

Application 2009-2010 Academic Year

Learning Today to Lead Tomorrow

STUDENT'S (LEGAL) LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	GRADE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
<input type="checkbox"/> BEGINNING ORCHESTRA <input type="checkbox"/> BEGINNING GUITAR <input type="checkbox"/> INTERMEDIATE/ADVANCED ORCHESTRA <input type="checkbox"/> INTERMEDIATE/ADVANCED GUITAR <input type="checkbox"/> CHOIR				
Child has had:		Child suffers from:		
<input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other _____		<input type="checkbox"/> Headaches <input type="checkbox"/> Earaches <input type="checkbox"/> Sore Throat <input type="checkbox"/> Stomach Aches <input type="checkbox"/> Flu / Colds <input type="checkbox"/> Other _____		
Any other health conditions or allergies, please describe:				

STUDENT'S (LEGAL) LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	GRADE
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Any other health conditions or allergies, please describe:				

HOME ADDRESS FOR STUDENT(S)	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	FATHER'S CELL NUMBER	MOTHER'S CELL NUMBER
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EMAIL ADDRESS: _____

AMERICAN HERITAGE OF SOUTH JORDAN

APPLICATION FOR ENROLLMENT 2009-2010

STUDENT(S) LIVE WITH BOTH PARENTS MOTHER

FATHER OTHER _____ (RELATIONSHIP)

MOTHER'S NAME

PLACE OF EMPLOYMENT

BUSINESS PHONE

FATHER'S NAME

PLACE OF EMPLOYMENT

BUSINESS PHONE

OTHER

PLACE OF EMPLOYMENT

BUSINESS PHONE

EMERGENCY CONTACT

RELATIONSHIP TO STUDENT

PHONE

ALT. PHONE

EMERGENCY CONTACT

RELATIONSHIP TO STUDENT

PHONE

ALT. PHONE

DOES STUDENT(S) HAVE A DISABILITY? YES NO IF YES, PLEASE EXPLAIN: _____

PLEASE SELECT: BLACK/AFRICAN AMERICAN AMERICAN INDIAN/ALASKAN NATIVE PACIFIC ISLANDER CAUCASIAN
 HISPANIC/LATINO ASIAN

DOES STUDENT SPEAK/UNDERSTAND ANY LANGUAGE OTHER THAN ENGLISH? YES NO LANGUAGE(S): _____

PARENT/GUARDIAN WITH LEGAL CUSTODY: _____

PARENTS ARE: MARRIED ___ LIVING TOGETHER ___ DIVORCED ___ SEPERATED ___ WIDOWED ___ SINGLE ___

BROTHERS AND SISTERS LIVING AT HOME

DATE OF BIRTH

EMERGENCY INFORMATION

Family Physician: _____
Preferred Hospital: _____
Family Dentist: _____
Insurance Company: _____

Phone: _____
Phone: _____
Phone: _____
Policy #: _____

STUDENT #1

Regular Medications: _____
Blood Type: _____ Date of Last Immunization: _____
Medicine allergic to: _____
Food Allergies: _____
Any other Allergies: _____
Any special health conditions continued from page 1:

STUDENT #2

Regular Medications: _____
Blood Type: _____ Date of Last Immunization: _____
Medicine allergic to: _____
Food Allergies: _____
Any other Allergies: _____
Any special health conditions continued from page 1:

STUDENT #3

Regular Medications: _____
Blood Type: _____ Date of Last Immunization: _____
Medicine allergic to: _____
Food Allergies: _____
Any other Allergies: _____
Any special health conditions continued from page 1:

Regular Medications: _____
Blood Type: _____ Date of Last Immunization: _____
Medicine allergic to: _____
Food Allergies: _____
Any other Allergies: _____
Any special health conditions continued from page 1:

STUDENT #5

Regular Medications: _____
Blood Type: _____ Date of Last Immunization: _____
Medicine allergic to: _____
Food Allergies: _____
Any other Allergies: _____
Any special health conditions continued from page 1:

MEDICAL AND INSURANCE RELEASE

We agree to be personally responsible for medical costs that our student(s) may incur due to accidents during school time, whether in the classroom, during a school activity or on the school grounds. Initial _____

We currently have Medical and Health Insurance with _____ Policy# _____ Initial _____

We currently do not carry Medical and Health insurance for our student(s), but we realize we are responsible for any medical costs for our student(s).
Initial _____

_____ Yes, I give American Heritage of South Jordan permission to administer a pain reliever when my student(s) experience headache or flu-like symptoms.

_____ No, thank you. Please call for permission.

_____ No, do not administer medication to my child

Child: Benadryl _____ Advil _____ Tylenol _____
Child: Benadryl _____ Advil _____ Tylenol _____
Child: Benadryl _____ Advil _____ Tylenol _____
Child: Benadryl _____ Advil _____ Tylenol _____
Child: Benadryl _____ Advil _____ Tylenol _____

Is the student(s) supervised by the courts in a joint custody case? (Circle one) YES NO

Is any person expressly prohibited from picking up the student(s) from school? (If yes, give details) YES NO

Has the student(s) ever been expelled from any public or private school? YES NO

Does the student have any past criminal record? YES NO

Is the student in good standing at the last school attended? YES NO

Please describe the academic and behavior history of each student seeking acceptance into American Heritage below:

I acknowledge that either parent/guardian may collect my student from school premises at any time. Any exceptions must be specifically noted in writing and sent by certified mail to Administration of American Heritage of South Jordan if not already listed below. I acknowledge that after school hours (3:30 pm), AHSJ is not responsible for determining who may/may not collect my child. I further acknowledge that I will collect my child before 3:30 pm and American Heritage is not responsible for students after 3:30 pm unless written arrangements have been made with Administration or the student is enrolled in an after-school program.

PARENT/GUARDIAN SIGNATURE

DATE

The following individuals do have my permission to pick my student(s) up from school at any time.

The following individuals **do not** have my permission to pick my student(s) up from school at any time.

I certify the information herein is true and correct.

PARENT/GUARDIAN SIGNATURE

DATE

For office use only

DATE OF ENROLLMENT: _____ WITHDRAW DATE: _____

REGISTRATION FEE : PAID

STUDENT NAME HOME ROOM TEACHER ROOM # LANGUAGE ARTS MATH
ACADEMIC HISTORY: PREVIOUS SCHOOL: _____ GRADES ATTENDED: _____
ADDRESS: _____

STUDENT NAME HOME ROOM TEACHER ROOM # LANGUAGE ARTS MATH
ACADEMIC HISTORY: PREVIOUS SCHOOL: _____ GRADES ATTENDED: _____
ADDRESS: _____

STUDENT NAME HOME ROOM TEACHER ROOM # LANGUAGE ARTS MATH
ACADEMIC HISTORY: PREVIOUS SCHOOL: _____ GRADES ATTENDED: _____
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ACADEMIC HISTORY: PREVIOUS SCHOOL: _____ GRADES ATTENDED: _____
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STUDENT NAME HOME ROOM TEACHER ROOM # LANGUAGE ARTS MATH
ACADEMIC HISTORY: PREVIOUS SCHOOL: _____ GRADES ATTENDED: _____
ADDRESS: _____

TUITION AND FEE AGREEMENT 2009-10

Tuition:

Pre-Kindergarten (4 yr by Dec 1):	\$2196.00 - 4 half days/per week (\$183 – 12 months)	
	\$3888.00 – 4 full days/per week (\$324 – 12 months)	
Kindergarten – 5 th Grade:	\$3,996.00 Annually	(\$333.00 – 12 months)
6 th – 12 th Grade:	\$4,296.00 Annually	(\$358.00 – 12 months)
International Students	\$8400.00 Annually	
Friday Extended Program (All ages):	\$25 per day	
After-school Program (Pre-K-12):	\$10 per day/\$12 per day if dropped off between 7 and 8	

Financial responsibility breakdown for each student:

- Registration Fee.....\$100 per student (Covers paperwork, entry testing, SAT testing)
 \$50 per student for returning students and families
- Tuition.....*See above schedule based on the grade
- Activity Fee.....\$150 First student, \$125 Second student, \$100 each additional student
- Books and Supplies.....*Purchased through the school, e-campus, or additional suppliers and prices will vary by grade and electives
- Uniforms.....*Purchased through Dennis Uniform, as well as other entities who carry the approved items

-The registration fee must be paid up front in order to secure each student’s place in a class. This fee is non-refundable. The activity fees are due by September 1, 2009 unless a student is entering after the school year and then it is due upon their first day of class. The activity fee is not pro-rated or refundable as it is difficult to determine a value that has been used for each student at any given time of the year. (Some teachers will do more activities in the fall, as others will do more in the spring.) Parents are required to purchase the books or make arrangements for the purchasing of books prior to each student’s first day in order to give each student the opportunity to take full advantage of every class. As a final note, if a student is dismissed from the school by administration due to an honor code issue, the annual tuition will still be due in full.

New and returning families for the 2009-2010 school year:

We/I agree to meet our financial obligation in the following way:

- Full tuition – Due September 1st and eligible for a 5% discount
- Two-Payment Option – 1/2 tuition due September 1st and Balance due on January 1st
- 12 monthly payments due on the first of each month starting on June 1st and ending May 1st
 (Automatic Withdrawal form included)
- All extended programs listed above must be paid on the 10th of every month. Please note the calendar for days not available for the extended program.

TUITION AND FEES, continued

For those choosing monthly payments please read the following:

- a) Tuition is due the 1st of each month and past due after the 10th. **Automatic withdrawal will be the standard payment practice;** exceptions to this will be cleared through the administration. **Cash will not be accepted.** For automatic withdrawal from your checking or savings account, please complete the included form.
- b) No monthly billing is sent out unless the account is past due.
- c) A late fee of \$25 will be added to your account if tuition is not paid by the 10th of each month unless other arrangements are made.
- d) A \$30 fee will be charged for all non-sufficient fund withdrawals or checks.
- e) If an account becomes delinquent by two months, students will be terminated unless immediate arrangements are made.
- f) Tuition for a partial month is not refundable.
- g) Report cards are not given out and student records will not be transferred if an account is not paid in full.
- h) Previous accounts must be cleared before students will be admitted for the current year.
- i) In the case of student withdrawal, tuition will be refunded based on the refund schedule. A minimum of one month's tuition payment will be due regardless of when the student withdraws.
- j) The first tuition payment is due as indicated above. The initial first monthly payment is non-refundable. If the initial payment is not received, the student will be dropped from the enrollment process.
- k) Tuition will be pro-rated for students entering after the first day of school.
- l) Additional junior high and high school fees will apply based upon classes and activities.
- m) American Heritage does not provide special education services but does offer small class sizes and a safe learning environment.
- n) A \$100 non-refundable deposit is due upon registration in order to secure each student's position. (A \$50 deposit is due for each returning student.)
- o) Books and supplies will be additional based on the grade and classes.
- p) The **activity fee is \$150 for the first student, \$125 for the second student, and \$100 for each additional student.** The activity fee pays for all field trips, class and school parties, special events and other learning activities for the students.

A \$15 fee will be charged if students are picked up from the school after 3:30 pm and not enrolled in the after-school program.

We/I agree to the above tuition and fees as applicable. If I have selected a 12 month payment plan I understand that my final payment is due on or before May 1, 2010 or August 1, 2010 based upon the schedule listed above.

Name (please print)

Name (please print)

Signature

Signature

Date

PARENT/GUARDIAN AGREEMENT 2009-10

I/we:

1. have read and agree to the uniform policy and standards and the right of the school to enforce them. I understand that my student(s) will not be allowed to stay in class if they are out of compliance after a warning. I will be prepared to make arrangements for them to be picked up should they be excused from class.
2. agree to support the school’s policy of students not changing out of their uniforms until they are off of the campus. This guideline will be adhered to at all times unless otherwise authorized for school events.
3. agree that if my child brings a cell phone or any other electronic device to school, it is to be left in the office until the end of the school day. There will be no exceptions.
4. agree to support and abide by the decisions of discipline of the school. American Heritage of South Jordan reserves the right to dismiss any student not in harmony with school standards.
5. agree to consciously work to help our student(s) keep current with all class requirements and assignments, and to attend Parent Teacher Conferences as scheduled.
6. agree to financial assessments to cover damage to school property, if necessary; this includes damage to textbooks, library books, etc., that is caused by my/our student(s).
7. as a parent, agree to abide by the rules set forth in Parent Handbook of the school for picking up and dropping off of children, dropping items off, visiting classrooms, etc.
8. agree to ensure that my child has a lunch prepared every day or has money to purchase lunch items in the cafeteria.
9. acknowledge that new students may be evaluated at the end of one month for continued enrollment.
10. agree to serve a minimum of 20 hours of American Heritage of South Jordan service per school year.
11. agree to provide American Heritage with a current email address for all school correspondence other than discipline issues. Email addresses will be required each year in order to ensure each family is receiving information in a timely manner.
12. agree to support the attendance guidelines of American Heritage of South Jordan and commit to having my children at school on time and agree to contact the school when my student(s) will be absent as a courtesy.
13. understand that if my student’s grades fall below a 2.5 GPA in any given quarter they will automatically be placed on academic probation. In order to remain at American Heritage they must earn higher than a 2.5 in the next consecutive quarter.

I verify that all information in this application for enrollment is accurate. I further acknowledge that any falsification or misrepresentation of any of the information given may lead to the immediate termination of any agreements that I may have with American Heritage of South Jordan, thus resulting in the expulsion of the student(s).

Parent’s/Guardian’s Signature _____ Date _____

Parent’s/Guardian’s Signature _____ Date _____

Office Use:

- Application fee received, \$100 per new students or \$50 for returning students Check amount _____
- Application for enrollment
- Admission policy, uniform guidelines, book lists, and supply lists given to the family
- Tuition and fee agreement and an EFT agreement with a voided check is received
- Permission agreements and AHSJ service agreement signed
- Immunizations forms completed and received
- Parent/guardian documentation (custody, power of attorney, etc.) paperwork received
- Provided test scores or made arrangements for testing
- Accepted - Waiting list:
- Denied - Rejection letter sent:

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

**American Heritage of South Jordan
1350 W. South Jordan Parkway
South Jordan, UT 84095
801-254-3882**

I (we) hereby authorize American Heritage of South Jordan to initiate debit entries to my (our) _____ Checking Acct _____ Savings Acct (select one) indicated below at the depository financial institution name below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY

Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

All tuition fees will be withdrawn on the 1st of each month beginning _____
(date)

This authorization is to remain in full force and effect until SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

Name _____
(Please Print)

Name _____
(Please Print)

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check here. Thank you.

PERMISSION AGREEMENT

STUDENT INTERNET USE

American Heritage of South Jordan recognizes that Internet resources are integral to the learning environment. As a result, your student(s) will be provided Internet access for educational purposes. Filters are in place to block inappropriate content and student activity on the Internet will be monitored through adult supervision.

- Yes, my student(s) may use the Internet
 No, my student(s) may NOT use the Internet

Parent/Guardian Signature _____ Date _____

PUBLISHING RELEASE

During the year publishing and photo opportunities for students often arise. Teachers may want to display student work in newspapers, TV or on the Internet. Please check the appropriate box to indicate whether your student may participate in coverage that may identify your student(s) by photograph and/or name. *(Last names will NOT be used.)*

- Yes, my student(s) photograph, name and/or project may be published:
 On Television In the Newspaper On the Internet
 No, my student(s) photograph, name and/or project may NOT be published:
 On Television In the Newspaper On the Internet

Parent/Guardian's Signature _____ Date _____

FIELD TRIP PERMISSION SLIP

During the school year, there are times when our instructional programs are experienced in the community. Rather than asking your permission to transport your student(s) on each occasion, your signature below indicates approval to take your student(s) on field trip programs during the school year. Prior to each specific field trip, you will receive notification of the details of that trip so that you may have the opportunity to withdraw your permission for that specific trip if you so choose. Your signature also absolves the school, teachers, and parent drivers from liability because of any injury incurred while on a field trip. We will give notice of each field trip in order to allow you the opportunity to opt out on a particular school trip.

- Yes, I grant permission for my student(s) to be transported by assigned parents on all field trips.
 No, I DO NOT grant permission for my student(s) to be transported by the school or their representative on field trips.

Parent/Guardian's Signature _____ Date _____

SCHOOL DIRECTORY

I agree to let my name, number and e-mail address be printed in the school directory. Yes _____ No _____
 If no, I agree to let my name, number and email address to be given to the room assistants and parent organization.
 Yes _____ No _____ Email addresses will only be used to convey school information to parents.

PARENT/GUARDIAN INFORMATION

Student(s) are living with:

- Both parents** - both must sign this application for enrollment form.
- One parent who has sole custody** - custodial parent must sign this application for enrollment form. Copy of custodial clauses must be attached. If one parent is deceased, please indicate.
- One parent who has joint custody** - both parents must sign this application for enrollment form.
- Guardian** - copy of legal guardianship must be attached. All legal guardians must sign this application for enrollment form.

REQUEST FOR STUDENT RECORDS

Previous School: _____
Address: _____
Fax Number: _____

The student(s) named below recently enrolled in our school.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>

Previous School: _____
Address: _____
Fax Number: _____

The student(s) named below recently enrolled in our school.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>

We would appreciate it if you would send us the above student’s cumulative academic records including: immunizations, health records, report cards, test data, guidance records, psycho-educational and special records. In accordance with the “Family Educational Rights & Privacy Act” (FERPA – Section 438), permission to release this information has been granted by the parent/guardian signing below. If the student left during the school year, please include marks, credits and grade level at time of leaving. Thank you.

I hereby authorize release of the above records:

Signature of Parent/Guardian

Name of Parent/Guardian

Date

Please send these records to: **11100 S. Redwood Road, South Jordan, UT 84095**

(Signature of School Official) (Title)

FAMILY SERVICE HOUR REQUIREMENT 2009-10

Each family is required to provide 20 hours worth of service during the school year. There are so many areas of opportunity for service in the school and it is a great opportunity for each student to see their parents and family members serving and taking part in this great educational experience.

Please keep us informed of your service hours, as this is a requirement for each family. Money will not be accepted in place of service hours. We have a list of various areas where we can use help and would welcome it at any time.

I agree to give 20 hours service between August 1 2009 and July 1, 2010 on behalf of my child(ren).

Signature

Date

Signature

Date

IMMUNIZATION REQUIREMENTS

New Students: Please attach a copy of your immunization record.

Returning Students: Please attach a copy of any updates.

In order to attend school, a child must have proof of receiving the following immunizations prior to entering school.

Born before July 1 1986	Born after July 1 1986	Born after July 1 1993	Born after July 1 1996
4 DTp/DT	5 DTP/DtaP/DT*	5 DTP/DtaP/DT*	5 DTP/DtaP/DT*
3 Polio	3 OPV or 4 IPV	4 Polio**	4 Polio**
2 Measles	2 Measles	2 Measles	2 Measles
1 Mumps	1 Mumps	1 Mumps	1 Mumps
1 Rubella	1 Rubella	1 Rubella	1 Rubella
		3 Hepatitis B	3 Hepatitis B
			1 Varicella (chicken pox) history of disease acceptable must sign verification statement.
			2 Hepatitis A

* DTP/DTaP/DT – Only 4 doses necessary if 4th dose was given on/after the 4th birthday.

** Polio – Only 3 doses necessary if 3rd dose was given on/after 4th birthday.

A child may be allowed to attend school “conditionally” if at least one dose of each required immunization series has been completed and the child is currently on schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.

An appropriate Utah Department of Health Exemption Form must be completed for those children who claim exemption to immunization for medical, religious or personal reasons.

Please attach documentation of immunizations or an Exemption Form to this document.

NEW PARENT SURVEY

Parent(s) Name: _____

Date: _____

The parent questionnaire has been a vital tool in helping us to understand each new family entering American Heritage of South Jordan. It allows us an opportunity to understand your educational philosophy and the goals you have for your children, as well as identify areas you may be able to participate within our school. For these reasons, please respond as honestly as possible to each item.

1. Please explain why you have selected American Heritage of South Jordan for your student(s).

2. What do you hope your student(s) will gain through an academic experience at American Heritage?

3. Are you involved in any charity or service organizations? Please be specific.

Church:

Community:

School:

4. Does your student(s) have any talents or interests you would like to see developed further at AHSJ? Explain.

5. Is there any additional information you think might aid us in determining whether AHSJ would be an appropriate educational institution for your student(s)?

NEW STUDENT SURVEY

Student Name: _____

Date: _____

Please answer the following questions in your own handwriting. You may attach extra sheets if necessary.

Which subjects in school do you enjoy the most and why?

What is the greatest challenge for you in school and why?

Why do you want to attend American Heritage of South Jordan?

Have you read the Rules and Guidelines with your parents? Are you willing to live the standards described in these? Why or why not?

What do you understand is your responsibility as a student?

Do you promise to wear the school uniform as outlined in the Uniform Policy? _____

Student's Signature _____

GUIDELINES REQUIRING PARENTAL INVOLVEMENT

Attendance Guidelines

Although we try to be understanding of family vacations, illnesses, or other reasons students miss school, we also recognize that it is vital for students to attend school in order for them to achieve the greatest academic experience and retain what they have learned. We know that you value your child/children's education as much as we do which is why you have chosen American Heritage of South Jordan. Please make every effort to schedule doctors' appointments, vacations, and other outings around the academic calendar when possible. If your student misses school for any reason, please contact the office to make us aware. A voicemail message is adequate. (801)254-3882

Also, every teacher creates their own policies for their classes. Please touch base with the teachers when your student(s) will be out for an extended period and encourage your student(s) to complete their work either while away or immediately upon their return.

Electronic Device Guidelines

We prefer that students leave all cell phones, Ipods, and other electronics at home, however, if you choose to send your student with an electronic they will be asked to turn in the electronic devices each morning in the office. This policy is in place for the following reasons:

1. To protect the learning environment of each student by reducing the amount of unnecessary distractions such as cell phone rings and music through headphones.
2. To protect the spiritual environment by reducing the probability of inappropriate material to be downloaded within the school either through cell phones, Ipods, or computers.
3. To give each student the best possible scenario for concentrating on their studies and the lessons of each teacher.

Uniform Guidelines

The uniform guidelines have been set as a standard of excellence at American Heritage of South Jordan. They are outlined and distributed through each registration packet, as well as in the students' planners in order to allow each student the opportunity to clearly understand the guidelines. Please help us maintain those guidelines by reviewing your student(s) attire and grooming at the beginning of each day. If your student continuously breaks the uniform code, he/she will need to call home for appropriate clothing, be issued detention, or dismissed.

Your enrollment application is your commitment to helping us maintain the guidelines set for the school and we appreciate your commitment as parents.

I have read and understood the guidelines set out by American Heritage of South Jordan for the good of the student body and commit to helping my student(s) uphold those guidelines.

Parent Signature

Date

AHSJ SCHOOL UNIFORM POLICY REMINDER

Dennis Uniforms
3560 S. Main Street
Salt Lake City, UT 84115
801-287-9200
www.dennisuniform.com

Land's End
1-800-963-4816
www.landsend.com

Full Dress Uniform

Girls:

McDonald plaid skirt or skort
Black pleated skirt (6th – 12th grades only)
Black long skirt (6th – 12th grades only)
White blouse w/ black cross-over tie (McDonald plaid tie if worn with a black skirt - 6th – 12th grades only)
Sweater or Vest-optional (no hoodie unless it's a sweater)
Tights or Socks – Black, white, red or gray
Black Shoes

Boys:

Black slacks
White dress shirt or oxford w/McDonald plaid tie
Sweater or Vest-optional (no hoodie)
Belt, black
Socks, black
Shoes, black

Tuesday through Thursday Uniform

Girls:

McDonald plaid skirt or skort
Black pleated skirt (6th – 12th grades only)
Black long skirt (6th – 12th grades only)
White blouse w/ black cross-over tie (McDonald plaid tie if worn with a black skirt - 6th – 12th grades only)
Red or white polo (Pre-K – 5th)
Red, white, black or gray polo (6th – 12th)
Sweater or Vest-optional
Tights or Socks – Black, white, red or gray
Black Shoes

Boys:

Black slacks
White dress shirt or oxford w/McDonald plaid or black tie
Red or white polo (Pre-K – 5th)
Red, white, black or gray polo (6th – 12th)
Sweater or Vest-optional
Belt, black
Socks, black
Shoes, black

Friday Uniform

Jeans without holes, fraying, logos, large designs or writing
AHSJ T-shirt or polo shirt in school colors

Uniform Pitfalls:

Undershirts with lace that hang below the girls' oxfords and polos
Hoodies with logos other than AHSJ
High heel shoes
Pant dates for girls November 15 through February 15
Pant guidelines for girls: pants must be worn with a white shirt and red sweater or sweater vest
Tennis shoes worn as uniform shoes – not allowed
Appropriate hair lengths for boys
Black ties are not allowed for boys on Full Dress Uniform

Please review the entire uniform guidelines listed online before purchasing for the upcoming school year.