



JEFFERSON DAVIS ACADEMY

5061 Hilda Highway, Blackville SC 29817
Telephone 803-284-2476

Enrollment Contract 2024-2025



Fathers/ Guardian's Name:				
Mailing Address: Street		City	State	Zip Code
Home Phone #:	Cell Phone #:	Work Phone #:		
Employer:		Occupation/Title	Email Address	
Mother/ Guardian's Name:				
Mailing Address: Street		City	State	Zip Code
Home Phone #:	Cell Phone #:	Work Phone #:		
Employer:		Occupation/Title	Email Address	
1-Student's Full Name (Last, First, Middle)			2024-2025 Class Grade	
Name Student Prefers to be Called:		SOCIAL SECURITY NUMBER		Student's DOB
Student's Cell Number	Student's e-mail Address		Sex (Circle One): Male Female	
2-Student's Full Name (Last, First, Middle)			2024-2025 Class Grade	
Name Student Prefers to be Called:		SOCIAL SECURITY NUMBER		Student's DOB
Student's Cell Number	Student's e-mail Address		Sex (Circle One): Male Female	
3-Student's Full Name (Last, First, Middle)			2024-2025 Class Grade	
Name Student Prefers to be Called:		SOCIAL SECURITY NUMBER		Student's DOB
Student's Cell Number	Student's e-mail Address		Sex (Circle One): Male Female	
4-Student's Full Name (Last, First, Middle)			2024-2025 Class Grade	

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Name Student Prefers to be Called:		SOCIAL SECURITY NUMBER	Student's DOB	
Student's Cell Number	Student's e-mail Address		Sex (Circle One): Male Female	
5-Student's Full Name (Last, First, Middle)			2024-2025 Class Grade	
Name Student Prefers to be Called:		SOCIAL SECURITY NUMBER	Student's DOB	
Student's Cell Number	Student's e-mail Address		Sex (Circle One): Male Female	
Person(s) responsible for tuition payment(s):				
Name:				
Address				
Home Phone:		Cell Phone:		
E-Mail Address:				
Signature:		Date:		
New Students at JDA: If you are a new student at JDA, you MUST submit a copy of an Official Long Form Birth Certificate, Social Security Card, and South Carolina Certificate of Immunizations.				
Students transferring from another school: If you are transferring to JDA from another school complete the following so records may be requested. By submitting and signing this enrollment contract, you are authorizing Jefferson Davis Academy to request all applicable records.				
Name of School:			Grade Last Attended:	
School Mailing Address: Street		City	State	Zip Code
Phone Number		Fax Number		

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Tuition Rates for 2024-25 will be as follows:

K3-K4	Per Child	\$3,000
K-12	1 Child	\$4,700
K-12	2 Children	\$9,100
K-12	3 or more Children	\$11,100

A. I would like to apply for the following discounts.

_____ Military _____ Law Enforcement

B. All Families are required to sign up for Edutrak, our online payment system, to view their tuition and lunch accounts. You can sign up for alerts, monitor your balance, make lunch payments and tuition payments online.

C. Select one payment option:

_____ Pay in full (5% discount)

Currently enrolled families paying tuition in full on or before August 1, 2024, will receive the discount. Newly enrolled families paying tuition in full on or before the first day of classes of the 2023-2024 academic school year will receive the discount.

_____ **10-month Contract** - First payment starts August 15, 2024, and each subsequent payment is due the 15th of every month through May 15, 2025.

_____ **12 -month Contract** - First payment starts June 15, 2024 and each subsequent payment is due the 15th of every month through May 15, 2025

Once the contract has been approved for the payment schedule select your payment schedule will be sent to you.

D. A Registration, Contract Fee of \$ 250.00 per child is due at the time of registration. This fee is nonrefundable.

E. A Building Fee of \$250.00 per child is due no later than February 1, 2025.

F. A Returned Check Fee of \$25.00 will be charged for each check returned due to insufficient funds.

G. Tuition received later than 10 days past the due date will be assessed a late fee of \$50.00 for the first month. A Late Fee of \$100.00 is assessed for late payments the second month and after.

H. Once an account becomes more than 45 days past due, the student will no longer be allowed to attend classes until the account is current. In addition, grades will be held and extracurricular activities including athletics will be suspended.

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- I. In order to maintain efficiency within our bookkeeping at JDA, we ask that separate checks be written for items such as, but not limited to, tuition, lunch fees, athletic fees & purchases, fundraisers, and field trips.
- J. There is an Athletic Fee of \$100.00 per student athlete. Parents of each athlete are required to volunteer in the athletic program during that sport season. Each athlete's family will be assigned a post to cover at a game during the athletic season their child participates in. If you cannot cover your assigned post, it is your responsibility to have it covered by another parent. These hours will count towards family volunteer hours as mentioned below.
- K. Each Family will be responsible for volunteering 20 hours in the school. There are many volunteer opportunities available throughout the summer and the school year, and we will have at least 2 workdays. Hours can be added by logging into FACTS family portal or by filling out a volunteer slip at the front office. Families also have the option of buying out their volunteer hours at the rate of \$25 per hour. An invoice for hours remaining will be sent on April 1, 2025.

As a parent or guardian of this student, I hereby consent to the use of photographs/videos taken during the course of the year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge consent and waive all claims for compensation for use or for damages.

Yes, I give consent for JDA to photograph my child for school purposes and/or school events.

No, I do not authorize JDA to photograph my child for any event

Parent Signature _____ Date _____

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Jefferson Davis Academy is a private institution. I understand the school has the right to refuse admittance to class, terminate enrollment, withhold report cards or transcripts, refuse graduation, and/or deny transfer of credits or records for any student whose financial account is delinquent, or who violates any of the school rules and regulations.

_____ I have read and accept the terms and conditions set forth in the enrollment contract and agree to full compliance of this binding agreement. I understand it is my responsibility, as well as my child's, to read the 2024-2025 Student Handbook and abide by all rules and consequences set forth by Jefferson Davis Academy. The Board of Directors shall set forth the by-laws, rules, regulations and operating policies of Jefferson Davis Academy and all decisions by the Board of Directors shall be final.

Signature of Parent/Guardian _____ Date _____

To the Person(s) responsible for the tuition payment, please initial beside each statement below:

_____ I understand that Jefferson Davis Academy reserves the right to initiate legal proceedings, at its discretion, for collection tuition and/or fees past due for thirty or more days. All report cards and transcripts will be held if tuition has not been received in a timely manner.

_____ I understand that anyone seeking to be released from their contract must submit a letter to the Board of Directors indicating their desire to terminate the contract.

_____ I understand no termination fee will be charged; however, all contract obligations must be paid thru the end of the month in which you are leaving.

_____ I understand this contract may be terminated only in the event that the residence of the child(ren) enrolled should move from the areas served by JDA which include the counties of Barnwell, Bamberg, Allendale, Aiken, Orangeburg, Colleton, and Hampton.

_____ I understand that in the event that a child is absent by reason of illness, suspension or expulsion, or for any reason, the obligation to pay shall continue unless released by the Board of Directors.

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_____ I understand JDA has the right and prerogative to determine the correct class as well as grade level at which each child should be assigned. All new students will be given a standardized aptitude test for admission to Jefferson Davis Academy.

_____ I understand that JDA does not offer special services (i.e. speech, academic or behavior intervention, special services) and if my child requires these services, it is the parents'/guardians' responsibility to obtain these evaluations and/or services.

_____ I understand that my child is expected to stay on campus to receive credit for classes. Any academic or medical reason for leaving, as outlined in the student handbook, will be excused. All other reasons for leaving campus will count as an absence.

_____ I understand that each new student, along with those returning students that do not have the following items on file will be REQUIRED to provide them within 14 days after enrollment.

- COPY OF CERTIFIED SC IMMUNIZATION RECORD
- LONG FORM BIRTH CERTIFICATE
- SOCIAL SECURITY CARD

_____ I understand all students need to be in their homeroom classes NO LATER than 7:45 a.m.

Signature _____ Date _____

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I/We, as the person(s) taking responsibility for the family (parents, Child/children, sponsor and/or family guardian) and for the contract, agree not to make negative or detrimental comments about Jefferson Davis Academy, its administration, faculty, staff, coaches, students or parents of students on social media (Facebook, Snapchat, Twitter, etc.) or any other social media platform, electronic media, or in print media. I/We understand that violation of this agreement may result in immediate dismissal of my/our child/children from JDA.

Signature _____ Date _____
(Parent, Guardian or Sponsor)

JEFFERSON DAVIS ACADEMY ADMISSION POLICY

NOTICE OF NONDISCRIMINATORY POLICY

JEFFERSON DAVIS ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ATHLETIC OR OTHER SCHOOL ADMINISTERED PROGRAMS.

~DO NOT FILL THIS PORTION OUT. JDA BOARD OF DIRECTORS or HEAD OF SCHOOL ONLY~

Approved by JDA Board of Directors/HEAD OF SCHOOL

Signature _____ Date _____

Application denied by JDA Board of Directors/HEAD OF SCHOOL

Signature _____ Date _____

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