Drexel Academy
Christian STEM-based education

STUDENT ENROLLMENT INFORMATION

SCHOOL BEGINS:	Staff: August 18, 2025 / Students: August 20, 2025 (Hours 8:15am to 2:30pm)
LUNCH:	Students are to bring bag lunches that do not require heating.

SCHOOL DRESS CODE: UNIFORMS

GIRLS:	* Navy or black skirt or jumper (no splits and must be beneath knee in length) * White or light blue blouse or polo shirt with collar * Black or navy blue shoes (no athletic shoes) * Red, white, black or navy vest, sweater or jacket (solid in color; no logos) * Solid red, black or navy cross tie
BOYS:	* Navy or black pants with belt (pants are to be worn up on the waist) * White or light-blue dress shirt or polo shirt with collar) * Black or navy shoes (no athletic shoes) * Red, white, black or navy vest, sweater or jacket (solid in color; no logos) * Solid red, black or navy tie

— No jewelry for girls or boys —

BASIC SCHOOL SUPPLIES LIST:

GRADES K-3

* King James Version Bible
* Scissors (blunt end)
* Crayons & Colored Pencils
* Markers (at least 8 ct.)
* Glue (2 bottles & 6 sticks)
* 12” ruler (in. & cm.)
* Pencils (no mechanical pencils)
* 2-Pocket Folders (plastic with prongs)
* Erasers (pencil-top & full size)
* Highlighters (yellow)

GRADES 4-8

* King James Version Bible
* Scissors
* Colored pens, Markers & Colored Pencils
* Pencils & Erasers
* Glue
* 12” ruler (in. & cm.)
* 2” Notebook Binder
* Highlighters
* Tissue & Hand Sanitizers

12751 Wood Street Calumet Park, IL 60406 (773) 752-5644
www.drexelacademyil.org

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TUITION SCHEDULE AND FEES
2025-2026 SCHOOL YEAR

TUITION:

	Annual Fee	Monthly Payment *(due by the 15th of each month)*
Student	$3,000	$335

ADDITIONAL FEES:

Registration Fee	$100	
Technology/Lab Fee	$50	
Activity Fee	$75	
Book Fee	$300	
Graduation Fee* ***(as applicable)***	$100	**This fee covers the cost of cap & gown and pictures. You will be notified if there is a cost increase.*

Payment Methods—

- Online payment via Zelle: *(Updated bank information to be announced.)*
- Check or Money Order payable to: "**Drexel Academy**"

Important Notes—

- All fees are **non-refundable** unless otherwise stated.
- Tuition and fees are subject to change at the discretion of Drexel Academy.
- Late payment may result in additional charges and could affect your child's enrollment status.

For inquiries regarding tuition and fees or payment options, please contact the school office at (773) 752-5644. During summer hours, please call (773) 457-5248.

Thank you for choosing Drexel Academy for your child's education.
We look forward to welcoming your family into our community.

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ENROLLMENT / REGISTRATION FORM

DATE: _____

CHILD: _____, _____ _____ _____
Last Name First Name Middle Name Suffix

Sex: ☐ Male ☐ Female **Date of Birth:** _____ **Age:** _____
MM/DD/YYYY

LAST SCHOOL ATTENDED: _____

_____ _____ **May we contact the school for transcripts?** ☐ **YES or** ☐ **NO**
Grade Level Year

SPECIAL NEEDS/COMMENTS: _____

_____

PARENT / LEGAL GUARDIAN / STUDENT CONTACT INFORMATION:

Home Address: _____

Telephone: _____ _____ _____
Cell Phone Home Phone Work Phone

Email: _____

****

ACKNOWLEDGEMENT OF AGREEMENT

As PARENT/GUARDIAN, I agree to pay the tuition and other school fees as required.

_____ _____ _____
Printed Name Signature Date

PRINCIPAL: _____ _____ _____
Printed Name Signature Date

*** * * FOR OFFICE USE * * ***

_____ _____ _____
Date Grade Level Placement School Administrative Official

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EMERGENCY CONTACT FORM

DATE: _____

STUDENT'S NAME: _____

Home Address: _____

PARENT / LEGAL GUARDIAN:

Name: _____ **Relationship:** _____

Telephone: _____ _____ _____
Cell **Home** **Work**

Email: _____

OTHER EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Telephone: _____ _____ _____
Cell **Home** **Work**

Are we authorized to contact them directly? ☐ **YES** **or** ☐ **NO**

COMMENTS: _____

_____

_____
Signature of Party Providing Information

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STATEMENT OF COOPERATION AND MEDICAL TREATMENT FORM

This information is CONFIDENTIAL and will be shared only with Drexel Academy staff who need to know.

CHILD: _____, _____ _____ _____
Last Name **First Name** **Middle Name** **Suffix**

Sex: ☐ **Male** ☐ **Female** **Date of Birth:** _____ **Age:** _____
MM/DD/YYYY

1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW:

☐ **My child has no known health conditions.**

☐ **My child has a known condition(s). Check all that apply:**

- ☐ **Allergies (food or other):** _____
- ☐ **Asthma** — YEAR DIAGNOSED: _____
- ☐ **Seizures/Epilepsy** — YEAR DIAGNOSED: _____
- ☐ **Sickle Cell Disease** — YEAR DIAGNOSED: _____
- ☐ **Diabetes** — SELECT ONE: ☐ **Type 1** ☐ **Type 2** ☐ **Other** YEAR DIAGNOSED: _____
- ☐ **Other** _____ YEAR DIAGNOSED: _____

2. MY CHILD HAS A PRIMARY HEALTHCARE PROVIDER: ☐ YES or ☐ NO

PROVIDER'S NAME: _____ PHONE NUMBER: _____

☐ **I give permission for Drexel Academy designee to talk to the provider about my child's health.**

3. PARENT/LEGAL GUARDIAN — PHONE NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

***** Drexel Academy Use Only *****

_____ **Reviewed by** (INITIALS)

_____ **Date**

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PHOTOGRAPHY/DIGITAL MEDIA WAIVER AND RELEASE STATEMENT

I now grant **Drexel Academy** (“Academy"), its representatives, and employees the right to photograph my child in connection with participation in Academy activities.

I authorize the Academy, its assignees, and transferees to copyright, use, and publish the same in print and electronically.

I agree that the Academy may use such photographs with or without my child’s name and for any lawful purpose, such as publicity, illustration, advertising, and web content.

I release and discharge the Academy from any claims and demands arising out of or in connection with the use of the photographs, including any claims for libel or invasion of privacy.

I authorize and release all school-related photos of my child as the property of Drexel Academy.

I have read this release before signing below, and I fully understand the contents and impact of this release.

Parent / Legal Guardian: _____

Printed Name

_____ _____

Signature **Date**

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