



## Student Registration 2024 - 2025

January 25, 2024

Dear Parents,

Enclosed are registration forms for the 2024-2025 school year. We count it a special privilege to be able to serve God by offering a Christian education to your child. We feel that a Christian foundation is vital to the complete education of your child. We pray daily for God's wisdom to minister to your child as we teach. Our curriculum integrates faith and learning that we believe will make an eternal difference in your child.

If you are registering as a new student, please:

- Complete and sign the attached form
- Return forms to the school office
- Fees are due upon registration papers to secure your child's spot in the classroom
- Set up your Brightwheel profile

The Board of Trustees prayerfully seeks to make PDS as affordable as possible for you and at the same time provide the best teachers and equipment for your children. We appreciate and are thankful for each of you, for the sacrifices you make to obtain a Christian education for your children.

Financial assistance is available for students in Sr.K through Sixth Grade. This assistance is awarded to a student on the basis of the family's need. All students receiving financial assistance must meet certain academic requirements and be fully registered. The deadline for filing Financial Assistance applications is April 22<sup>nd</sup>.

Yvonne Furniss  
Principal



## Student Enrollment Check List 2024-2025

The following check list is provided for your convenience. Simply place an "X" or check mark on the line provided beside each item as it is completed. When ALL items are checked, your application is complete.

\_\_\_\_\_ Application for Admission is fully completed and signed.

\_\_\_\_\_ Check(s) attached for the registration fee made payable to Presbyterian Day School.

\_\_\_\_\_ **(For NEW 1<sup>st</sup>-6<sup>th</sup> grade students)** A copy of your child's transcripts, national testing scores, and a current report card.

\_\_\_\_\_ **(For NEW K-6<sup>th</sup> grade students only)** Set up an appointment for entrance test.

\_\_\_\_\_ Emergency Information Form is fully completed and signed.

\_\_\_\_\_ Information and billing plan set up on Brightwheel

\_\_\_\_\_ Current shot records on the form 121, Birth Certificate



## Scholarships

Dear PDS Parents,

FACTS Grant & Aid Assessment will be conducting the financial need analysis for Presbyterian Day School for the upcoming 2024-2025 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by April 22, 2024. Applicants can apply online beginning Wednesday, January 31<sup>st</sup>, 2024 at [www.factstuitionaid.com](http://www.factstuitionaid.com). The following information is required in order for FACTS to process your application:

1. Submit a completed online application. Faxed or copied applications will not be accepted. Please do not submit multiple applications. FACTS will process one application per household.
2. Payment of the \$25 nonrefundable application fee.
3. Copies of your 2023 IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return (2 pages), including all supporting tax Schedules C or C-EZ, Schedule E, Schedule F, Depreciation Form 4562, S Corporation Form 1120S (4 pages) & Schedule K-1 and Form 8825, Partnership Form 1065 (5 pages) & Schedule K-1 and Form 8825, Estates and Trusts Form 1041 & Schedule K-1. If applicant and co-applicant file separately, we require both tax returns for the same tax year. We do NOT accept State tax returns. Any DRAFT or PRE-VIEW copies of the Tax Return will NOT be accepted. If you submit an Amended Form 1040X Tax Return we will need the original Tax Return that was submitted to the IRS.
4. Copies of all 2023 W-2 Wage and Tax Statements for both you and your spouse. NOTE: If you are applying before you have received all 2023 W-2 Wage and Tax Statements, please submit them as soon as they become available.
5. Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). Supporting documentation must be provided even if you do not file a Tax Return.

Please allow 2 to 4 weeks for your online application and supporting tax documents to be processed. If you have provided an e-mail address make sure to check the primary e-mail address regularly for notices sent by FACTS indicating missing information or tax documents. Application deadlines are set by the school or institution awarding the scholarships. If you are applying after a given deadline date, please contact your school or institution to ensure that your application will be accepted.

NOTE: Recommendations are made by FACTS; however, final award decisions are made by the organization providing the scholarship.

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 1-866-315-9262. Fax supporting documents to 1-866-315-9264.

Sincerely,

Yvonne Furniss, Principal

Bobby Spinks, Chris Willard, and Jennifer Cummins; Scholarship Committee



## Registration 2024-2025

**Registration Fee:** Due by February 28<sup>th</sup>, 2024

Preschool – Jr. Kindergarten	\$ 175.00
Sr. Kindergarten – Sixth Grade	\$ 200.00

\*FIRST CHILD FULL PRICE REGISTRATION FEE. EACH ADDITIONAL CHILD WILL RECEIVE \$50.00 OFF REGISTRATION FEE IF REGISTRATION FEE IS PAID IN FULL BY MARCH 22ND

**Workbook Fee:** Due by May 13<sup>th</sup>, 2024

Preschool – Jr. Kindergarten	\$ 150.00
Sr. Kindergarten – Sixth Grade	\$ 175.00

### **Tuition Fee:**

Preschool – Jr. Kindergarten	\$ 3,555.00
Sr. Kindergarten – Sixth Grade	\$ 5,567.00

**This can be broken down into various payment options, see tuition contract.**

Should an account become delinquent, please refer to the school handbook regarding the Board of Directors' policies on past or overdue accounts.



## APPLICATION FOR ADMISSION 2024-2025

### For Office Use Only

Registration Fee: \_\_\_\_\_

Board Approval: \_\_\_\_\_

Workbook Fee: \_\_\_\_\_

Testing (if applicable): \_\_\_\_\_

Immunization Received: \_\_\_\_\_

Birth Certificate Received: \_\_\_\_\_

If you are a **new student** to PDS, please attach a photocopy of birth certificate, immunization compliance form, transcripts, national testing scores, and a current report card when you return your registration forms. This application will not be considered without evidence of previous academic achievement.

(PLEASE PRINT)

Today's Date \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade 2024-2025: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Schools Previously Attended: (List last school first)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Grade: \_\_\_\_\_

If parents are divorced, who has legal custody? \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Church Membership: \_\_\_\_\_

Church Membership: \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Please comment on your child's general behavior, ability to mix with others, potential talents, strong points, weak points, or any other factors which may be of importance to the education of your child.

---

---

---

---

---

---

---

---

Does your child have any physical, mental or emotional condition which would limit his/her participation in any/all activities at PDS? NO \_\_\_\_\_ YES \_\_\_\_\_ Please explain \_\_\_\_\_

---

---

---

Has your child ever been evaluated for special academic needs, learning difficulties or school adjustment problems by a psychologist or other professional? NO \_\_\_\_\_ YES \_\_\_\_\_  
Please explain or attach a copy of the evaluation. \_\_\_\_\_

---

---

---

In a brief paragraph, state why you want your child enrolled at PDS.

---

---

---

---

---

---

\_\_\_\_\_  
Parent Signature Date\_\_\_\_\_  
Parent Signature Date



## Tuition Contract

Brightwheel is our system for billing and communicain. You will receive invoices for tuition and daycare on Brightwheel. You can pay with your banking information or a credit card. It is your responsibility to check Brightwheel and make payments.

Name of Student: \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_ Tuition \$ \_\_\_\_\_

I (we) agree to pay the balance of tuition in the following manner (check one):

- \_\_\_\_\_ 12-month tuition plan on Brightwheel  
Payment begins on June 5<sup>th</sup> or 15<sup>th</sup> on Brightwheel  
Preschool – Jr. K: \$296.25  
Kindergarten – 6<sup>th</sup> grade: \$463.92
- \_\_\_\_\_ 10-month tuition plan on Brightwheel  
Payment will begin on August 5<sup>th</sup> or 15<sup>th</sup> on Brightwheel  
Preschool – Jr. K: \$355.50  
Kindergarten – 6<sup>th</sup> grade: \$556.70
- \_\_\_\_\_ Quarterly tuition plan on Brightwheel  
FOUR payments – June, September, December, March  
Preschool – Jr. K: \$888.75  
Sr. K – 6<sup>th</sup> grade: \$1,391.75
- \_\_\_\_\_ Semi-Annual tuition plan  
TWO payments – June and December on Brightwheel  
Preschool – Jr. K: \$1,777.50  
Sr.K – 6<sup>th</sup> grade: \$2,783.50
- \_\_\_\_\_ Annual tuition plan  
Payment due in June

\_\_\_\_\_  
Signature of person financially responsible

\_\_\_\_\_  
Date



## AFTER SCHOOL CARE

The school is please to provide an after-school program for current students until 5:00 p.m. each day school is in session. After-school care begins at 11:30 a.m. for all Preschool and Jr. Kindergarten students.

Kindergarten through Sixth Grade will go to After-School at 3:00 p.m.

Day Care Fees (subject to change at the beginning of each school year):

11:30 – 3:00	\$7.00 per day
11:30 – 5:00	\$9.00 per day
3:00 – 5:00	\$6.00 per day

Children are only charged until 5:00 p.m. Anyone picked up later than 5:15 will be charged a late fee of \$10.00 for the first time and \$20.00 each additional time thereafter.

Invoices will be posted on Brightwheel the following Monday. They are to be paid in FULL by Wednesday.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Mom's Work: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_

List People Authorized to pick up your child.

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



## Parental Consent Form 2024-2025

In making application for my child, I desire to have him/her complete the school year at PDS. I understand that the policy of the school is to make no refunds of fees or tuition payments unless the school is unable to accept my child or I move out of the Clarksdale area before August 1, 2024. Any possible decisions I make will not affect this policy. I am responsible for paying tuition according to one of the payment options on the tuition payment policy. In the event of transfer, I am responsible for paying the tuition for each month, when my child is enrolled for a day or more of that month. In the event of a transfer to another school in the area, depending on the circumstances, I may be responsible for paying the tuition for the remainder of the school year. I understand that all report cards will be withheld on all accounts which become thirty days past due. If the account becomes more than sixty days overdue, my child will be immediately withdrawn until my account is current. I understand that no student records will be released until my account is clear.

I understand that my child will be placed according to the test results and other generally accepted educational standards. I understand the position, purpose and goals of the school, and pledge my wholehearted support of the spiritual and academic programs of the school. I agree to support the school's rules, regulations, and policies of classroom discipline, including corporal punishment should it be necessary. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or does not cooperate with the educational process.

I understand that my child is not to arrive before 7:40 a.m. unless arrangements have been made in advance. I will pick up my child after school without delay or make arrangements for such.

I will not hold the school liable for any accidents that may occur during the activities for which I have given permission for my child to attend, including accidents which may occur transporting students to and from such activities.

I agree to abide by, and be responsible for, any decisions made in medical emergencies or severe weather conditions, when I am not available, as deemed necessary by the PDS personnel in charge.

I understand that my child will not be admitted to class the first day of school if my account is past due or if the proper forms (including health information and immunization compliance form) are not on file in the school office.

---

Parent Signature

---

Parent Signature



## Emergency Information Form 2024-2025

(Please Print)

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home and Cell Phone Numbers \_\_\_\_\_

**Person who would assume responsibility for your child in an emergency if we are unable to contact either parent:**

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

Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

**Family Physician:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Child's Medical Condition:**

Is your child allergic to any drugs or to insect stings? Does your child have any medical condition that a physician or our administration and faculty should know about? If the answer to either of these questions is yes, please explain.

---

---

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## FIELD TRIP PERMISSION FORM 2024-2025

Selected field trips will be taken by various classes during the year to enrich the educational experience of the children. These trips will be announced in advance, and no child will be permitted to participate without written parental permission. Parents are asked to sign this permission slip which authorizes such trips, and removes the school and teacher from any liability in case of accidents.

I understand the above policy, and hereby give my permission for my child to attend such field trips. I understand that neither the school, the teacher, nor any parent transporting and/or chaperoning shall be held liable in case of accidents.

\_\_\_\_\_ has my permission to travel with the faculty, staff, and chaperones of Presbyterian Day School on scheduled field trips.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## MEDICAL PERMISSION FORM 2024-2025

Presbyterian Day School has my permission to administer Acetaminophen (generic Tylenol), Tums, and cough drops to my child, \_\_\_\_\_ for minor aches and pains. I agree to furnish the school with these supplies for my child, labeled with my child's name. I understand that if my child has a fever, I will be notified before any medication is administered.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PHOTOGRAPHS 2024-2025

I agree to allow my child's photograph to be used on publications, PDS facebook and PDS website.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date