



# Drexel Academy

Christian STEM-based education

## NEW STUDENT ENROLLMENT INFORMATION

**SCHOOL BEGINS:** August 2024 (Hours 8:15am to 2:30pm)

**LUNCH:** Students are to bring bag lunches that do not require heating.

### SCHOOL DRESS CODE: UNIFORMS

**GIRLS:**

- \* Navy or black skirt or jumper (no splits and must be beneath knee in length)
- \* White or light blue blouse or polo shirt with collar
- \* Black or navy blue shoes (no athletic shoes)
- \* Red, white, black or navy vest, sweater or jacket (solid in color; no denim or logos)
- \* Solid red, black or navy cross tie

**BOYS:**

- \* Navy or black pants with belt (pants are to be worn up on the waist)
- \* Black or navy shoes (no athletic shoes)
- \* White or light-blue dress shirt or polo shirt with collar
- \* Red, white, black or navy vest, sweater or jacket (solid in color; no denim or logos)

— No earrings for girls or boys —

### BASIC SCHOOL SUPPLIES LIST:

#### GRADES K-3

- \* King James Version Bible
- \* Scissors (blunt end)
- \* Crayons & Colored Pencils
- \* Markers (at least 8 ct.)
- \* Glue (2 bottles & 6 sticks)
- \* 12" ruler (in. & cm.)
- \* Pencils (no mechanical pencils)
- \* 2-Pocket Folders (plastic with prongs)
- \* Erasers (pencil-top & full size)
- \* Highlighters (yellow)

#### GRADES 4-8

- \* King James Version Bible
- \* Scissors
- \* Colored pens, Markers & Colored Pencils
- \* Pencils & Erasers
- \* Glue
- \* 12" ruler (in. & cm.)
- \* 2" Notebook Binder
- \* Highlighters
- \* Tissue & Hand Sanitizers

12751 Wood Street Calumet Park, IL 60406 (773) 752-5644

[www.drexelacademyil.org](http://www.drexelacademyil.org)

## TUITION SCHEDULE AND FEES 2024-2025 SCHOOL YEAR

### TUITION:

	Annual Fee	Monthly Payment <i>(due by the 15th of each month)</i>
1 student	\$3,000 per student	\$315 per student
2 students per family	\$2,700 per student	\$285 per student
3 students or more per family	\$2,500 per student	\$263 per student

### ADDITIONAL FEES:

<b>Registration Fee</b>	\$100 per student	
<b>Technology/Lab Fee</b>	\$50 per student	
<b>Activity Fee</b>	\$75 per student	
<b>Book Fee</b>	\$300 per student	
<b>Graduation Fee*</b> <i>(as applicable)</i>	\$75 per student	<i>*This fee covers the cost of cap &amp; gown and pictures. You will be notified if there is a cost increase.</i>

### Payment Methods:

- Online Payments via Zelle **cog127woods@gmail.com**
- Check or Money Order payable to **Drexel Academy**

### Important Notes:

- All fees are **non-refundable** unless otherwise stated.
- Tuition and fees are subject to change at the discretion of Drexel Academy.
- Late payment may result in additional charges and could affect your child's enrollment status.

For inquiries regarding tuition and fees or payment options, please contact the school office at (773) 752-5644.

Thank you for choosing Drexel Academy for your child's education. We look forward to welcoming your family into our community.



## ENROLLMENT / REGISTRATION FORM

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

CHILD: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name Suffix

Sex:  Male  Female      Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_  
MM/DD/YYYY

LAST SCHOOL ATTENDED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_      May we contact the school for transcripts?  YES or  NO  
 Grade Level      Year

SPECIAL NEEDS/COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**PARENT / LEGAL GUARDIAN / STUDENT CONTACT INFORMATION:**

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell Phone Home Phone Work Phone

Email: \_\_\_\_\_

\*\*\*\*\*

**ACKNOWLEDGEMENT OF AGREEMENT**

As PARENT/GUARDIAN, I agree to pay the tuition and other school fees as required.

\_\_\_\_\_  
Printed Name Signature Date

PRINCIPAL: \_\_\_\_\_  
Printed Name Signature Date

\*\*\* FOR OFFICE USE \*\*\*

\_\_\_\_\_  
Date Grade Level Placement School Administrative Official



## EMERGENCY CONTACT FORM

**DATE:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

### PARENT / LEGAL GUARDIAN:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Cell Home Work

**Email:** \_\_\_\_\_

### OTHER EMERGENCY CONTACT:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Cell Home Work

Are we authorized to contact them directly?  YES or  NO

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party Providing Information

## STATEMENT OF COOPERATION AND MEDICAL TREATMENT FORM

This information is CONFIDENTIAL and will be shared only with Drexel Academy staff who need to know.

**CHILD:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Middle Name Suffix

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 MM/DD/YYYY

### 1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW:

My child has no known health conditions.

My child has a known condition(s). Check all that apply:

Allergies (food or other): \_\_\_\_\_

Asthma — YEAR DIAGNOSED: \_\_\_\_\_

Seizures/Epilepsy — YEAR DIAGNOSED: \_\_\_\_\_

Sickle Cell Disease — YEAR DIAGNOSED: \_\_\_\_\_

Diabetes — SELECT ONE:  Type 1  Type 2  Other YEAR DIAGNOSED: \_\_\_\_\_

Other \_\_\_\_\_ YEAR DIAGNOSED: \_\_\_\_\_

### 2. MY CHILD HAS A PRIMARY HEALTHCARE PROVIDER: YES or NO

PROVIDER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I give permission for Drexel Academy designee to talk to the provider about my child's health.

### 3. PARENT/LEGAL GUARDIAN — PHONE NUMBER: \_\_\_\_\_

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

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

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

\*\*\* Drexel Academy  
Use Only \*\*\*

\_\_\_\_\_  
Reviewed by (INITIALS)

\_\_\_\_\_  
Date



## PHOTOGRAPHY/DIGITAL MEDIA WAIVER AND RELEASE STATEMENT

I now grant **Drexel Academy** ("Academy"), its representatives, and employees the right to photograph my child in connection with participation in Academy activities.

I authorize the Academy, its assignees, and transferees to copyright, use, and publish the same in print and electronically.

I agree that the Academy may use such photographs with or without my child's name and for any lawful purpose, such as publicity, illustration, advertising, and web content.

I release and discharge the Academy from any claims and demands arising out of or in connection with the use of the photographs, including any claims for libel or invasion of privacy.

I authorize and release all school-related photos of my child as the property of Drexel Academy.

I have read this release before signing below, and I fully understand the contents and impact of this release.

**Parent / Legal Guardian:** \_\_\_\_\_

**Printed Name**

\_\_\_\_\_  
**Signature**

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