



# The Education Center School

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

4080 Old Canton Road, Jackson, MS 39216-3722

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

**ESTABLISHED - 1964**

Welcome and thank you for choosing The Education Center School. We are looking forward to the 2026 – 2027 school year and our 63<sup>rd</sup> year of educating students.

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 academic 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 academic strengths, enhances emotional well-being, and emphasizes personal development.

Parents, teachers, counselors, physicians, and others create partnerships that support each student's educational experience. Whether in a conventional classroom setting or in our online classes, we celebrate each student's individuality and broad range of interests and teach them to embrace the unique qualities within themselves and others.

You are invited to be a part of our school family and experience firsthand the commitment and dedication that are hallmarks of our program. We would be honored to work with you and your child.

If you or your child's current counselor or principal have questions or need additional information about our academic program or other services we offer, please call us at 601-982-2812. 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 FULLY ACCREDITED AND NON-DISCRIMINATORY.**



**2026-2027 STUDENT APPLICATION**   
**THE EDUCATION CENTER SCHOOL**

**~ CONFIDENTIAL ~**

Date \_\_\_\_\_  
Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Student's E-Mail \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade Last Completed \_\_\_\_\_ School Last Attended \_\_\_\_\_

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

Home Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

**Address (if different from above) for report cards, mail outs, etc.**

\_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
**Emergency Contact Name** \_\_\_\_\_  
(Other than Parents/Guardians)

**Emergency Contact Relationship** \_\_\_\_\_

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

**Grades 1–12 School is in session from 8:00 A.M.–2:15 P.M. with after school tutoring available. Schedules are flexible and are worked out individually by including work/study and career experience programs.**

Please add any additional suggestions or comments concerning this student below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

***\*\*This page is accepted when the attached tuition contract is signed by the responsible party.***

**2026-2027 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 \_\_\_\_\_ 2026-2027  
Year

I am tendering and paying herewith the Registration Fee of **One-Thousand-One-Hundred & 00/100 Dollars (\$1,100.00)**. **Enrollment applications will not be accepted unless the following are signed by responsible party, parent, or guardian: Application, Tuition Contract, and Permission Form.**

In the event that the student is accepted for enrollment, I agree to pay The Education Center School (“ECS”) \$\_\_\_\_\_ per month as tuition for twelve (12) months. Tuition is calculated on an annual basis (**August through July**). Tuition is payable by month, year, or semester. **Monthly tuition is due on or before the fifth of each month. Tuition may be paid by bank draft, debit card, or credit card (a 2% surcharge is added to all credit card payments). A late fee of \$30.00 will be charged on the 10<sup>th</sup> if tuition has not been paid. An additional \$20.00 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 \$40.00<sup>1</sup> to cover the additional administrative and bookkeeping cost. All bank drafts that need to be rescheduled will incur a \$40.00 rescheduling fee.**

I understand and agree that this contract is for one (1) calendar school year (twelve [12] months) from August 1<sup>st</sup> through July 31<sup>st</sup>. **I agree that due to faculty, buildings, grounds, furniture, fixtures, equipment, books, technology, and other 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 that 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 through July**. Students, parents, and guardians must notify The Education Center School in writing when a student is being withdrawn. There are no refunds upon withdrawal.

I agree that all privileges of attendance at the school may be withdrawn from the above-named student for academic reasons; disciplinary reasons; failure to abide by the standards, 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 School’s policies. **In the event of suspension, dismissal, or voluntary withdrawal of the student, the tuition due to 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	<b>\$ 1,100.00</b>
Annual Tuition, Grades 1 - 12	<b>\$13,200.00</b>
<b>TOTAL:</b>	<b>\$14,300.00</b>
	=====

Tuition fees can be flexible depending on coursework and curriculum.

**Bank drafts, VISA®, MasterCard®, Discover®, and American Express® cards are accepted.**

A student must notify his or her former school of plans to withdraw **before** enrolling in 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**

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

\_\_\_\_\_  
**Date**

NOTARY SEAL

<sup>1</sup> Miss. Code Ann. § 11-7-12

**2026-2027 ENROLLMENT POLICY – Grades 1 – 12**  
**THE EDUCATION CENTER SCHOOL**



Tuition is paid either for the full year or per semester. A discount is provided for those paying a full year (\$300.00) or full semester (\$150.00). As a courtesy to our patrons, tuition may be paid monthly by either bank draft, debit card, or credit card, with permission from the Director of the School and Board.

Bank drafts returned by the bank for insufficient funds or other reasons will result in a fee of **\$40.00** to cover the additional administrative and bookkeeping cost. All bank drafts that need to be rescheduled will incur a **\$40.00** rescheduling fee.

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,
- Bank fees for insufficient funds,
- All collection fees and expenses incurred by hiring a collection agency or an attorney,
- Any court costs or court filing fees, and
- Normal and reasonable internal staff costs and expenses associated with the collection of any and all non-payment of tuition and fees.

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

**The Registration Fee is associated with expenses for buildings, grounds, furniture, fixtures, equipment, books, technology, and other resources that benefit your child: \$1,100.00, to be paid each year.**

Monthly Payment (Twelve Months) August through July	Annual Total	Annual Total if Paid in Full at the Time of Enrollment (includes registration)
<b>\$1,100.00</b>	<b>\$13,200.00 + \$1,100.00 Registration Fee</b>	<b><u>\$14,300.00</u></b>

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

\_\_\_\_\_ Yes, enroll my child in The Education Center School. I am enclosing the full year’s payment, less discount, of **\$14,000.00** (\$14,300.00 - \$300.00 ~ includes registration).

\_\_\_\_\_ Yes, enroll my child in The Education Center School. I am enclosing a full semester’s payment, less discount, of **\$7,550.00** (\$7,700.00 - \$150.00 ~ includes registration).

\_\_\_\_\_ Yes, enroll my child in The Education Center School. The registration fee of \$1,100.00 is enclosed and I authorize you to automatically debit my checking account each month (**August through July**, or twelve months), as noted on the attached authorization agreement ~ **provided permission for enrollment has been granted by the Director of the School and Board.**

\_\_\_\_\_ Yes, enroll my child in The Education Center School. The registration fee of \$1,100.00 is enclosed and I authorize you to automatically charge my debit or credit card each month (**August through July**, or twelve months), as noted on the attached authorization agreement ~ **provided permission for enrollment has been granted by the Director of the School and Board.** A 2% surcharge is added to all credit card payments.

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

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

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

\_\_\_\_\_  
**Date**

NOTARY SEAL

2026-2027 PAYMENT ARRANGEMENTS – Grades 1 – 12  
THE EDUCATION CENTER SCHOOL



**~ CONFIDENTIAL ~**

Please choose one of the following payment methods:

\_\_\_\_\_ *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. reserve 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.**

\_\_\_\_\_ *Automatic Charge to a Debit or Credit Card* **A 2% surcharge is added to all credit card payments.**

Type of card: (debit or credit) \_\_\_\_\_ Card number: \_\_\_\_\_

Type of card: (ex. Visa®, AMEX®) \_\_\_\_\_ (**must** list entire number as stated on your card)

Expiration Date: \_\_\_\_\_ Card Verification Value “CVV”: \_\_\_\_\_ **3-digit** number on VISA®, MasterCard® and Discover®; **4-digit** American Express®

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

Billing (statement is mailed to) Address: \_\_\_\_\_

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

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



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## 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 officials.

### PARENTS WILL BE NOTIFIED OF STUDENT EVENTS.

The Education Center School has my permission to photograph my child for class projects, advertising, newspapers, promotion of student(s), etc.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Cellular Phone Number \_\_\_\_\_

Alternate Contact Source if Parent or Guardian cannot 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 \_\_\_\_\_

The following over-the-counter medications are available in the front office. Please mark the ones you authorize us to administer to your child as needed:

- \_\_\_\_\_ Ibuprofen (Advil)
- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Naproxen (Aleve)
- \_\_\_\_\_ Menstrual cramp relief (Midol, Pamprin)
- \_\_\_\_\_ Gastrointestinal relief (Pepto-Bismol, Tums)
- \_\_\_\_\_ Allergy relief (Benadryl, Zyrtec, Claritin)

I, the undersigned parent or guardian of the above-named student, do hereby authorize The Education Center School, as agent for the undersigned, consent for 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 SEAL

