



( ) **Returning Student** ( ) New Student **DATE:** \_\_\_\_\_

## MAJURO COOPERATIVE SCHOOL

### REGISTRATION FORM 2024-2025

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: [ ] M [ ] F

Grade for 2024-2025: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

RMI SSN: \_\_\_\_\_

Hospital Number: \_\_\_\_\_

Birth Place: \_\_\_\_\_

<b>DOCUMENTS NEEDED</b>
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Health Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Report Card from previous year
K-8
<input type="checkbox"/> Transcript/High School

Ethnicity (Marshallese, Korean, Kiribati, etc.) \_\_\_\_\_

Citizenship: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

#### **FAMILY CONTACT INFORMATION** *(First Person Listed is first person contacted)*

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell/Mobile Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work: \_\_\_\_\_

Phone#: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell/Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

Emergency Contact

Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone # \_\_\_\_\_

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

DIETARY RESTRICTIONS

Non-Pork

Vegetarian:

Other: \_\_\_\_\_

If your student has other diet restrictions, please let the office know.

MEDICAL ISSUES: (Asthma, Seizures, etc.)

\_\_\_\_\_

\_\_\_\_\_

I give permission for the office to administer over- the-counter pain medication to my child

[ ] Yes [ ] No - TYLENOL

[ ] Yes [ ] No - IBUPROFEN (Advil...etc.)

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

SOCIAL MEDIA

From time to time, the school takes photographs or film footage of a school event and your student may appear in these images, which will sometimes be published in the local newspaper or the school's FB page/Website. Per school's policy, we will need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

- I give permission for my child to appear in the media. [ ] Yes [ ] No
- I give permission for my child's image to be used on our website. [ ] Yes [ ] No
- I give permission for my child's image to be used on the school's social media sites. [ ] Yes [ ] No

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Please print name \_\_\_\_\_

THE MINISTRY OF EDUCATION REQUIRES COOP TO REQUEST THE FOLLOWING INFORMATION. Thank you for your cooperation. Approximate Annual Household Income: (Circle one)

*0-5,000; 5,000 to 10,000; 10,000 to 15,000; 15,000-20,000; 20,000-30,000;  
30,000-40,000; 40,000-50,000; 50,000 to 70,000, more than 70,000*

<u>Highest Education : Mother</u>
<ul style="list-style-type: none"><li>• Completed 8th grade <input type="radio"/></li><li>• Some High School <input type="radio"/></li><li>• Completed High School <input type="radio"/></li><li>• Associate Degree <input type="radio"/></li><li>• Bachelor's Degree <input type="radio"/></li><li>• Master's Degree <input type="radio"/></li><li>• Doctorate <input type="radio"/></li></ul>

<u>Highest Education: Father</u>
<ul style="list-style-type: none"><li>• Completed 8th grade <input type="radio"/></li><li>• Some High School <input type="radio"/></li><li>• Completed High School <input type="radio"/></li><li>• Associate Degree <input type="radio"/></li><li>• Bachelor's Degree <input type="radio"/></li><li>• Master's Degree <input type="radio"/></li><li>• Doctorate <input type="radio"/></li></ul>

NAME OF SIBLING IN COOP SCHOOL	GRADE

## Parent or Guardian Agreement and Obligations

*(These Agreements are to be completed by all families.)*

1. I understand that registration is on a first-come, first-serve basis and is not complete without payment of registration fee, updated immunization records, copy of child's birth certificate, and transcripts( for transfer students.)
2. I understand that the tuition due for the 2024-2025 school year is \$2,500 (PreK-4 to grade 12 and \$1,800.00 (PreK-2/3), which includes daily lunch and book fees.
3. I understand that if the entire year's tuition is paid before **June 30**, I will receive a 10% discount. If I pay in full between **July 1 and August 30**, I will receive a 5% discount.
4. I understand that registration is NON-REFUNDABLE and prepaid tuition is refundable for valid reasons. 5. If not paid in advance, I agree to pay the tuition through 10 equal monthly payments of \$250 (K-12) \$180.00 (PreK-2 and PreK-3 classes – ½ day programs) every 2<sup>nd</sup> Friday of each month until paid in full.
6. I understand that the final deadline for each monthly payment is the second Friday of every month, and that a late fee of \$20.00 must accompany any payment made after the second Friday of the month.
7. I understand that if tuition payments, late fees, and other fees exceed \$400 my child may not be allowed in Class.
8. For non-attendance at General PTA meetings, there is a \$20 fee charged per family.
9. I agree to abide by the policies set out in the Parent and Student Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SPONSORSHIP** *(Only fill if your student is being sponsored)*

*My child's tuition is sponsored by*

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

EMAIL: \_\_\_\_\_

I give permission for the school to share student information with them. [ ] Yes [ ] No

### **Uniform Fees:**

- **Elementary and Middle School: \$10**
- **High School: \$15**
  
- **BUS PASS: \$30.00 (20 Trips)**
- **BUS TICKET: \$2.00 ( Single Trip)**
- **CANTEEN CARD: \$10.00**

