

# Jacksonville Christian Academy

A ministry of the First United Pentecostal Church

11697 Normandy Boulevard

Jacksonville, Florida 32221

(904) 783-2818



## Re-Enrollment Form 2013-14 school year

Dear Parents:

The enrollment for the upcoming school year is now open to students who are presently enrolled in our academy. Outside enrollment will be available to new students on May 6<sup>th</sup>. As you know, we have limited seating in the school and students will be accepted on a first come basis. If you are interested in re-enrolling your child, please read over the information contained and return this completed form to the school with the **\$250** registration fee by May 6<sup>th</sup>. Please understand, we will not be able to reserve seating for children that are not registered.

			Yearly	Monthly
Tuition	Grades 1-6	1 <sup>st</sup> child	3,000.00	300.00
		2 <sup>nd</sup> child	2,900.00	290.00
	Grades 7-12	1 <sup>st</sup> child	3,200.00	320.00
		2 <sup>nd</sup> child	3,100.00	310.00
	Kindergarten		3,450.00	345.00
Book fee	Kindergarten		325.00	
	Grades 1-6		300.00	
	Grades 7-12		350.00	
Registration	Grades K-12		250.00 (includes Testing/Yearbook/Pictures)	

Tuition is payable in ten monthly payments, the first payment is due on or before the first day of school and the nine remaining payments are due on the first of each month, beginning in September. A \$25 late fee will be applied if not paid by the tenth of each month. Any student whose account remains past due for 20 days is subject for dismissal.

**Student Information:** Name \_\_\_\_\_ Grade enrolled \_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent Information:** Father's Name \_\_\_\_\_ Living with child? Yes ( ) No ( )

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living with child? Yes ( ) No ( )

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Information: Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Upon re-enrolling the above student in the academy, I / we agree to the financial obligation and all the terms contained in the original application and student handbook.

\_\_\_\_\_  
Signature of person responsible for payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date