

Flaming Sword Christian Academy

“Unlocking your child’s full potential, when education alone is not enough...”

LEARNING AND BEHAVIORAL SURVEY:

Has your child ever been tested for learning and/or behavioral difficulties in the classroom?

Has your child been in a program that serves one of the following: If so, explain.

ADD _____

ADHD _____

BEH _____

LD _____

EMH _____

AG _____

AUTISM _____

Is your child being helped by a tutor or has been helped by a tutor in the past? _____

Has your child had any behavior problems in school? If yes, please explain. _____

Has your child ever been suspended, expelled, or held in detention? If yes, please explain. _____

Has your child ever used tobacco, alcohol or drugs? _____ Yes _____ No

MEDICAL AND EMERGENCY CARE INFORMATION:

Is child allergic to anything? No ___ Yes ___ If yes, what? _____

Is child currently under a doctor’s care? No ___ Yes ___ If yes, for what reason? _____

Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

Any history of:

Significant Previous Diseases? No ___ Yes ___

Recurrent Illness? No ___ Yes ___

Diabetes? No ___ Yes ___

Convulsions? No ___ Yes ___

Heart Trouble? No ___ Yes ___

If others, what and when? _____

Is there anything significant we should know that might affect your child’s physical or emotional well-being?

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DEPARTURE AUTHORIZATION

If someone other than yourself will be picking-up your child from school, or if your child is allowed to leave school premises during lunch time with another student, or if another student may transport your child after school, please list their names and relationship to student below. Your child will not be allowed to leave school premises with anyone else, regardless of the circumstances.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

PARENTAL PERMISSION AND USER AGREEMENT FOR INTERNET USAGE

We are pleased to offer students access to the computer network for research using the internet. To gain access to email and the internet, students must obtain parental permission. Access to the internet will enable students to explore thousands of libraries, databases, and bulletin boards. Parents, please be warned that some material accessible via the internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. We will do our best to limit the students’ searches and access; however, we know that sometimes students will access inappropriate materials. We believe the benefits to further educational goals and opportunities for collaboration exceed the disadvantages. Parents and guardians are ultimately responsible for establishing appropriate standards for their students and the Academy will support and respect each family’s right to decide whether or not to allow their student to have internet access. As a user of Flaming Sword Academy’s computer network, I hereby agree to comply with expected behavioral codes as stated in the rules of conduct, while honoring all relevant laws and restrictions.

I grant permission for my student to access networked computer services such as the internet. I understand that individuals and families may be held liable for my student’s violations of the rules or violation of any laws and regulations concerning internet usage. I understand some materials on the internet may be objectionable, but I accept responsibility for giving my student guidance concerning internet use-setting and conveying standards for my student to follow when selecting, sharing, or exploring information or media.

Parent’s and Student’s Signatures and Date

REQUEST FOR RELEASE OF MEDICAL RECORDS AND INFORMATION

(Note to Parents: Please complete and sign this form ***before*** sending it to the Physician named below.)

Date: _____

Physician's Name: _____

Address: _____

Re: Child's Name _____

I hereby give permission for the release of information requested on the following sheet to the Chief Administrator of Flaming Sword Christian Academy for professional use. I understand that this information will remain confidential between the physician and Flaming Sword Christian Academy professional staff.

Parent's Signature: _____

Address: _____

Phone: _____

Note to Physician:

The parents of the above-named child have requested admission to Flaming Sword Christian Academy. We would appreciate any information about the child that you may be able to share with us.

1. Any history of late or atypical maturation of the central nervous system?
2. Any family history of epilepsy, other neurological or emotional disorders?
3. Please describe the home situation in which this child has been nurtured and any remarkable features of family relationships affecting the child.
4. Do you recommend any limitation(s) on this child in our program?
5. Remarks:

Signed: _____

When you have completed the enclosed form, please forward this and the Physician's Report to:

Dr. Wanda Hatmaker, CEO
Flaming Sword Christian Academy
3230 Legion Rd.
Hope Mills, NC 28348

REQUEST FOR RELEASE OF SCHOOL INFORMATION

Request Date: _____

Student's Name: _____

Grade: _____

Former School: _____

Address: _____

Phone Number: _____ Email: _____

The student listed above has enrolled in Flaming Sword Christian Academy and has specified your school as the school last attended. Please release school records, which should include:

1. Grade Record/Transcript
2. Achievement Tests
3. Health Record
4. Attendance Record
5. Disciplinary Action Report

The student listed above has enrolled in Flaming Sword Christian Academy and has specified they have an exceptional children's record. Please forward a copy of all EC records to Flaming Sword Christian Academy .

EC Case Manager name and email: _____

1. Most recent IEP
2. All psychoeducational testing

Please forward records to:

Flaming Sword Christian Academy
3230 Legion Rd.
Hope Mills, NC 28348
Attn: Wanda Hatmaker, CEO
Or **Email Records to** lhatmaker@nc.rr.com

Note to School: Under federal law (Family Educational Rights and Privacy Act-dated April 11, 1988), school records may be transferred between schools without parent's written consent. We appreciate your prompt reply to this request.

EMERGENCY CONTACT

STUDENT/PARENT INFORMATION

Student's Name: _____ Home address: _____ _____ City/Zip Code: _____ _____ Student's Birthdate: _____	<p style="text-align: center;">Parents' Emergency Phone Nos.:</p> Mom: _____ Dad: _____ Mom's email: _____ Dad's email: _____
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Physician(s):	Physician's Phone Number:	Pharmacy:	Pharmacy's Phone Number:
Dentist(s):	Dentist's Phone Number:	Therapist:	Therapist's Phone Number
Hospital Preference:	Hospital Address:	Hospital Phone No.	

EMERGENCY CONTACTS OTHER THAN PARENTS

NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE

MEDICAL/MENTAL/EMOTIONAL/LEARNING CONDITIONS (List disabilities please)

1.	2.	3.
4.	5.	6.

ALLERGIES TO MEDICATIONS OR FOODS

MEDICATION OR FOOD NAME	REACTION

All of the information is the same as listed above. _____ Parent's Signature/Date

All of the information is the same as listed above. _____ Parent's Signature/Date

OVER THE COUNTER MEDICATION

In the event my child becomes ill or is injured while under school supervision, I approve the following steps:

1. Contact a parent of the child and follow his/her instructions.
2. Contact the child’s physician and follow his/her instructions, in the event neither parent can be reached.
3. I authorize the school to use their own discretion in contacting a properly licensed physician and follow his/her instructions if the child’s physician cannot be reached.
4. If I cannot be reached in case of injury, sudden disabling illness, or life-saving emergency, I authorize school personnel at Flaming Sword Christian Academy to secure emergency care for a life-saving emergency.
5. I authorize school personnel at Flaming Sword Christian Academy to call for medical assistance and then contact me as soon as possible.
6. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principle or her designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Principal, or her designee, Flaming Sword Christian Academy, Church of Morning Glory, and Flaming Sword International Ministries, from any liability in conjunction with the provision of such medical or surgical services.
7. I also authorize and consent Flaming Sword Christian Academy to collect fees due them by legal means, if I fail to fulfill my financial obligations.
8. I also understand that Flaming Sword Christian Academy can only dispense over the counter medication such as tylenol, motrin, benedryl, cough drops, aspirin, etc., if it has my written permission on file. Students may not give medication to another student. This signed release form from the parent/guardian authorizes Flaming Sword Christian Academy to administer prescription medication and over the counter medication as directed.
9. This form must be updated annually or at any time the medication regime is changed through a physician or by a parent. We must have a doctor’s note when prescription medication dosage or frequency is changed.

_____ I authorize any and all Flaming Sword Christian Academy personnel to release any and all medical information, including medications on the medication log for my student, to First Responders and all other medical personnel, in emergency situations. *Please initial the line beside this authorization.*

_____ I acknowledge that it is my responsibility to keep my student’s medication log up to date immediately whenever medications or dosages change for his/her best interests. *Please initial the line beside this acknowledgment.*

CURRENT MEDICATION REGIMEN INCLUDING THOSE GIVEN AT HOME

MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

_____ Parent’s Signature/Date

All of the information is the same as listed above. _____ Parent’s Signature/Date

All of the information is the same as listed above. _____ Parent’s Signature/Date

All of the information is the same as listed above. _____ Parent’s Signature/Date

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CODE OF CONDUCT

The Code of Conduct and associated disciplinary actions are provided to ensure that parents and students understand responsibilities and the policies of the Academy. Parent and Student must sign the form and return with the application. Flaming Sword Christian Academy’s acceptable behavior operates within the parameters of the Ten Commandments (Exodus 20:1-17 NIV).

Flaming Sword Christian Academy is a Christian organization. As such, it must be recognized that each day begins with honors to our country, the United States of America, through the saying of the Pledge of Allegiance and with morning prayer in the Name of Jesus Christ. Middle and High school students are expected to lead the Pledge and Prayer daily; therefore, not saying or participating in either is not an option for any student. If parents or students do not wish to participate in either of these two activities, then FSCA is not the school for them.

THE FOLLOWING CONDUCT IS PROHIBITED:

1. Dress:
Deviation from handbook policy on acceptable dress appearance is prohibited.
2. Verbal Abuse/Disrespect:
Participation in any verbal action that prevents an orderly and peaceful learning environment is prohibited. Cursing, using vulgar, obscene, or abusive language including racial, gender, religious slurs or insults intended to mock another person are specifically prohibited. Per the Bible, the Lord’s Name is not to be used in vain at any time.
3. Ungodly Speech:
Lying or deception of any type is prohibited. Gossip, slander, and any other unwholesome speech is prohibited.
4. Peer Relations:
Engaging in behavior which is immoral, indecent, overly affectionate, or sexually harassing while in the school setting or when on school trips and/or activities is prohibited.
5. Integrity:
Engaging or attempting to engage in cheating, plagiarism, falsification, violation, of software copyright laws or violation of computer access is strictly prohibited.
6. Disruption:
Using passive resistance, noise, threat, fear, intimidation, coercion, force, violence, or any other form of conduct that causes the disruption of any lawful function, mission, or process of the Academy, or urging other students to engage in such conduct is prohibited.
7. Disruptive Materials:
Possessing or distributing materials, illustrations, or music that is obscene or that disrupts the classroom, are prohibited.
8. Electronic Devices:
Electronic devices such as pagers, cellular phones, ipods, CD players, radios, etc. are prohibited from being in student’s possession during school hours. These items must be turned into the home room teacher in the morning when student gets to class. They will be returned at the end of the school day.
9. Skipping School:
Failure to attend or leaving the Academy grounds during the instructional day without prior written consent from parents, faculty, or administration is prohibited.
10. Fire Alarms:
Setting off, attempting to set off, or abetting anyone setting off a fire alarm is prohibited. This is now considered an act of terrorism and will be treated as such. Pyrotechnics are prohibited. In addition, bomb threats or communicating a hoax of any kind is prohibited and is punishable by law.
11. Assaulting Students:
Hitting, shoving, scratching, biting, or throwing objects at another person or the threat to cause bodily harm in any way is prohibited.

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- 12. Theft:
Stealing, attempting to steal, or knowingly being in possession of stolen property is prohibited.
- 13. Damage to Property:
Intentionally damaging or attempting to damage or deface the Academy’s property or private property belonging to others is prohibited.
- 14. Possession of Weapons:
Possession of any type of weapon is prohibited. Handling or transmitting any firearm, knife, razor, explosive or facsimile or other object that could be considered a weapon or dangerous instrument is prohibited and is punishable by law.
- 15. Drugs:
Possessing, using, transmitting, selling, or being under the influence of alcohol, inhalants, tobacco, prescription drugs, or illegally controlled substances including paraphernalia possession is prohibited.
- 16. Assaulting Employee:
Assaulting, causing or attempting to cause any physical injury or behaving in such a manner that could reasonably cause physical injury to any Academy employee is prohibited.
- 17. Bullying:
The continued negative or intimidating actions or speech is deemed bullying and is prohibited.
- 18. False Accusations:
Proven false accusations made against another student or employee is prohibited and is punishable by school disciplinary action and by law.

Disciplinary Actions: For violation of the above mentioned items, a student may be given any one of the following disciplinary actions:

- Verbal warning, verbal redirection
- Time-out or “thinking” chair
- Student counseling with Director
- Parental counseling with teacher or Director
- Corporal punishment (see block below)
- Out of school suspension
- Expulsion
- Contact of law enforcement
- Or any approved punishment the Academy deems necessary

I acknowledge and understand the Director may deliver corporal punishment if it should become necessary in the Director’s opinion. As a parent, I will be notified through electronic means or written note by the end of the day of the incident. _____(parent’s initials/date)

I acknowledge and agree that each day begins with honors to our country, the United States of America, through the saying of the Pledge of Allegiance and with morning prayer in the Name of Jesus Christ. Middle and High school students may be expected to lead the Pledge and Prayer daily. Therefore, not honorably participating in either activity is not an option for any student. If parents do not wish their student to participate in either of these two activities, the student does not belong with FSCA.
_____ (parent’s initials/date)

Please initial and date each of the statements as acceptance and acknowledgment that you understand and accept these requirements.

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PARENT/GUARDIAN STATEMENT OF COOPERATION AND AGREEMENT:

IF MY STUDENT IS ACCEPTED, I AGREE TO:

- Support the spiritual, moral, dress and disciplinary standards of the school as outlined in the Parent-Student Handbook.
- Assume the responsibility for my student’s education by supervising homework and keeping in regular contact with my student’s teachers through the electronic gradebook (Gradelink);
- Support the Academy, to the best of my ability, through attendance and participation in various school activities;
- Support, to the best of my ability, the school’s entire program through prayer, time, and financial gifts. I understand the school depends upon gifts above and beyond the tuition and thus conducts community fund-raising, and the school expects participation by the parents;
- Adhere to the appropriate channels when resolving conflicts, (ie) seek unity in conflict using the Matthew 18 principle. 1) Seek to resolve issue with the teacher, if further action is needed proceed to 2) schedule a meeting with the Director/CEO;
- Accept the CEO’s decision and understand the school reserves the right to dismiss a student based on the lack of cooperation on the part of the student, parent, and/or guardian;
- Attend Parent Advisory Board meetings and other functions requiring your participation;
- Cooperate in assisting in special workdays called throughout the year;
- Give permission for my child(ren) to take part in school activities, class field trips, including sports and school-sponsored trips away from the school premises, and absolve FSCA, Flaming Sword Daycare-Early Learning Center, Church of Morning Glory and Flaming Sword International Ministries, Inc., from liability to me or my child because of any injury to my child at or away from the school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child(ren)’s treatment. If the emergency is life threatening and we cannot be reached, the physician has permission to act accordingly absolving the corporation and its subsidiaries of any liability.
- Allow FSIMI or anyone authorized by its subsidiaries, to use and reproduce all audio, video tapes and photographs which are taken of our child(ren) or any family member produced for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, pictures and proofs shall constitute FSIMI property, solely and completely.
- Allow FSIMI to provide contact information for our family to the Campus Directory and Parent-Teacher Fellowship in assistance to encourage participation in activities.

I UNDERSTAND:

- There will be daily Chapel, to include honors to our country and morning prayer and that my student is expected to participate in an honorable fashion;
- My child (ren) is accepted on a general probationary status for the first quarter;
- Flaming Sword Christian Academy reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the standards stated in the Handbook;
- If for any reason our child does not cooperate with the disciplinary standards of FSCA, I will withdraw him/her without delay in cooperation with the administration and avoid discussion with those not involved, so as to avert a spirit of dissension and division at either our child’s expense or the school’s expense;
- This application cannot be considered without the application fee and that, if my student is accepted, I agree to the payment and/or refund policies as listed in the school’s fee schedule and tuition policy;
- If I voluntarily withdraw my student or if my student is dismissed once classes have begun, I am responsible to pay the full tuition for that month; therefore, there will not be any pro-rata refunds for the month of withdrawal and I will be charged a \$500 early withdrawal fee. Records will not be forwarded to another school until all financial obligations have been satisfied;
- I understand that the Academy reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct, or any other reason the Academy deems necessary. Neither this application nor payment of non-refundable fees is considered binding upon the Academy;
- If legal action is required to collect tuition, I, the undersigned, will be responsible to pay reasonable attorney’s fees and court costs;
- The premises are monitored by closed circuit television with audio and visual surveillance for the protection of the children and staff and for burglary, window breakage, fire with motion sensors throughout the building;
- Students must be willing to submit to random drug testing and searches of their book bags, purses, lockers, and their person by school personnel. The drug tests are urine tests given by school administration and if the test comes in positive, the parent

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will be immediately contacted. The school administrator, parent and student will go directly to an Urgent Care on for a detailed drug test. If this test result comes in positive, the parent will be responsible for repayment of the drug test to FSCA and the student will be subject to disciplinary action as determined by the school administrator. If contraband is found on the person, locker, book bag, or clothing of any student, parents will be contacted immediately;

➤ FSCA is involved in training professional and individuals in the areas of learning disabilities and ADD/ADHD. I understand that students and trainees may be involved with my child during the evaluative and treatment processes under the supervision of a staff member of FSCA. I also understand, for training purpose, that evaluations of my child and treatment sessions may be observed by students and staff. The results or records of any evaluations or training sessions will be discussed with the ethics of confidentiality applying to those individuals involved. Occasionally, video or audio taping of a session may be done and used for training purposes. I understand that data secured from evaluations and remedial work with my child will be used in research and reporting. The name of the individual will be omitted from data and confidentiality will be maintained at all times. Data will be collected on self-concept and achievement scores at the beginning and end of the school year.

At intervals during the year, parents may be asked to participate in research or child study activities. Your participation may include completing information forms concerning specific areas of child behavior or parenting practices. Results of research projects will be made available to all parents. FSCA ensures that the research activities involving individual students, groups of children, or parents will not in any way interfere with the academic program of the school. Any research project conducted at FSCA will have as its primary goals:

- Program evaluation
- Demonstration of the effectiveness of particular teaching methodologies
- Evaluation of specific remediation processes
- Demonstration of self-concept growth

I understand the training and research agreement stated above will cooperate in supplying data necessary to projects and related activities as approved by the Chief Executive Officer of FSIMI

In making application form my student to attend Flaming Sword Christian Academy, I acknowledge that I have read FSCA’s Mission Statement and desire to have this type of education for my child. My signature below indicates that I have read, understand, and agree with this Parent/Legal Guardian Statement of Cooperation and Agreement.

_____/_____
Father’s/Guardian’s Signature Date Mother’s/Guardian’s Signature Date

FSIMI is an Equal Opportunity organization. Flaming Sword Campus and Flaming Sword Daycare – Early Learning Center admits children of any race, color, national origin, or ethnicity to all of the rights, privileges, programs and activities made available to the academy and daycare.

ACCEPTED IN THE OFFICE ON _____ BY _____

APPROVE _____ DISAPPROVE _____ DATE PARENT NOTIFIED _____

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FINANCIAL PLANNING CONTRACT

Student’s Name: _____ **School Year** 2017-18 **Grade** _____

Initial Application Fee:	\$250 (non-refundable)
Tuition/Registration Fee/Resource Fee/ Technology Fee/Administration Fee:	\$6750 (for new students)
Tuition/Registration Fee/Resource Fee/ Technology Fee/Administration Fee:	\$7000 (returning students – no application fee)
Early Termination Fee:	\$500 (If a student is removed by the administration or by you, there will be a \$500 early termination fee. However, if you receive military or civilian orders, please provide us a copy and the fee will be waived.)
Refunds:	No partial or full refund of tuition of any month will be made for expulsion, withdrawal (whether by parent or administration, or for excessive absences). If student receives a grant from NCSEAA, refunds will be given to NCSEAA according to their schedule if there is early withdrawal.

<input type="checkbox"/> Lower elementary (Grades K5-3)	<input type="checkbox"/> Upper Elementary (Grades 4-5)
<input type="checkbox"/> Middle School (Grades 6-8)	<input type="checkbox"/> High School (Grades 9-12)

Payments are due the 1st of each month, but no later than the 3rd of the month by 5:00 P.M. Should the account not be paid by this date and time, you will be charged a late fee of \$25. If the account is not current by the 8th of the month, your student will be removed from the Academy.

Flaming Sword Christian Academy participates in the Disabilities Grant and the Opportunity Scholarship programs. If you have applied, but have not yet received written approval, you will be responsible for the tuition payments until the approval email comes to you and you send a copy of the approval to FSCA. FSCA will refund what you have paid once we receive funding from NCSEAA. If your student has been approved for either or both of these programs, please check the appropriate box (es). If you only applied or reapplied, but have not received approval by July 31, you must begin making payments until the approval comes.

Disabilities Grant
 Opportunity Scholarship
 Both
 FSCA Scholarship

OPTION 1 – DISABILITIES GRANT (DG) _____ **DATE APPROVAL LETTER IN RECEIVED FROM PARENT**

New student: Parent is responsible to pay the application fee of \$250, due at time of acceptance into FSCA. NCSEAA will pay up to \$4000 per semester. (Parent is responsible for any other charges such as before/after care, late fees, etc.).

Existing student: If FSCA does not have your approval letter for the upcoming year by July 31, you will be billed for the first semester’s tuition and payments will be expected from you until NCSEAA reapproves your student.

OPTION 2 – OPPORTUNITY SCHOLARSHIP (OPS) _____ **DATE APPROVAL LETTER IN RECEIVED FROM PARENT**

New Student: Parent is responsible to pay application fee of \$250, due at time of acceptance into FSCA. NCSEAA will pay the tuition up to \$2100 per semester. Parent is responsible for balance on account to be paid in _____ equal monthly payments, in the amount of \$_____. (Parent is responsible for any other charges (before/after care, late fees, etc.) which will be added to monthly invoice.

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OPTION 3 – FSCA SCHOLARSHIP

_____ **DATE APPROVAL LETTER IN RECEIVED FROM FINANCE**

_____ **DATE APPROVED OR DENIED**

IF APPROVED, ANNUAL AMOUNT OF SCHOLARSHIP IS \$ _____

_____ **DATE WRITTEN NOTIFICATION SENT TO PARENT** **BY WHOM** _____

All parents are encouraged to apply for FSCA Scholarship. FSCA Scholarship amounts will range from \$500 – \$2,000 annually. Families who are not receiving any other financial assistance for tuition will receive priority; however, all families are requested to apply for the FSCA Scholarship. FSCA Finance Committee will notify families of their scholarship determination through written documentation within two (2) weeks of application with requested documentation being received in administration. The scholarship is not to provide “cash in hand” but provide for the payment of the tuition for the student.

FSCA Scholarship applications will be sent home and through email no later than 1st of February. Closing date is March 1st. No applications from existing students will be accepted after that date. New applicants may apply for FSCA Scholarship when they apply for admittance into FSCA.

OPTION 4 – SELF PAY (Parent may choose any one of the following payment plans).

_____ Annual tuition, including registration, resource, technology and administrative fees of \$7,000, due in its entirety at time of enrollment or by June 1 for existing students.

_____ Semi-Annual, payments due August 1 (or at time of acceptance) and January 4, in the amounts of \$3500 each semester.

_____ 12 month contract, June 1 – May 1 in the amount of \$ _____ monthly.

_____ 11 month contract, July 1 – May 1 in the amount of \$ _____ monthly. .

_____ 10 month contract, August 1 – May 1 in the amount of \$ _____ monthly.

_____ Other number of months, payments in the amount of \$ _____ monthly.

Month enrolled _____ Monthly payment \$ _____ New Student application fee paid \$ _____ Date _____

Parent or Guardian’s Signature and Date/Administration’s Signature and Date (Received in office)