

St. Andrew's Episcopal School Summer Academy

Return this application to: St. Andrew's Episcopal School Summer Academy, 45 Main Street, Newport News, VA 23601. Please include a \$100 non-refundable deposit (which will be applied to the tuition). Make checks payable to St. Andrew's Episcopal School with your student's name and Summer Academy in the memo line. We will confirm your enrollment and registration by email. Full payment must be received prior to the first day of attendance.

Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Current School: _____ Entering Grade: _____

Home Phone: _____ Email: _____

Father/ Guardian's Name: _____ Mother/ Guardian's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Extended Day Enrollment: If you wish to take advantage of our Morning or Afternoon Extended Day programs, check the corresponding box(es). If not, leave this section blank.