

# Voices of Faith Christian Academy

2125 Rockbridge Road SW  
Stone Mountain, Georgia 30087  
678-740-0215 • Fax 678-740-0217  
www.voicesfaithacademy.com

# Application for Admission

### Instructions:

1. Complete the application in ink (print) or type and send it to Director of Admissions, Voices of Faith Christian Academy, 2125 Rockbridge Road, Stone Mountain, GA 30087.
2. Have the applicant's school send a current transcript, if possible.
3. Include the non-refundable \$100.00 Application Fee (check payable to VOFCA). Initial \_\_\_\_\_
4. Attach a recent photograph (candid acceptable).

Attach  
Photograph

## Personal Information Regarding Applicant and Family

Print full legal name (no abbreviations) and name preferred to be called

Last name		First		Middle		Preferred	
Street address		City		State/Country		Zip	
County of residence		Citizenship		Birth place		Age	
Home phone		Boy ( )		Girl ( )		Birth date	

### Father's Information

Full name	
Address (if different)	
City	State Zip
Home phone	Business phone
Cell phone	Fax number
E-Mail Home <i>Grades/ newsletters e-mailed to parents</i>	E-Mail office
Occupation	Title
Company's name	
Company's address	
City	State Zip
College(s) and degree(s)	

### Mother's Information

Full name	
Address (if different)	
City	State Zip
Home phone	Business phone
Cell phone	Fax number
E-Mail home <i>Grades/ newsletters e-mailed to parents</i>	E-Mail office
Occupation	Title
Company's name	
Company's address	
City	State Zip
College(s) and degree(s)	

### Important Information

<input type="checkbox"/> Parents married and together	<input type="checkbox"/> Parents married and separated	<input type="checkbox"/> Parent(s) deceased? _____
<input type="checkbox"/> Parents divorced	Who has custody? _____	
Mother remarried?	<input type="checkbox"/> No	<input type="checkbox"/> Yes spouse _____
Father remarried?	<input type="checkbox"/> No	<input type="checkbox"/> Yes spouse _____
Mail official correspondence	<input type="checkbox"/> Both	<input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Mother

Responsible for tuition/fees      Both    Father     Mother     Other \_\_\_\_\_  
Resides with                              Both    Father     Mother    Other \_\_\_\_\_

**Desired Date of Admission****Classification Desired** Immediately (month/year) \_\_\_\_\_ Fall 20\_\_ - 20\_\_ Summer school 1/2 K4 Student Full Day K4

Grade level desired \_\_\_\_\_

**Applicant's Educational History**

Briefly explain your child's academic/social needs as you perceive them, including goals which you wish achieved at Voices of Faith Christian Academy.

**Transcript/Records (Please bring a copy of the transcript)**Enclosed form sent to your child's school?  Yes  No**School where currently enrolled****Grade currently enrolled**

Address

Phone

City

State

Zip

Names to contact for educational information/references: (permission to call?  Yes  No)**Other schools attended**

School/grades attended

City/State

School/grades attended

City/State

## Applicant's Conduct History (Confidential)

It is important that the following be answered completely and honestly so that the Director of Admissions may understand the applicant's background. Please attach additional statements to the application if necessary.

Has the applicant ever been:		Explain
in-school suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
out-of-school suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
expelled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
asked to withdraw?	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

Has the applicant ever been involved with law enforcement authorities?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever had any problems with alcohol or illegal substance abuse?  No  Yes

If yes, has applicant received treatment for the problems?  No  Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant's Medical History (confidential)

Georgia law requires that a completed immunization form be on file for each student by the first day of class. The school also requires that a student health form be complete each year by the first day of class.

Applicant's Physician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Other than regular childhood diseases, has the applicant ever been diagnosed as having a communicable disease?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any medical conditions that would prevent him/her from participating in the school's physical education or athletic programs?  No  Yes Any family members under the age of 40 with heart problems?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been hospitalized?  No  Yes Explain: \_\_\_\_\_

Has the applicant ever received **professional counseling**?  No  Yes Psychologist/Counselor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Permission to contact:  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student had a **psychological-educational evaluation**?  No  Yes Date of evaluation \_\_\_\_\_

Name of evaluator: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Permission to contact evaluator:  Yes  No

*Please have a copy of the evaluation and any other standardized testing sent to the Director of Admissions.*

\* **Please note:** VOFCA does not offer special needs programs. Does your child require special needs? Yes \_\_\_ No \_\_\_

## Additional Information

Yes  No Parent/Guardian of the applicant give permission for the applicant to have his/her photograph and name appear in current and future school publications (yearbook, newsletters, etc.) and promotional materials. If no, please explain: \_\_\_\_\_

Voices of Faith Christian Academy has various functions to which immediate family, grandparents, and friends are invited. Please complete the following.

### Siblings

\_\_\_\_\_  
Name Age School

\_\_\_\_\_  
Name Age School

\_\_\_\_\_  
Name Age School

\_\_\_\_\_  
Name Age School

### Paternal Grandparents

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )  
Phone

\_\_\_\_\_  
E-Mail

### Maternal Grandparents

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )  
Phone

\_\_\_\_\_  
E-Mail

### Please read carefully before signing and submitting:

**I certify that I have read and understand this application, and I further certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate to the Director of Admissions in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein, or omission of information requested herein, Voices of Faith Christian Academy reserves the right to revoke admission to Voices of Faith Christian Academy.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student applicant (required)

\_\_\_\_\_  
Date

Person(s) who will assume responsibility for payment of tuition?

\_\_\_\_\_  
Print name & relationship

Voices of Faith Christian Academy administer a non-discriminating policy of admissions in regard to race, creed, color, sex, ethnic, or national origin.

**Voices of Faith Christian Elite Academy**

2125 Rockbridge Road SW  
Stone Mountain, Georgia 30087  
678-740-0215 Fax 678-740-0217

**Transcript/Records Release**

Complete and give to current school

**To Parents:**

Complete this form and submit it to your child's school.

**Authorization of Release of Educational Records to Voices of Faith Christian Elite Academy**

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consents to the immediate release to Voices of Faith Christian Elite Academy all educational records including official transcripts, current grades, test profiles, and educational evaluations.

Student Hawkins Aarion Jade Current grade 8<sup>th</sup>  
(Print) Last First Middle

\_\_\_\_\_  
Signature of parent/legal guardian Date

\_\_\_\_\_  
Print name of school Phone

\_\_\_\_\_  
School address City State Zip

**To Principal/Guidance Counselor/Registrar:**

The above-named student has made application for admission to Voices of Faith Christian Elite Academy. We would appreciate you promptly sending the following information.

1. An official transcript of the student's academic record to date, including grades for courses in progress and an explanation of the school's grading scale. Include conduct records if permitted or required by state law.
2. A copy of the student's complete test profile.
3. All psychological/educational evaluations or diagnostic evaluations.
4. A copy of immunization records.

**Please retain this authorization form in the student's file so that additional forms will not be necessary for future information requests.**

Please mail the requested information directly to:  
**Voices of Faith Christian Elite Academy**  
**Director of Admissions**  
**2125 Rockbridge Road SW**  
**Stone Mountain, Georgia 30087**

# Voices of Faith Christian Academy

2125 Rockbridge Road SW  
Stone Mountain, Georgia 30087  
678-740-0215 Fax 678-740-0215  
www.voicesfaith.org

# Student's Health History

Completed by Parent/Submit with Application

**Instructions:** Parents/guardian, please complete this form and submit it with the application.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_

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

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

***In case of emergency, contact:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Explain "Yes" answers below.**

**Circle questions you don't know the answers to.**

- |  | Yes                      | No   |
|--|--------------------------|--|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?                 | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?                                 | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?                            | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 5. Have you ever passed out or nearly passed out DURING exercise?                                      | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 6. Have you ever passed out or nearly passed out AFTER exercise?                                       | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 7. Have you ever had discomfort, pain, or pressure in you chest during exercise?                       | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 8. Has a doctor ever told you that you have (check all that apply):                                    | <input type="checkbox"/> | <input type="checkbox"/>                   |
| <input type="checkbox"/> High blood pressure   |                          | <input type="checkbox"/> A heart murmur    |
| <input type="checkbox"/> High cholesterol  |                          | <input type="checkbox"/> A heart infection |
| 9. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)                 | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 10. Has a doctor ever told you that you have asthma or allergies?                                      | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 11. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/>                   |
| 12. Do you have any rashes, pressure sores, or other skin problems?                                    | <input type="checkbox"/> | <input type="checkbox"/>                   |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 13. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Voices of Faith Christian Academy**

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 Stone Mountain, GA 30087  
 678-740-0215 Fax 678-740-0217  
 www.voicesfaith.org

**Student Pick-Up Authorization**

**Complete by Parent/ Submit with Application**

**Transportation:**    \_\_\_ Before Care    \_\_\_ Car Rider Only  
                           \_\_\_ After Care

Name of Student: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list all authorized persons who will be picking up your child in the afternoon:

Name/Relationship	Home Number	Cell Number	Work Number
1.			
2.			
3.			
4.			
5.			

Please call the Academy office or send a note to school with your child if any person(s) other than the authorized names above will be picking up your child. Your written consent **MUST** be received before your child will be released.

Parent/Legal Guardians:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby state that, to the best of my knowledge, that my answers to the above questions are complete and correct.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Statement of Agreement

## Completed by Parent/Submit w/ Application

I (We) reserve(s), legal parent/guardian of \_\_\_\_\_ mutually agree to enter in to  
an agreement with Voices of Faith Christian Academy and the student above is classified as a student of Voices of Faith Christian Academy from August until May, 2011 and shall attend classes, participate in school activities, earn and/or transfer academic credits.

Student's Name

I understand that I am expected to pay the monthly fees according to due date schedule. A two-week written notice must be given to VOFCA before withdrawing my child. Transcripts, report cards and students records will not be released until all outstanding charges are paid.

VOFCA will NOT refund any monies for partial weeks of the child's attendance. Attendance for one or more days constitutes a full month.

School hours are 8:30am – 2:45pm. If the child is not picked-up by 3:15pm, they will automatically be enrolled in our after school program and the rate for that day is \$20, and will be billed and payable with the subsequent tuition payment.

I understand that according to state regulations, my child will not be allowed to enter to or leave the facility unless accompanied by the parent(s), a person authorized by the parent.

I acknowledge it is my responsibility to keep my child's records current. I will notify the academy of any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's health status, change of address, and etc. as VOFCA is not responsible unless notified.

By signing below, I acknowledge that I fully understand my obligation for my child and agree to the terms in this contract.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

EST. VOICES OF FAITH 2004  
CHRISTIAN ACADEMY

# Tuition Payment Schedule

## DUE DATE

## GRACE PERIOD

Tuesday, February 1– Enrollment Fee

Monday, August 2

Monday, June 7 – Tuition Payment 1

Thursday, August 5

Monday, July 12 – Book Fee

Monday, August 9

Tuesday, August 31 – Tuition Payment 2

Sunday, September 5

Thursday, September 30 – Tuition Payment 3

Tuesday, October 5

Saturday, October 30 – Tuition Payment 4

Friday, November 5

Tuesday, November 30 – Tuition Payment 5

Sunday, December 5

Thursday, December 30 – Tuition Payment 6

Wednesday, January 5

Monday, January 31 – Tuition Payment 7

Saturday, February 5

Monday, February 28– Tuition Payment 8

Saturday, March 5

Thursday, March 31 – Tuition Payment 9

Tuesday, April 5

Saturday April 30 – Tuition Payment 10

Thursday, May 5

Payments made on or after the 5<sup>th</sup> of the month must be paid by cashiers check or money order. **Personal checks will not be accepted after the 5<sup>th</sup> of the month. Payments received after the 5<sup>th</sup> will incur a late fee of \$15.00.**

EST.

VOICES OF FAITH  
CHRISTIAN ACADEMY

2004

Parent Signature

Date

# Before & After Care Program K4

Completed by Parent/Submit w/Application

Please register my child for the Before and After Care Program indicated below:

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

_____	Before Care Program	\$50.00 monthly	(6:30am – 8:00am)
_____	After Care Program	\$70.00 monthly	(2:45pm – 6:30pm)
_____	A.M. and P.M. Program	\$100.00 monthly	(6:30am – 8:00am and 2:45pm - 6:30pm)

I understand that if my child is dropped off or remains at any time during the hours of the Before and After Care Program, **I am responsible to pay \$20 for the day.**

I understand that once I have enrolled my child in the Before and After Care Program, a two week-notice is required for withdrawal from the program. **I also understand that once my child is withdrawn, re-enrollment will require another paid registration fee.**

I understand that discipline is necessary to provide safety for all students and to create an environment for students to study and prepare homework assignments. Therefore, I agree that continuous infraction of rules, after written documentation has been sent home, may result in suspension or in some cases, expulsion from the program.

My signature below acknowledges my child's participation in the above selected program(s) and my consent to pay the designated fees for such according to Voices of Faith Christian Academy's scheduled billing cycle.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

EST.

VOICES OF FAITH  
CHRISTIAN ACADEMY

2004

# Before & After Care Program K-5

## Completed by Parent/Submit w/ Application

Please register my child for the Before and After Care Program indicated below:

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

- |       |                       |                  |  |
|-------|-----------------------|------------------|--|
| _____ | A.M. Care Program     | \$70.00 monthly  | (6:30am – 8:00am)                        |
| _____ | P.M. Care Program     | \$130.00 monthly | (2:45pm - 6:30pm)                        |
| _____ | A.M. and P.M. Program | \$180.00 monthly | (6:30am – 8:00am<br>and 2:45pm - 6:30pm) |

I understand that if my child is dropped off or remains at any time during the hours of the Before and After Care Program, **I am responsible to pay \$20 for the day.**

I understand that once I have enrolled my child in the Before and After Care Program, a two week-notice is required for withdrawal from the program. **I also understand that once my child is withdrawn, re-enrollment will require another paid registration fee.**

I understand that discipline is necessary to provide safety for all students and to create an environment for students to study and prepare homework assignments. Therefore, I agree that continuous infraction of rules, after written documentation has been sent home, may result in suspension or in some cases, expulsion from the program.

**A \$25.00 registration fee must accompany each student's Before and After Care registration.**

My signature below acknowledges my child's participation in the above selected program(s) and my consent to pay the designated fees for such according to the Academy's scheduled billing cycle.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

EST.

VOICES OF FAITH  
CHRISTIAN ACADEMY

2004

# Voices of Faith Christian Academy 2009-2010 Financial Information

<b>ENROLLMENT FEE – (NON-REFUNDABLE)</b>
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Grades K4-5 <sup>th</sup> Grade	\$100.00
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<b>BOOK &amp; ACTIVITY FEE – (NON-REFUNDABLE)</b>
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K4 Book	\$310.00 <b>(Due by July 12, 2010)</b>
K5- 5 <sup>th</sup> Book	\$360.00 <b>(Due by July 12, 2010)</b>

<b>MEALS</b>
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Monthly Rate	\$45.00 (K4 lunch included in tuition)
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<b>VOFCA TUITION</b>
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Grade K4	\$220.00 monthly for half day
Grade K4	\$425.00 monthly
Grades K-5	\$425.00 monthly

<b>VOFCA TUITION BILLING CYCLE</b>
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Voices of Faith Christian Academy billing cycle is **MONTHLY** for all programs. For students enrolling in the programs, first month tuition is due June 7, 2010. The tuition is nonrefundable and nontransferable. Monthly tuition payments are due according to the Tuition Payment Schedule. If you choose to pay for the entire year by August 2, you will receive a 10% discount. There is a 10% discount if you been a member of VOF for six months and have completed new members class. A sibling discount of 10% is also available when enrolling two or more children; please note first child will be charged full tuition. **Only one discount allowed.**

EST.

**VOICES OF FAITH  
CHRISTIAN ACADEMY**

2004

# PHOTO RELEASE

Voices of Faith Christian Academy would like your permission to photograph/film your child for advertisement of our facilities. The photograph/film will be used for this purpose only. All rights to said photograph/film is the property of Voices of Faith Christian Academy.

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**Child's Name**

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**Parent's Signature and Date**

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EST.

**VOICES OF FAITH  
CHRISTIAN ACADEMY**

2004

# Voices of Faith Daycare Student Pick-Up Authorization

Name of Student \_\_\_\_\_

Dear Parent,

Please list all authorized persons who will be picking up your child in the afternoon:

NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Also note:

1. No child will be allowed to enter or exit the center without being escorted by a parent or guardian. Siblings are **not** allowed to be on the authorized pick-up list unless they are at least 18 years of age.
2. Please keep the center advised of any significant changes regarding phone numbers, work locations, emergency contacts, etc.

Please call the daycare office or send a note to school with your child if any person(s) other than the authorized names above will be picking up your child. Authorized person must know the child's code before child will be released. Your verbal or written consent **MUST** be received before your child will be released.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# VOICES OF FAITH CHRISTIAN DAYCARE TRANSPORTATION AGREEMENT

My child, \_\_\_\_\_, has permission to ride on the bus provided by VOFC D.

### Before School

My child is to be transported from VOFC D at 8:00 AM  
(time)

My child is to be delivered to VOFCA by 8:15AM  
(school) (time)

### Lunch Period

My Child is transported between the hours of 11:30 and 1:30 to and from the School and Daycare.

### After School

My child is to be picked up from VOFCA at 3:00 PM  
(school) (time)

My child is to be delivered to VOFC D by 3:30 PM.  
(time)

### **This information must be completed**

School Address 2125 Rockbridge Rd, SW, Stone Mountain, GA 30087

Principal's Name Ann Gaines School Phone Number 678.740.0215

Grade: (circle one)    K4    K    1    2    3    4    5    6    7

Teacher Name \_\_\_\_\_

The following rules apply:

1. No vehicle containing children shall be left unattended.
2. No child shall stand in the vehicle when being transported.
3. Unless accompanied by his or her parents, no child shall be required to spend more than one and one-half hours daily in transportation.
4. The driver of the Daycare vehicle transporting children must meet the same general qualifications as those set forth for other members of the Daycare.
5. If the bus takes your child to school in the morning, we will pick your child up at the dismissal time.
6. If we do not take the child to school, then we will assume that he or she is absent and will not go to the school to pick up child unless it is agreed upon that you will provide morning transportation.
7. You must call us each time your child is taken to school by anyone other than us so we will be sure to pick him or her up, unless it is agreed upon that you will provide morning transportation.
8. If your child is picked up by someone else before our bus arrives, you must notify us. Countless time has been lost looking for a child that is not even at school. \$25.00 per occurrence for no calls prior to 2:00pm.
9. Please have your child at the Daycare no later than 7:30am if they are to be dropped off at school. The bus leaves Voices of Faith Christian Daycare promptly at 8:00 am.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# ENROLLMENT CHECKLIST

## Documents Needed to Complete Enrollment Packet:

- \_\_\_\_\_ Enrollment Fees - \$100.00
- \_\_\_\_\_ Current Immunization Form (#3231 only)
- \_\_\_\_\_ Copy of Birth Certificate (with State Seal)
- \_\_\_\_\_ Certificate of Ear, Eye, Dental (#3300)
- \_\_\_\_\_ Academic Records from Previous School (including report card)
- \_\_\_\_\_ All Enrollment Forms Completed and Signed
  - Application for Admission
  - Applicants Emergency Information and Authorization
  - Parent Statement of Agreement
  - Tuition Agreement
  - Tuition Payment Schedule
  - Before and After Care Program (optional)
  - Photo Release



