

APPLICATION FOR RE-ENROLLMENT 2014-2015 ACADEMIC YEAR

Date _____

1. *This application is for students presently enrolled who desire to return for the 2014-2015 academic year. The registration fee of \$50.00, must accompany the application, and is non-refundable. After April 1st the registration fee will be \$75.00.*
2. *Please complete the application in full. All applications will not be processed if any information is missing.*
3. ****If you are enrolling a child into the Academy that is not presently enrolled, please complete a full Application. Applications are available in the school office or at our web site at www.ebabrighton.org.*

Name of parent(s) or guardian(s): _____

Address: _____

City: _____ Zip: _____

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's SSN: _____ Mother's SSN: _____

Home #: _____ Email Address: _____

Emergency Contact (name and relationship): _____

Emergency Contact #: _____

Any Medical Conditions: _____

Church Attending: _____

Pastor: _____ Church Phone: _____

Attend regularly: ☐ Yes ☐ No

CHILDREN RE-ENROLLING

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

PARENTAL CONSENT FORM

Please initial beside each line item and sign and date the form. The application will not be processed unless the form is completed in full.

_____ “I understand that the school is an integral part of child training of which I am expected to support.”

_____ “I hereby commit to assume my Scriptural responsibility for financial support of the school and will pay all balances timely. I agree to pay all tuition costs and all related fees. I agree to pay all collection costs for the collection of my account.”

_____ “I understand that my child is expected to take part in school activities, including P.E. and sponsored trips away from the school, and I absolve the school from liability to me or my children because of injury to my child at all properly supervised school activities.”

_____ “I give Elmwood Baptist Academy staff and volunteers permission to take my child away from campus on school sponsored events and activities. I agree not to hold Elmwood Baptist Church, its ministries, or any of its officers, employees, trustees, or volunteers accountable for loss of life, or injury to my child while attending or while in route to and from the school campus.”

_____ “I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in completion of any homework or assignments.”

_____ “I appreciate the standards of EBA and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school. I hereby agree to support regulations published in the school handbook in the applicant’s behalf.”

_____ “I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school.”

_____ “I have read the updated handbook and understand and agree to the terms stated on this application.”

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

FINANCIAL INFORMATION

Elmwood Baptist Academy's annual budget is dependent upon student tuition and gifts for operating expenses. All contributions are tax deductible. Tuition payments are not deductible.

EBA appreciates your desire for your children to continue their education with us. Please contact the school office with any questions concerning financial information.

REGISTRATION FEES (NON-REFUNDABLE):

\$ 75.00/student • \$ 50.00/student if paid by March 31st

PAYMENT PLANS:

PLAN A: 10 MONTH PLAN (BEGINNING AUGUST 1ST AND ENDING MAY 1ST)					
	2's and 3's	K4 and K5	1st-3rd	4th-8th	9th-12th
1st Child	\$394	\$274	\$274	\$274*	\$294**
2nd Child	\$394	\$224	\$224	\$224*	\$244**
3rd Child	\$394	\$174	\$174	\$174*	\$194**
4th Child +	\$394	\$40	\$40	\$40*	\$50**

PLAN B: 12 MONTH PLAN (BEGINNING JUNE 1ST AND ENDING MAY 1ST)					
	2's and 3's	K4 and K5	1st-3rd	4th-8th	9th-12th
1st Child	\$329	\$229	\$229	\$229*	\$245**
2nd Child	\$329	\$187	\$187	\$187*	\$204**
3rd Child	\$329	\$145	\$145	\$145*	\$162**
4th Child +	\$329	\$34	\$34	\$34*	\$42**

PLAN C: SINGLE PAYMENT (TOTAL TUITION PAID IN FULL BY AUGUST 31ST)

Please select which payment plan you will use:

☐ Plan A: 10 month plan ☐ B 12 month plan ☐ C One single payment

Unpaid balances will be assessed a 5% late fee on the 5th of each month. If unpaid balances are not paid by the 15th of the month, the student will be considered withdrawn, unless prior arrangements have been approved through the Principal's Office.

Please complete and return to school office.

Date: _____ Student Name: _____

Print Parent's Name: _____

Parent's Signature: _____

*Price includes 6 core subjects plus Bible class and computers. Each additional subject will be billed at \$4.00 per PACE or \$48.00 for an elective subject.

**Price includes up to 7 core subjects plus Bible class and computers. Each additional subject will be billed at \$4.00 per PACE or \$48.00 per additional subject.