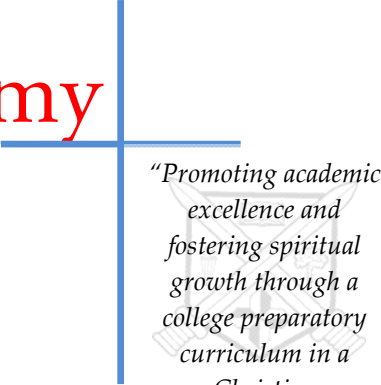


# St. John's Christian Academy

204 West Main Street Moncks Corner, SC 29461  
Office: 843-761-8539 Fax: 843-899-5514  
Email: [sjca@homexpressway.net](mailto:sjca@homexpressway.net) Web: [www.sjacavaliers.com](http://www.sjacavaliers.com)



*"Promoting academic  
excellence and  
fostering spiritual  
growth through a  
college preparatory  
curriculum in a  
Christian  
environment."*

Dear Prospective SJCA Families:

St. John's Christian Academy promotes academic excellence and fosters spiritual growth in a Christian environment. We offer rigorous academic courses at the college preparatory, honors, and dual credit levels, as well as Bible instruction and weekly chapel services. In addition, students are encouraged to participate in athletics, the arts, and other extra-curricular activities.

The Board of Directors and Administration of SJCA strive to maintain high standards at an affordable cost. Our faculty and staff give of their time, energy, and talents to provide a quality education for each student. Our school families give generously to support the school's mission. To make improvements to our school, we ask each family to volunteer a minimum of ten hours or pay \$200 to offset maintenance costs. This summer we are hoping to complete extensive improvements to the main building including a new roof. Families are encouraged to contribute to the Raise the Roof campaign to help complete the much needed improvements. Please prayerfully consider how you can best contribute your talents and resources to improve our school, and then complete the enclosed volunteer form.

We are happy that you are considering becoming a part of our school family. We look forward to developing a close relationship with you, and we commit to do our very best to help your child reach his or her potential in the Lord. Together we can ensure that every child excels academically and grows spiritually.

Sincerely,

Eric M. Denton, Ed.D  
Headmaster

## **ST. JOHN'S CHRISTIAN ACADEMY**

### **ADMISSION**

St. John's Christian Academy provides a college-preparatory curriculum designed for students of average and above-average ability. All students applying for admission must be in good academic and disciplinary standing in their current schools and must submit documentation to that effect upon application. Admission begins with a formal application and a non-refundable fee. Once the application has been submitted, a placement test will be scheduled. Scores of this test, transcripts of previous scores and achievements, and a personal interview will determine admission and placement. Admissions, enrollment, and dismissals are directly supervised and implemented by the Headmaster. St. John's Christian Academy practices open enrollment and does not discriminate on the basis of race, religion, or national origin.

To expedite the scheduling of your child, the following documentation must be provided by the time of registration:

- A copy of the student's transcript (for students in grades 8-12)
- A copy of the student's final report card from his or her former school
- Approved and current DHEC immunization form
- Copies of the student's birth certificate and social security card
- When applicable, proof of guardianship and legal documentation of parental rights to child custody.

New admissions to St. John's Christian Academy are accepted on a nine-week probationary period. The requirements for achieving a fully accepted status include

- Passing all subjects/classes
- A GPA of 2.0 or above
- An exemplary discipline record

### **CONTINUATION AT ST. JOHN'S CHRISTIAN ACADEMY**

It is the policy of St. John's Christian Academy to continually review the progress each student is making, and on the basis of this progress, to invite each student to return the following year.

- If insufficient progress is being made, the student, his or her parents, and his or her teacher will develop an academic compact.
- If a high school or middle school student fails a class for the year, the credit must be made up in summer school or through an approved correspondence course.
- Middle or high school students who fail more than two academic courses for the year will be placed on academic probation.
- If a student has failed two courses the previous year, he or she must be passing all courses at the end of the first semester of the next year, or the student may be asked to leave SJCA at the end of that semester.

# ST. JOHN'S CHRISTIAN ACADEMY

## TUITION SCHEDULE FOR THE 2010/2011 SCHOOL YEAR

	<b>Registration Fee</b> Due at time of registration <b>1st child see below for discounts</b>	<b>Tuition*</b> One payment July	<b>2 Payments **</b> July November	<b>11 Monthly Payments</b> July-May
K3/K4 ( 5 day)	225.00	3300.00	1,689.60	330.00
K5	225.00	3900.00	1,996.80	390.00
1st-5th	235.00	4020.00	2,058.24	402.00
6th-8th	235.00	4230.00	2,165.76	423.00
9th-12th	235.00	4560.00	2,334.72	456.00

1. There is a \$250.00 fee for all new families to be applied to the St. John's Christian Education Foundation Capital Fund. This fee may be paid at time of registration or when making tuition payments.
2. There is a \$25.00 testing fee for new students starting with K-5.
3. The varsity football fee is \$100.00. ( This is to cover the additional insurance cost)
4. See enclosed fees for extended care.
5. An athletic/PE fee of \$75.00 is added into the tuition to cover PE costs and student admission to all regular season home athletic events.
6. The fee for student insurance is included with the non-refundable registration fee.
7. An additional \$50.00 will be charged for all applications accepted after Sept 1. This covers the expense of ordering additional texts and supplies.

**\*10 Percent discount given for full payment made in July**

**\*\*7.5 Percent discount given for the two payment plan**

### **Family discount when registering more than one student**

**Registration fee for two students            300.00 PLUS \$10.00 FOR EACH STUDENT GRADE 1 to 12**  
**Registration fee for three(plus)students   350.00 PLUS \$10.00 FOR EACH STUDENT GRADE 1 to 12**

# ST. JOHN'S CHRISTIAN ACADEMY APPLICATION FOR ADMISSION

PLEASE COMPLETE FOR EACH STUDENT

FULL NAME OF APPLICANT \_\_\_\_\_ GOES BY \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip Code

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

STUDENT E-MAIL \_\_\_\_\_ STUDENT CELL # \_\_\_\_\_

FAMILY E-MAIL \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_ NAME OF LAST SCHOOL \_\_\_\_\_

DOES STUDENT/FAMILY ATTEND CHURCH REGULARLY? \_\_\_\_\_ WHERE \_\_\_\_\_

### FATHER/GUARDIAN

### MOTHER/GUARDIAN

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

### ADDITIONAL CONTACTS WHO HAVE PERMISSION TO PICK-UP STUDENT:

NAME \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

COMMENTS/ADDITIONAL INFORMATION (RESTRICTIONS ON STUDENT PICK-UP AND/OR ADDITIONAL EMERGENCY CONTACTS OR INDIVIDUALS WHO HAVE PERMISSION TO PICK-UP STUDENT)

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

**STUDENT MEDICAL INFORMATION**

PLEASE COMPLETE FOR EACH STUDENT

STUDENT'S NAME \_\_\_\_\_ HEALTH INS. CO \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ PERSON INSURED \_\_\_\_\_

**PHYSICIANS**

DOCTOR \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

**MEDICAL INFORMATION**

**PRESCRIPTION MEDICATION NEEDED DURING SCHOOL HOURS MUST BE GIVEN TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN (NOT BY THE STUDENT). ADDITIONAL DOCUMENTATION WILL NEED TO BE COMPLETED BY PARENT/GUARDIAN WITH PHYSICIAN'S SIGNATURE BEFORE ANY PRESCRIPTION MEDICATION WILL BE ADMINISTERED.**

**ALLERGIES (PROVIDE TYPE AND ANY ACTION NEEDED TO BE TAKEN BY SCHOOL STAFF)**

**MY CHILD HAS PERMISSION TO BE GIVEN THE FOLLOWING OVER THE COUNTER MEDICATION: TYLENOL, MOTRIN, MYLANTA, BENADRYL, TUMS, OR COUGH DROPS.**

\_\_\_\_ YES    \_\_\_\_ NO

**EMERGENCY MEDICAL TRANSPORTATION PERMISSION**

I authorize St. John's Christian Academy to call an emergency ambulance and/or transport my child to the nearest medical care facility in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician may perform necessary treatment for the health and well being of my child. I ask that a conscientious effort be made to notify me before such action is taken. I fully understand that St. John's Christian Academy does not carry basic health or medical insurance on my child. I understand and fully agree that I am responsible for any and all medical or health-related costs that might develop as a result of accidents, injury, sickness or other situation requiring medical care and treatment. **(Student accident insurance covering school-related activities is purchased by parents and is included with the registration fee.)**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## ENROLLMENT CONTRACT

**PLEASE SIGN (one per family) AND RETURN WITH ADMISSION APPLICATION**

I desire to enter my son/daughter as a student at St. John's Christian Academy for 2010/2011 school year, subject to the terms of payment established by the School Board of Directors and subject also to the prevailing rules and regulations of St. John's Christian Academy as outlined in the student handbook and financial policy of the school. St. John's Christian Academy reserves the right to terminate association with any student if it determines that such association is incompatible with the aims, purposes and Christian interests of the school.

I have read St. John's Christian Academy's statement of faith, and I agree to support the school's mission of promoting academic excellence and fostering spiritual growth in a Christian environment. My son/daughter has never been expelled from another school and is in good academic and disciplinary standing with his /her current school.

In consideration of the acceptance of the Enrollment Contract by St. John's Christian Academy, I agree to pay required fees set forth in the school's financial policy. A **non-refundable registration fee** is due with this application. This fee covers the cost of enrollment processing, schedule planning, student accident insurance and student agenda/handbook. **I further agree to volunteer a minimum of ten hours to the school or to donate \$200.00 to the school in lieu of the volunteer hours.**

### Financial Policy

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#### Registration

1. In-house registration for returning students will begin **February 1, 2010**, and end **February 26, 2010**.  
ALL student fees (i.e. tuition, canteen, extended care...) must be current for a student to be registered.  
 A returning student is defined as a student currently enrolled and in good academic standing.
2. Siblings not currently enrolled can register during the in-house enrollment period. Graduates of Lord Berkeley Academy/St. John's Christian Academy registering their child for the first time may enroll **March 1 through 12:00 PM March 4, 2010**.
3. Open enrollment for new students will begin at **6:00 PM, March 4, 2010**. Registration for new and current students during open enrollment will be on a first-come, first-serve basis.
4. New students are required to take a placement test prior to acceptance for admission (K5 through 12<sup>th</sup> Grade). The cost of this test is \$25.00, which is due on test date.
5. A late registration fee of \$50.00 will be charged for registering after September 1.
6. A decision on opening a second class of a particular grade will be at the Board of Directors' discretion.

#### Tuition Payment Plan (circle desired plan)

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- Plan I:            Single Payment Plan  
                       The tuition payment is due in July.
- Plan II:           Two-Payment Plan  
                       First payment is due in July with the second payment due in November.
- Plan III:         11-Month Payment Plan  
                       The first monthly payment is due in July with the final payment due in May.

**Continue on back**

## Payment Policy

1. Registration fees are paid at time of registration and are non-refundable.
2. The \$250.00 Capital Fund assessment may be paid at time of registration or may be paid monthly starting in July through May.
3. A \$25.00 late fee will be added to any past due balance.
4. Without prior approval, a past due payment of more than 30 days may result in a suspension of services until payment is made.
5. The \$200.00 volunteer assessment will be added to the family bill if volunteer hours have not been met by **May 1, 2011**.
6. Tuition will be refunded on a pro-rated basis upon transfer of the student to another school.
7. Prior to the transfer of student records and transcript, all school, extended care and canteen fees must be paid in full.
8. Transcripts will not be sent to a college until all fees are paid.

**I have read and agree to the terms of this enrollment contract.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE FOR ST. JOHN'S CHRISTIAN ACADEMY

\_\_\_\_\_  
DATE

**STUDENTS ARE ADMITTED WITHOUT REGARD TO RACE, RELIGION, OR NATIONAL ORIGIN.**

# ST. JOHN'S CHRISTIAN ACADEMY

## STATEMENT OF FAITH

Though St. John's Christian Academy does not ascribe to any one church or denomination, we believe these basic tenets unite all Christians.

- We believe that there is one infinite, holy, loving and personal God, eternally existing in three persons, the Father, the Son, and the Holy Spirit; and that He speaks to us in scripture and reveals Himself to us in creation, salvation, and renewal. As finite human beings created in God's image, it is our purpose and privilege to worship, honor, serve, and obey Him.
- We believe that the world belongs to God, who created it and faithfully sustains it by His providence, mercy, and grace.
- We believe that the Bible is God's written revelation to man, and that it is divinely inspired, authoritative, and without error in the original manuscripts.
- We believe in the deity of Jesus Christ, His virgin birth, sinless life, miracles, and death on the cross to provide for our redemption, bodily resurrection, and ascension into Heaven, present ministry of intercession for us, and His personal return to earth in power and glory.
- We believe in the personality and deity of the Holy Spirit, and He convicts us of our sinfulness, performs the miracle of the new birth in unbelievers, and indwells believers, enabling them to live godly lives.
- We believe that man was created in the image of God, but because of sin, was alienated from God. Only through faith, trusting in Christ alone for salvation which was made possible by His death and resurrection, can that alienation be removed.
- We believe that God, in His own time and in His own way, will bring the world to its appropriate end. According to His promise, Jesus Christ will personally and visibly return in glory to judge the living and the dead in righteousness.

I am in agreement with the contents of the above and will comply with the best of my ability.

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Signature

---

Date

# ST. JOHN'S CHRISTIAN ACADEMY

## GRANDPARENTS/ALUMNI FORM

PLEASE COMPLETE (one per family) AND RETURN WITH ADMISSION APPLICATION

Every year SJCA invites our grandparents to participate in a special day with our students. To ensure that each SJCA grandparent is invited, we ask that you provide contact information for each grandparent. If they are unable to attend, we would still like to send them an invitation to make them feel special. If your child does not have a grandparent, you can list a "special friend" that might like to attend on this special day.

**Please complete the following grandparent contact information:**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**Grandparent Contact Information (additional grandparents can be placed on the back of this form.)**

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**We are striving to keep all Cavalier Alumni updated on the exciting happenings here on campus by creating the Cavalier Alumni Association. We would like to know if someone in your family is a graduate of Lord Berkeley Academy or St. John's Christian Academy. Please list your family members who have graduated from LBA or SJCA.**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ YEAR: \_\_\_\_\_

# ST. JOHN'S CHRISTIAN ACADEMY VOLUNTEER REGISTRATION FORM

PLEASE COMPLETE (one per family) AND RETURN WITH ADMISSION APPLICATION

SJCA needs every family to actively participate in their child's education. Research shows that such involvement causes children to behave better, earn higher grades, score better on tests and graduate at higher rates. It is our goal during the 2010/2011 school year that every family volunteers a minimum of 10 hours. SJCA has many areas in which families can volunteer their time. If you are unable to serve during the school day, there are many projects that stretch beyond individual classrooms. \$200 will be assessed May 1, 2011 if volunteer hours have not been met.

To help us find the best volunteer opportunities for your family by taking a moment to complete this form:

STUDENT(S) NAME(S): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## Volunteer Opportunities:

\_\_\_\_ Extra Curricular Activities \_\_\_\_ Sally Foster \_\_\_\_ Fall Festival Committee \_\_\_\_ Bus Driver  
\_\_\_\_ Purchase Piggly Wiggly Cards \_\_\_\_ PTO Officer/Committees/Meetings \_\_\_\_ Field Trips Chaperone  
\_\_\_\_ Booster Club/Athletics \_\_\_\_ Newsletter \_\_\_\_ Teacher Appreciation Day \_\_\_\_ Classroom Parent  
\_\_\_\_ School grounds upkeep \_\_\_\_ Summer Maintenance \_\_\_\_ Spring Fling Committee

## Skills and Talents:

\_\_\_\_ Arts & Crafts \_\_\_\_ Carpentry \_\_\_\_ Cooking \_\_\_\_ Computer Skills  
\_\_\_\_ Event Planning \_\_\_\_ Fundraising \_\_\_\_ Athletics \_\_\_\_ Drama \_\_\_\_ Music  
\_\_\_\_ Marketing \_\_\_\_ Photography \_\_\_\_ Public Relations \_\_\_\_ Sewing \_\_\_\_ Writing  
\_\_\_\_ Handyman Service /Light Maintenance \_\_\_\_ Plumbing \_\_\_\_ Construction \_\_\_\_ Other

If you have a relationship with a local caterer, restaurant, floral business, printing business, etc., please let us know. Many of our projects require us to contract businesses for goods and services. We would like to work with members of our St. John's Christian Academy family when these opportunities occur.

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

## ST. JOHN'S CHRISTIAN ACADEMY EXTENDED CARE

PLEASE COMPLETE (one per family) AND RETURN WITH ADMISSION APPLICATION

If you are considering Extended Care services for your child during the 2010/2011 school year, please complete and return to the school office. Extended care is available to all students K3-8<sup>th</sup> grade from 7:00-7:55 AM / 2:45-6:00 PM on **regular school days**. Extended care time is also available to K-3 and K-4 from noon to 2:45.

Student 1: Name \_\_\_\_\_ Grade \_\_\_\_\_

Student 2: Name \_\_\_\_\_ Grade \_\_\_\_\_

Student 3: Name \_\_\_\_\_ Grade \_\_\_\_\_

How many days a week: \_\_\_\_\_

### Emergency Numbers:

Mother: Wk # \_\_\_\_\_ Cell # \_\_\_\_\_ Hm # \_\_\_\_\_

Father: Wk # \_\_\_\_\_ Cell # \_\_\_\_\_ Hm # \_\_\_\_\_

### Other Emergency Contacts:

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

List below anyone, including yourself, who will be picking up your child from Extended Care. **(This list is to be used for Extended Care only. This is separate from school forms, which may be kept in your child's file.) Only those persons listed will be allowed to pick up your child.**

Please select the desired payment option

#### K-3 and K-4

_____	Monday through Friday	12:00 to 3:00	\$30.00 per week
_____	Monday through Friday	12:00 to 6:00	\$40.00 per week
_____	As needed basis		\$ 3.00 per hour

#### K-5 through 8<sup>th</sup> grade

_____	As needed basis	\$ 3.00 per hour
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\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCEPTED FOR ST. JOHN'S CHRISTIAN ACADEMY

\_\_\_\_\_  
DATE