

**Returning Student
Application for Admission**

**2012 - 2013
Pillow Academy**

Attention: Karen W. Makamson

69601 Highway 82 West Greenwood, MS 38930

Express Registration: To qualify for this type of Registration - admission application and form of payment (check, post-dated checks, or voided checks) must be completed and returned by January 31, 2012. Please direct your information to Karen W. Makamson. Please print or type all information.

Student #1's Full Name _____ **Preferred Name** _____
Last First Middle

Date of Birth _____ **Social Security#** _____ **Gender** _____ **Race** _____

Application for Grade _____ **Name of present school if other than Pillow** _____

Student's Address _____ **Home Phone** _____
P.O. Box or Street

City **State** **Zip** **Student Cell Phone** _____

Student's e-mail _____

Is applicant currently taking prescribed medications? _____ **If yes, please provide the name of the medication** _____

Medical concerns or needs _____

Student #2's Full Name _____ **Preferred Name** _____
Last First Middle

Date of Birth _____ **Social Security#** _____ **Gender** _____ **Race** _____

Application for Grade _____ **Name of present school if other than Pillow** _____

Student's Address _____ **Home Phone** _____
P.O. Box or Street

City **State** **Zip** **Student Cell Phone** _____

Student's e-mail _____

Is applicant currently taking prescribed medications? _____ **If yes, please provide the name of the medication** _____

Medical concerns or needs _____

Student #3's Full Name _____ **Preferred Name** _____
Last First Middle

Date of Birth _____ **Social Security#** _____ **Gender** _____ **Race** _____

Application for Grade _____ **Name of present school if other than Pillow** _____

Student's Address _____ **Home Phone** _____
P.O. Box or Street

City **State** **Zip** **Student Cell Phone** _____

Student's e-mail _____

Is applicant currently taking prescribed medications? _____ **If yes, please provide the name of the medication** _____

Medical concerns or needs _____

Student #4's Full Name _____ Preferred Name _____
Last First Middle

Date of Birth _____ Social Security# _____ Gender _____ Race _____

Application for Grade _____ Name of present school if other than Pillow _____

Student's Address _____ Home Phone _____
P.O. Box or Street

City State Zip Student Cell Phone _____

Student's e-mail _____

Is applicant currently taking prescribed medications? _____ If yes, please provide the name of the medication _____

Medical concerns or needs _____

Father's Full Name _____

Home Address _____

Home Phone Number _____

Cell Phone Number _____

Email _____

Employer _____

Business Number _____

Pillow Alumni Year _____

Mother's Full Name _____

Home Address _____

Home Phone Number _____

Cell Phone Number _____

Email _____

Employer _____

Business Number _____

Pillow Alumni Year _____

Maiden Name _____

Check all that apply:

- Parents Married Parents Separated Joint Custody
 Single Parent Divorced Mother Deceased Father Deceased

Student lives with Mother & Father Mother Father Guardian(s)
 Stepmother Stepfather

If parents are divorced or separated, to whom should correspondence be sent?

- Both Parents Mother Father

If parents are divorced, who has legal custody?

- Joint Custody Mother Father

Name of contact NOT at student's home _____ Phone _____

Physician _____ Phone _____

PAYMENT AGREEMENT: Please remember your \$240.00 pledge or \$20/month as long as a student is enrolled.

Registration Fee \$200.00 due at registration

Plan I - Payment by Month

Tuition Amt.	Monthly Payment		X No. of Students	Total
\$ 4,300.00	\$ 358.33	K4 & K5: All Day	_____	\$ _____
\$ 5,420.00	\$ 451.67	Grades 1 - 5	_____	\$ _____
\$ 5,520.00	\$ 460.00	Grades 6 -12	_____	\$ _____
		Pledge	\$20.00	+ \$20.00
		Total of Monthly Payment		\$ _____

Plan I is a choice of monthly (May 2012-April 2013) drafts that will occur on dates indicated below or monthly post-dated checks deposited on dates indicated below. Please circle the type of Payment and Preferred Date of Payments.

Bank Draft					Post Dated Checks				
Date of Drafts	1 st	5 th	10 th	15 th	Date to Deposit Checks	1 st	5 th	10 th	15 th
Enclose voided check if drafting payment					Enclose 12 post-dated checks				

Plan II - Payment in Full

Tuition Amt.	Discount	Balance		X No. of Students	Total
\$ 4,300.00	\$ 129.00	\$ 4,171.00	K4 & K5	_____	\$ _____
\$ 5,420.00	\$ 162.60	\$ 5,257.40	Grades 1-5	_____	\$ _____
\$ 5,520.00	\$ 165.60	\$ 5,354.40	Grades 6-12	_____	\$ _____
			Pledge		\$240.00
			Total of Payment		\$ _____

Plan II is a One-Time payment for full tuition and pledge amount. Payment must be received by March 31, 2012 in order to apply the discount. Plan II payment after March 31, 2012 will not receive the discount. All Payments in full must be received between April 1 and May 31, 2012.