



**ST. MACRINA**  
 ORTHODOX ACADEMY  
 244 Jackrabbit Lane  
 Kennewick, Washington

# 2024-25 Student Registration and Application for Enrollment

1. Student's Full Name	Grade	Birth Date	Patron Saint's Name

**2. Father or Legal Guardian**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Mother or Legal Guardian**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Godfather**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. Godmother**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. Please explain any custody arrangements for child if child does not live full-time with both parents/legal guardians. Attach legal documents to this form, if applicable.**

---



---

**7. Emergency Contact**

Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. Field Trips: My child has my permission to take field trips which are made in conjunction with the school program. Parents and guardians will be notified of specific field trips as planned.**

**9. Health Forms---** I (we) agree to provide all required health forms, physical examination reports, and immunization records prior to the start of the school year. State of Washington immunization requirements are attached.

10. I (we) understand that the Saint Macrina Academy of Classical Studies requires a minimum of 2 parent volunteer hours per month during the school year OR pay \$540 (2 hours x 9 months x \$30 an hour).

11. Please list the previous school the student attended, if applicable:

Name of previous school: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

12. I (we) understand that there is a \$120 supply and art fee (which can be paid upfront or applied to monthly tuition payments).

13. Financial Obligations – I (we) agree to fulfill all financial obligations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

An application fee of \$200.00 per student is due with this application for families not currently enrolled at St. Macrina’s Academy and is nonrefundable. The application fee will be applied towards tuition for the 2024-2025 academic year.

A re-enrollment fee of \$100.00 per student is due with this application for families reenrolling at St. Macrina’s Academy and is nonrefundable. The re-enrollment fee will be applied toward tuition for the 2024-2025 academic year.

**Tuition for 2024-2025 is \$4,860 per 1<sup>st</sup>-8<sup>th</sup> grade student.**

<b>Tuition Rates</b>	<b>Monthly*</b>	<b>Annual</b>	<b>Discount</b>
1st Student	\$405	\$4,860	
2nd Student	\$405	\$4,860	
3rd Student	\$304	\$3,645	-25%
4+ Students	\$203	\$2,430	-50%

**\*Tuition may be paid in full or on a monthly basis.**

**Kindergarten tuition for 2024-2025 is \$4,240 per student.**

**Payments are due on the 1<sup>st</sup> of each month unless prior arrangements have been made.**

14. I am/we are the parents or guardians of the students named above and hereby consent to the student’s attendance at Saint Macrina Orthodox Academy for the 2024-2025 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Saint Macrina’s Orthodox Academy admits students of any race, color, national and ethnic origin to all the 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.