - 5:30 pm

Parents will be charged a late fee of \$1.00 per minute after 5:30 pm.

☐ Session I (15 days) \$300 ☐ Session II (14 days) \$280

Daily Rate: \$25

Hourly Rate: \$15

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

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 _____

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 _____