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_____ \$250 Reg Fee Billed	
_____ Data Entered	
_____ Parent ID on File	
By: _____	Date: _____

**PLATO ACADEMY REGISTRATION APPLICATION - 2018-2019 SCHOOL YEAR**

Family Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (if applicable) \_\_\_\_\_

**MOTHER/GUARDIAN 1 INFORMATION**

Name \_\_\_\_\_  
 Cell \_\_\_\_\_ Cell Carrier (if you would like text alerts) \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address (if different than above) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Lives With? YES NO      Emergency Contact? YES NO      Can Pick Up? YES NO

**FATHER/GUARDIAN 2 INFORMATION**

Name \_\_\_\_\_  
 Cell \_\_\_\_\_ Cell Carrier (if you would like text alerts) \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address (if different than above) \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Lives With? YES NO      Emergency Contact? YES NO      Can Pick Up? YES NO

Student Name	Gender	Date of Birth	Allergies	Medications* Y or N	Grade in Fall	PK ONLY Specify 3 or 5 days
1.						
2.						
3.						
4.						

\*If Yes, please submit a medication consent form with details (available online or at school office).

How did you hear about Plato Academy? (circle)    Friend    Outdoor Signage    Des Plaines Library    Internet    Other: \_\_\_\_\_

Prior School Attended Name & Location (if applicable): \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

If you live in Des Plaines District 62, which public school would your child attend? \_\_\_\_\_

If you do not live in Des Plaines District 62, what public school district would your child attend? \_\_\_\_\_

**EMERGENCY CONTACTS / AUTHORIZATION FOR STUDENT PICK UP (other than parents/guardians previously listed)**

Please list at least two emergency contacts.

Name	Relationship	Cell	Lives With? Y or N	Emergency Contact? Y or N	Authorized to Pick Up? Y or N

**2018-19 TUITION**

	Monthly (Aug - May)	Yearly
Pre-K (3-Day or 5-Day) - Kindergarten (5-Day)	650	6500
Grades 1-5	630	6300
Grades 6-8	610	6100
2 <sup>nd</sup> Child Discount \$500/year		
3 <sup>rd</sup> Child Discount \$1,500/year		
2018-19 ADDITIONAL ANNUAL FEES		
Non-Refundable Registration Fee (one per family)		250
Annual Fundraising Commitment (one per family)		250

I/we will make tuition payments (select one):

\_\_\_\_\_ Monthly (10 payments): Tuition due on the 1<sup>st</sup> of each month (August-May). A late fee will be added on the 7<sup>th</sup> of the month.

\_\_\_\_\_ Annually (1 payment): Tuition due on August 1st.

Registration deadline is May 1, 2018. Registration fees are non-refundable. Tuition will not be prorated for early withdrawals nor will adjustments be made after registration. As soon as we receive your Registration Fee, we will begin processing your child(ren)'s records for the 2018-2019 school year.

I/we agree to an educational partnership with Plato Academy and agree that all information provided on this Registration Application is true. I/we understand that this constitutes a commitment for the 2018-2019 school year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Plato Academy values diversity and seeks students, faculty, and staff from different backgrounds. All employment and admission decisions are made without regard to unlawful considerations of race, color, sex, gender, sexual orientation, gender identity or expression, marital status, religion, national origin, ancestry, age, mental or physical disability, genetic information, military or veteran status, or any other basis prohibited by federal, state, or local law.*

*We welcome you to Plato Academy!*

