



RE-ENROLLMENT FORM

Please Print:

Child's Full Name _____ Grade _____

Address _____

Phone _____ Email _____

Age _____ Birth Date _____ Birthplace: City _____ State _____ County _____

In making this application to Victory Baptist Academy I understand that:

Because of limited enrollment and a very stringent economy, it is hereby understood that the parents will pay tuition for the amount stated by the school office. Report cards will be held if the account becomes delinquent during any grading period or if satisfactory arrangements have not been made with the school. A \$10 service charge will be added if payment becomes 10 days past due. Any account is delinquent after 30 days. After a total of 45 days have elapsed, the student will be suspended until payment has been made. No refunds will be made for fees such as books, registration, insurance, etc...and for any tuition for less than a month. Permanent record will be held until all tuition and fees are paid.

Since fees do not cover the actual cost of educating our child, we recognize that our participation is needed in prayer, service, and gifts in order to properly share in this training.

In full cooperation with the school, we will attend parent-teacher fellowship meetings. We sincerely pledge our loyalty to the aims and ideals of the school and will bring any and all questions and criticism directly to the administration so that they may properly be considered by those in authority.

The teacher and administration are hereby given full discretion in the discipline of our child or children. This would include the issuing of demerits, suspensions, corporal punishment, and expulsion from the school program. Detentions maybe used after school for various offenses and transportation to be fully the parent's responsibility. Parents will be notified before each detention.

The school reserves the right to dismiss any student who does not cooperate with the educational process. If the student is dismissed for any reason the tuition will be pro-rated on a monthly basis for that period of time that the child is in school.

This statement of cooperation may not be voided except by the approval of the school.

In making application for my child, it is my desire to have him attend the school year 20____ - 20____. It is also my understanding that the policy of the school is to make no refund on registration fees. I also give permission for my child to take part in all school activities including sports and school sponsored trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of an accident or serious illness, I request the school to call my physician and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of both parents preferred, one will be accepted:

Father _____ Mother _____ Date _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Your re-enrollment fee of \$135 must accompany this application to ensure a place for your child. During the early re-enrollment period, this fee is reduced to \$65. (no re-enrollment fee will be refunded). Tuition will be made in 10 monthly payments. The first payment will be due on August 10.