



# The Education Center School

*The School With A Difference, Giving Wings To The Mind™*

4080 Old Canton Road (39216-3722)

P. O. Box 55509

Jackson, MS 39296-5509

**Phone: (601) 982-2812**

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Web page: <http://www.educationcenterschool.com>

**ESTABLISHED - 1964**

Welcome and thank you for your interest in The Education Center School. We are looking forward to the 2010 – 2011 school year which marks our 46<sup>th</sup> anniversary. The Education Center School is recognized nationally as a pioneer and leader in education and is considered a front-runner in independent schools. We are located in the historic Fondren District of Jackson.

Fully accredited, The Education Center School offers year-round school terms with additional summer school programs. Students can enroll at any time of the year and benefit from our instructional program which is characterized by a personalized approach to students' specific needs and learning styles.

Our qualified and experienced faculty and staff provide a traditional, challenging and differentiated curriculum for all students. This approach encourages students to use their strengths to correct their deficiencies, enhances emotional well-being, and emphasizes the development of character, citizenship and universal values.

Parents, teachers, counselors, physicians and others create partnerships that support each student's educational experience. At The Education Center School, we celebrate each student's individuality and broad range of interests and teach them to embrace the unique qualities within themselves and others.

Thank you for contacting The Education Center School. You are invited to be a part of our school family and experience, first hand, the commitment and dedication that are hallmarks of our program. We would be honored to work with you and your child if you feel our program meets your needs.

If you or your child's counselor or principal have questions or need additional information about our academic program or other services we offer, please call me at 601-982-2812 ext. 224. We encourage you to see our campus by arranging a time to visit with an administrator or counselor and tour our school.

Attached is our enrollment packet for your convenience. I look forward to speaking with you soon.

Sincerely,

**Lynn T. Macon**  
**Director**

*The Education Center School is non-discriminatory and fully accredited.*

**2010-2011 STUDENT APPLICATION**   
**THE EDUCATION CENTER SCHOOL**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Previous School \_\_\_\_\_ Grade last completed \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Mother's Place of Employment:** \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

**Father's Place of Employment:** \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

**Address (if different from above) for Progress Reports etc.**  
\_\_\_\_\_

Phone number with voice mail (to which the student does not have access) to notify you that your child is absent or tardy: \_\_\_\_\_

**\*\*\*New Students must meet in person with the counselor when applying, and transcript MUST accompany application.**

**Grades 1 –12** School is in session from 8:00 A.M.–2:00 P.M.; with after school tutoring available from 2:00 P.M.–5:00 P.M. Choose courses and times. Schedules are flexible and are worked out individually by including work/study and career experience programs.

List subjects or grade needed below:  
\_\_\_\_\_  
\_\_\_\_\_

Please make any additional comments concerning this student below:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

***\*\*\*This page may not be turned in without the attached tuition contract being signed by the responsible party.***

**2010-2011 TUITION CONTRACT**   
**THE EDUCATION CENTER SCHOOL**

I the undersigned, parent and or guardian, hereby make application for the enrollment of the following student:

\_\_\_\_\_  
Name of Student 2010-2011  
Year

I am tendering and paying herewith the Registration Fee of **Six Hundred and Fifty (\$650.00)**. **Enrollment applications will not be accepted unless the following are signed by responsible party, parent or guardian: Application, Tuition Contract, Field Trip and Record Release Form.**

In the event that the student is accepted for enrollment, I agree to pay the The Education Center School (“ECS”) \$\_\_\_\_\_ per month as tuition. Tuition is calculated on a yearly basis (August through May). Tuition is payable by year, semester, or monthly. **Monthly tuition is due on or before the fifth of each month. Tuition may be paid by bank draft or by credit card. A late fee of \$25.00 will be charged on the 10<sup>th</sup> if tuition has not been paid. An additional \$15.00 late fee will be charged if tuition is not paid by the 20<sup>th</sup>. Bank checks or drafts returned by the bank for insufficient funds or other reasons will result in a charge of \$30.00 to cover the additional administrative and bookkeeping cost.**

I understand and agree this contract is for the entire school year. **I agree that due to faculty, curriculum, and building expenses all tuition is non-refundable, and will be paid in full even in the event of late registration, early graduation, withdrawal, holidays, student absences, or completion of courses. Further I agree, ECS earned student credits represent a “secured interest” under Federal Rules of Bankruptcy Procedure.** Each month’s tuition must be paid in full, including August and May. Students, parents and guardians must notify The Education Center School in writing when a student is being withdrawn.

I agree that all privileges of attendance at the school may be withdrawn from the above named student for academic reasons, disciplinary reason, failure to abide by the rules and regulations of the School and for failure to pay monetary amounts due under this contract. **I understand, agree and give permission for random drug screenings of students as a part of the Schools policies.** In the event of suspension, dismissal, or voluntary withdrawal of attendance by the student, the tuition due the school is payable immediately, and any amounts prepaid are nonrefundable. **I understand and agree that no official or unofficial student records will be forwarded until all money due has been paid.**

**SCHEDULE OF FEES** (see Enrollment Policy)

Registration	\$650.00
Monthly Tuition, Grades 1 - 12	\$650.00
	Fees can be flexible depending on course work and curriculum.

**Bank drafts, VISA, Master Card, Discover and American Express cards are accepted.**

A student must notify his former school of plans to withdraw **before** enrolling in the ECS. If someone other than the person registering the student is responsible for the tuition, please write his / her name, address, and relationship to the child on the back of this application. In the event of non-payment of fees, the undersigned will be liable for all legal and collection expenses and fees incurred in recovering such non-payment fees due.

\_\_\_\_\_  
Signature of Party Responsible for Tuition

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Expiration Date

**THE EDUCATION CENTER SCHOOL**   
**2010-2011 ENROLLMENT POLICY – Grades 1 - 12**

Tuition may be paid for the full year, per semester, or by monthly bank draft or credit card charge.

Bank drafts returned by the bank for insufficient funds or other reasons will result in a fee of **\$30.00** to cover the additional administrative and bookkeeping cost.

In the event of non-payment of tuition or fees, the party responsible for tuition payments will be liable for all Tuition Contract late fees, and all collection fees and expenses incurred by a collection agency or an attorney hired by ECS.

Scholarship information is available if requested in writing to the principal.

**Registration Fee**  
 \$650.00, to be paid each year.

**Grades 1 - 12**

Monthly Tuition (Ten Months) August- May	Annual Total	Annual Total if Paid in Full at the Time of Enrollment (includes registration)
\$650.00	\$6,500.00 + Registration Fee	\$7,150.00

**A discount of \$25.00 per child, per month is given if more than one child in the family is enrolled.**

**There are three methods for tuition payment. Please select one below.**

- Yes, enroll my child in the The Education Center School. I am enclosing payment in full of \$7,150.00, or the first semester payment of \$3,900.00 (includes registration).
- Yes, enroll my child in the The Education Center School. The registration fee of \$650.00 is enclosed and I authorize you to automatically debit my checking account each month (August - May, or ten months), as noted on the attached authorization agreement.
- Yes, enroll my child in the The Education Center School. The registration fee of \$650.00 is enclosed and I authorize you to automatically charge my credit card each month (August - May, or ten months), as noted on the attached authorization agreement.

**I have read and fully understand the Tuition Contract and the Enrollment Policy.**

\_\_\_\_\_  
 Signature of Party Responsible for Tuition

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Notary Expiration Date

THE EDUCATION CENTER SCHOOL   
2010-2011 PAYMENT ARRANGEMENTS – Grades 1 - 12

Please choose one of the following payment methods:

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*Automatic Bank Draft*

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(As it appears on financial institution records)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

I hereby authorize the Financial Institution named above to pay my monthly tuition of \$\_\_\_\_\_ by charging each payment to my account and to make that deduction payable to the order of THE EDUCATION CENTER, INC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and THE EDUCATION CENTER, INC. reserves the right to terminate this payment plan (or my participation therein.)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**NOTE: Please return a VOIDED check on your account with this form.**

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*Automatic Charge to a Credit Card*

Type of card: (ex. Visa, AMEX) \_\_\_\_\_

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_  
(must list entire number as stated on your card)

Name on card: \_\_\_\_\_

Amount of tuition to be charged each month: \$ \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Pay in full**



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Jackson, MS 39296-5509

## PERMISSION FORM

\_\_\_\_\_ has my permission to go on all field trips and participate in school activities during the school year with The Education Center School. I hereby release The Education Center School and all personnel from any liability incurred as a result of these trips. I understand that my child may travel to these field trips by bus and/or cars driven by other parents, guardians or school official.

### PARENTS WILL BE NOTIFIED OF STUDENT EVENTS.

The Education Center School has my permission to photograph my child for class projects, advertising, newspapers, etc.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Cellular Phone Number \_\_\_\_\_  
Pager Number \_\_\_\_\_

Alternate Contact Source if Parent or Guardian can not be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's  
Address \_\_\_\_\_  
List hospital preference \_\_\_\_\_  
Name of insurance company \_\_\_\_\_ Phone \_\_\_\_\_  
Name of policy holder \_\_\_\_\_ Policy Number \_\_\_\_\_

List any allergies: \_\_\_\_\_  
List any medication your child takes \_\_\_\_\_  
List any condition your child is being treated for: \_\_\_\_\_  
List any physical or Medical limitation your child has \_\_\_\_\_  
Other pertinent information: \_\_\_\_\_

I, the undersigned parent or guardian of the above named student, do hereby authorize The Education Center School as agent for the undersign to consent to medical care by hospital and/or medical clinic.

This authorization shall remain effective for one year from the date of signature unless sooner revoked in writing to the school.

\_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary ex. Date)

*The Education Center School is non-discriminatory and fully accredited.*



THE EDUCATION CENTER SCHOOL  
ADDITIONAL STUDENT INFORMATION REQUEST – Grades 1 - 12

**ADDITIONAL STUDENT INFORMATION:**

Does this student have access to a home computer?  YES  NO

Does this student see a personal counselor on a regular basis?  YES  NO

Has this student repeated a grade?  YES  NO

Has this student received any special services or any special accommodations at any previous school (s)?  YES  NO

Please indicate if the student has ever been expelled or suspended from school.  YES  NO

Does this student have problems with attendance?  YES  NO

Please indicate if the student has a juvenile arrest record.  YES  NO

Please indicate if the student is presently assigned to a youth court counselor or is under the jurisdiction of the youth court system.  YES  NO

**I understand, agree and give permission for random drug screenings of students as a part of the Schools policies.**

**Please provide any explanations or expansions of the above answers below. Also, please provide any additional information, you feel would be beneficial to our staff concerning this student, below:**

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Parent/Guardian signature

Date

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