

EPHESUS JUNIOR ACADEMY

**A Seventh-day Adventist Christian
Elementary and Middle School**

2760 West Edgewood Avenue

Jacksonville, FL 32209

Phone: 904-765-3225

Fax: 904-924-2045

www.ephesusjunioracademy.org

ADMISSIONS APPLICATION

2026 – 2027

- Please complete and return ALL forms in this application package.
- \$100 of the Registration Fee
- If the balance of the Registration Fee is paid by August 10, 2026, ten percent will be deducted from the August tuition
- (Registration Sunday, August 9, 2026)

2026 – 2027

Student's Name

Applying for Grade

School Year

PARENT'S OR GUARDIAN'S e-mail address (e-mail address is REQUIRED)

**Ephesus Junior Academy
of Seventh-day Adventist**
2760 W. Edgewood Avenue Jacksonville, FL 32209
Phone: 904-765-3225 - Fax: 904-924-2045
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REGISTRATION CHECKLIST

_____ 1. APPLICATION

_____ 2. PRE-RESTRATION FEE

_____ 3. APPLICATION FEE

_____ 4. BIRTH CERTIFICATION

_____ 5. SOCIAL SECURITY CARD

_____ 6. HEALTH RECORDS:

- Form DH 680 - Immunization Record 7th Grade Immunization Requirement
- Form 3040 – Physical Examination

_____ 7. REPORT CARDS (previous year grades)

_____ 8. TRANSFER REQUEST FORM

_____ 9. CHARACTER REFERENCE FORM FROM TWO OF THE
FOLLOW THREE:

- a. Principal b. Teacher c. Pastor

_____ 10. ADMINISTRATOR'S INTERVIEW

* _____ 11. PARENT'S E-MAIL ADDRESS ON APPLICATION COVER

**Southeastern Conference of Seventh-day Adventists
Office of Education – Ephesus Junior Academy
School / Academy Media Release Form**

Student's Name: _____

Grade: _____

Teacher's Name: _____

School/Academy Name: _____

_____ School/Academy and Southeastern Conference offices of Education has my permission to photograph record and reproduce any media piece that specifically identifies the above-named student through printed, audio, visual, or electronic means including, but not limited to photographs, films, slides, video/audio recordings made of the above-named student during the school/academy's school year. I understand that any photographs, films, slides, video/audio or other recordings relating to the above named student will be respectfully done and are being produced for educational purposes that may be used for the following:

- Classroom use
- School and community brochures and posters
- Ambassador Newsletter
- Yearbook
- Broadcast on local television and /or radio
- Press releases to newspapers.
- Displays on Ephesus Junior Academy (Jacksonville), Southeastern Conference, Southern Union, North American Division (NAD) website(s) and at other conference.
- Presentations to stakeholders and agencies having influence over funding allocations for schools
- School Face Book
- School Website

I _____ authorize _____ School/
Academy and the Southeastern Conference Office of Education the right to print,
photograph, record, and edit as desired, the biographical information, name, image,
likeness, and / or voice of the above named student on audio, video, film, slide, or any other
electronic and printed formats currently of later developed (known as "recordings") for the
purposes stated or related to the above. I understand and agree that use of such recordings
will be without any compensation to the above-named student or to me.

I understand and agree that _____ School/Academy and
the Southeastern Conference Office of Education have the unlimited right to use the pictures
and/or recordings for any purposes stated or related to above.

I hereby release and hold harmless _____ School/Academy and
the Southeastern Conference Office of Education from any and all actions, claims, damages,
costs, or expenses, including attorney's fees, brought by the above-names student and/or by
me which relate to or arise out of any use of these pictures and/or recordings as specified above.

Southeastern Conference Office of Education Media Release

Parent/Guardian's Signature:

My signature below shows that I have read and fully understand this Southeastern
Conference Media Release Form and that I agree to its provisions.

Student's Name _____

Parent/Guardian's Name (PLEASE PRINT): _____

Parent/Guardian's Signature _____ Date: _____

Principal's Signature _____ Date: _____

Ephesus Junior Academy

2760 W. Edgewood Avenue, Jacksonville, FL 32209

Office: 904-765-3225; Fax: 904-924-2045

REGISTRATION CONTRACT

Date: _____

Student's Last Name	First Name & Middle Initial	Current/Entering Grade
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Parent/Guardian's Names	Contact Daytime Telephone Number
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SDA Church Member: Ephesus SDA Church: New Life International SDA Church SDA Church

Other Church Affiliation: _____

Ephesus Junior Academy is committed to providing the highest quality of Christian education possible within the context of the financial resources available. We recognize there is nothing more precious to a parent than his/her child/children. Consequently, when we accept responsibility of providing a Christian education for your children, we consider it both a high privilege and a sacred trust. In many ways we enter into a partnership with you in taking on the awesome responsibility of educating your children. Unfortunately one of the necessary ingredients of operating a quality program is to have sufficient financial resources. These resources come substantially from three areas:

- Southeastern Conference of Seventh-day Adventists
- Constituents of Seventh-day Adventist churches in Jacksonville, Florida
- You, the parent/guardian

If requires the faithful support of all three areas for the school program to continue in existence. Consequently, we are counting on you, as your partner, to faithfully need the monthly tuition obligations of your child/children. We pledge that we will do our utmost to provide the highest quality Christian education possible. In return for our pledge to you, by signing the contract, we ask you to pledge to us the prompt payment of your account. Your signature also indicates your willingness to withdraw your child or children from our school should it become impossible for you to meet your financial obligation. In the case of highly unusual circumstances, your child or children may be allowed to continue classes when your account is not current, if **PRIOR** approval has been made obtained from the finance committee of the school board.

In appropriately signing and returning this contract to the Admission Office, as the parent or guardians of the above-named student, we acknowledge and agree to the following payment terms:

1. Tuition Payment Plan (Please select one):
 - Ten equal monthly payments due August 10, 2026 through May 21, 2027.
 - Two semester payments due the first week of August 2026 and January 2027.
 - a 2.5% discount is given for those selecting this plan.
 - Payment in full with contract—a 5% discount is given if paid by August 10, 2026. A 10% discount is given for the second sibling, and a 15% discount for the third sibling.

2. Deposits, Registration Fees, and Computer Fees are not refundable. Tuition must be paid to the date to the date of withdrawal. Outstanding balances must be paid in full before the school will release any grades, transcripts, or records.
3. Students whose accounts have not received any payment for 30 days will be suspended until their bill is made current.
4. The principal reserves the right to terminate the contract at any time (conduct, non-payment, etc.)
5. The following documents are required when the student registers. Students will not be allowed to begin school without these documents on file in the Registrar's office.
 - ✓ **Registered Birth Certificates**
 - ✓ **Social Security Card**
 - ✓ **Student Physical Examination (HRS-H-Form 3040) completed by a physician within the previous year for any new student and with the last three years for returning students.**
 - ✓ **Florida Certification of Immunization (Form DH 680)**
6. Payments are due on the first of the month.
7. A \$20 late fee will be applied to any unpaid balance when payment is not received by the tenth day of the month.
8. Returned checks will be charged a \$35.00 fee or the amount of the current bank charge. Subsequent payments **MUST BE PAID IN CASH, BY MONEY ORDER OR CERTIFIED CHECK.**

I hereby certify that I understand and agree to the terms set forth in this contract. I also accept financial responsibility for the above-named student at the rate shown below. My tuition responsibility will be \$_____ for the entire school year at a rate of \$_____ per month.

Parent/Guardian's Signature Parent/Guardian's Printed Name Date

Additional Responsible Party's Signature Additional Responsible Party's Signature Date

Signature of School Personnel School Personnel's Printed Name & Title Date

List the names of authorized persons to pick up your child:

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature

Date

(Please print in Ink) School _____

Pupil's Legal Name _____ Sex: F ___ M ___
Last First Middle Nickname

Date of Birth _____ Place of Birth _____
Month Day Year City State

Verification of Birth _____ Social Security No. _____

Address (and change of address)

1. _____ Tel. _____
No. Street City State Zip Code Home Cell
2. _____ Tel. _____
3. _____ Tel. _____

Family Information	Father	Mother	Guardian	Grade Placement	Age	Grade
Legal Name				Date Enrolled Mo. Da. Yr.	Yr. Mo.	
Check One	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child			
Home Address if Different from above						
Home Telephone						
Occupation						
U.S. Citizen	Yes [] No [] Other []	Yes [] No [] Other []	Yes [] No [] Other []			
SDA Member	Yes [] No [] Other []	Yes [] No [] Other []	Yes [] No [] Other []			
Marital Status	Married [] Divorced [] Other []	Married [] Divorced [] Other []	Married [] Divorced [] Other []			

Other persons living with family _____ Relation to Child _____

Church child attends _____ Denomination _____

Baptism _____ Place: _____ Date: _____ Age: _____

Check any of the following diseases: give dated of immunizations the student has had:

Mumps _____ Tonsillitis _____ Chorea _____ Whooping Cough _____ Injury _____
Diphtheria _____ Chicken Pox _____ Rheumatism _____ Operation _____ Measles _____
Typhoid _____ Smallpox _____ Pneumonia _____ Polio Shots _____ Influenza _____
Scarlet Fever _____ Small Vaccination _____ Immunized against Diphtheria _____

Date of last Physical Exam _____ Current physical exam forms brought for Grades (K or 1) _____: (4) _____: (7) _____ Person to notify in emergency: 1. _____ Tel. _____

2. _____ Tel. _____
Physician to call in emergency: _____ Tel. _____

If this Physician is not available, does the school have your permission to call another? _____

My child will go to and from school: Walk _____; bicycle _____; family car _____; carpool _____; school bus _____; public transportation _____.

Where child is to go regularly after school _____ (Parent's request or note needed for any change.)

If applicable during year, date of withdrawal: _____ Reason: _____

Has Student ever been suspended or expelled from any school? _____ If so, explain on back.

Eighth Grade Diploma Date: _____ Eighth Grade Certificate Date: _____

We understand the requirements and regulation of the school and pledge our full cooperation.

Signed _____
Pupil Parent/Guardian Date

PLEASE NOTE: Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXPECTATIONS.**

EPHESUS JUNIOR ACADEMY

Parent Permission for the Administration of Nonprescription Medication (Over-the-Counter Medication)

Student _____ DOB _____ Teacher _____

I request my child/legal ward _____
Be given external and/or internal medication identified below during school hours. If I provide medication, it will be in its original container. I understand that such medication will be given **ONLY** according to the following directions:

Medications _____	Amount _____	Frequency _____
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Medication to be discontinued _____

(Directions from the parent should not exceed the medication instructions on the label.)

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

Date

Signature of Parent/Legal Guardian

PLEASE NOTE: Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXCEPTIONS.**

EPHESUS JUNIOR ACADEMY

Parent Permission for the Administration of Prescription Medication

Student _____ DOB _____ Teacher _____

Name of Medication _____ Doctor _____

Prescription Number _____ Date of Prescription _____ Quantity _____

I, _____, grant permission for the principal or principal designee to assist in the administration of prescribed medication for my child/legal ward (Student's Name _____). **All** medication must be properly labeled with patient's name and current prescription number. I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day – including when my child is away from property on official school business. I understand that this medication will be given only according to directions on the label as prescribed by the doctor. I further understand that at the end of the school year, it will be my responsibility to pick-up any unused medication within 30 days.

Date:

Signature of Parent/Legal Guardian

EPHESUS JUNIOR ACADEMY

Of Seventh-day Adventists

2760 West Edgewood Ave; Jacksonville, FL 32209

Request for Records and Principal/Teacher Recommendation

INSTRUCTION TO PARENTS:

Please complete items 1 – 8. Ephesus Junior Academy will forward the form to the principal or other authorized officer at your child's former school.

1. Student's Name _____
2. Grade: _____ 3. Date of Birth: _____
4. Name of School: _____
5. Address of School: (include city, state, and zip code: _____
6. Phone: _____ 7. Fax _____

My son/daughter is applying for admission to Ephesus Junior Academy, I authorize the release of my child's records and evaluation date to Ephesus Junior Academy.

8. Signature of Parent/Legal Guardian _____ Date: _____

INSTRUCTION TO SCHOOL:

The above named pupil is enrolled in our school. To aid in assigning the pupil, in providing classroom instruction, and in meeting personal needs, it is important to have as much information as possible about each student. If you have records for the above named pupil, please forward them to our school. The records that are received will be available for review by parents, guardians, and students over eighteen years of age. Please review the contents of the records with this in mind, and have the appropriate school personnel complete the requested sections. Forward the completed form along with the student's transcripts including: **Cumulative Record – Report Cards – Immunization Record – Test Data to:**

EPHESUS JUNIOR ACADEMY
2760 WEST EDGEWOOD AVE
JACKSONVILLE, FL 32209

Fax Number: 904-924-2045
Telephone Number: 904-765-3225

PRINCIPAL'S SECTION:

Name of Principal: _____ Length of time this student was in your school.

Has this student been sent to the office for disciplinary problems: []often []seldom []never

Has the student been suspended? []yes []no How many times? _____

Has the student ever been expelled []yes []no How many times? _____

Is the student eligible to return to your school next year? []yes []no

Comments: _____

**Ephesus Junior Academy
PHYSICAL EDUCATION**

PERMISSION SLIP

School Year _____

My child is allowed to take P.E. at the school or the Y.M.C.A. for this school year.

My child is not allowed to go to P.E. at the Y.M.C.A for this school year.

NOTE: The YMCA is funded through your Registration Fee. Failure to pay your Registration Fee in full by the end of December for the current school year will result in your child's removal from the Physical Education Program until the balance is paid in full.

Child's Name: _____

Parent/Guardian's Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Ephesus Junior Academy

2760 West Edgewood Ave

Jacksonville, FL 32209

Phone: 904 765 – 3225

Permanent Field Trip Note

School Year: _____

_____ I hereby give permission for my child to go on all field trips planned by the school or by the classroom teacher.

_____ I hereby give permission for my child to go on all library trips planned by the teacher and will send a note for any other trips planned.

_____ I will send a note for any field trip that I want my Child to go on.

Child's name: _____

Parent/Guardian's Signature _____

Parent/Guardian's Signature _____

Date: _____

Reference – Character

Student: _____

Grade Entering: _____

Parent's Signature: _____

Date: _____

Evaluator: This student is seeking admission to ***Ephesus Junior Academy***.
 The student may not be admitted until this confidential information
 has been reviewed by our administration.

() Please check here if you wish to discuss this student personally
 rather than complete this form. Sign the form at the bottom and
 note your telephone number.

Quality	Excellent	Good	Average	Fair	Poor	Unknown
Responsible/Reliable						
Personal Integrity						
Mental Ability						
Initiative and Originality						
Orderliness						
Cooperation						
Leadership						
Respect for Authority						
Honest						
Humility						
Attitude						
Appearance/Cleanliness						
Emotional Stability						
Reading Level						
Activity in Christian Service						

Do you know of any specific problem the students has that would hinder learning?

What do you consider the applicant's strong points?

What do you consider the applicant's weak point?

In what capacity have you known this student?

How Long?

Signature: _____

Title: _____

School: _____

Phone#: _____

Address: _____

Return this form to:
Ephesus Junior Academy
Fax: (904) 924-2045

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply			
				Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR? NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOTE: 8 NUMBER): _____ Write only one case number in this space.

STEP 3 List All household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only; if they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (first and last)	Earnings from Work				Public Assistance, Child Support, Alimony				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other					
	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual	Weekly	Every 2 Weeks	2x/Month	Monthly
	\$													
	\$													
	\$													
	\$													
	\$													
	\$													
	\$													
	\$													
	\$													
	\$													

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable)

Child Income \$

How often received? Weekly Every 2 Weeks 2x/Month Monthly Annual

Check if no Social Security Number

Please see application's back for list of income sources.

STEP 4 Contact Information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL. Insert school address here

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income: How often? Weekly Every 2 Weeks 2x-Month Monthly Annual

Household size: Categorical Eligibility: Eligibility: Free Reduced Denied

Determining Official's Signature: Date: Verifying Official's Signature: Date:

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

Return completed form to your child's school.

This institution is an equal opportunity provider.