

Application for Re-Enrollment



SCHOOL YEAR: _____ - _____

FAMILY INFORMATION

Family Code _____

Family Name _____

Please review the attached "Family Verification Sheet" and note any necessary changes or updates. Dental information is optional.

FINANCIAL INFORMATION

****Please indicate who is responsible for all financial obligations to FBTA:**

Title _____

First Name _____

Last Name _____

Relationship _____

Mailing Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Payments are due on the 5th day of each month, and a late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the finance office. Registration and supply fees are non-refundable in whole or in part. A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismissed students. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.

Parent/Guardian's Signature _____

Date _____

****NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

AGREEMENT

I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage, or social media. Student names are not used on the webpage or social media.

OFFICE USE

Reg. Date _____ Ck# _____ Cash Rec. # _____ \$ _____ AO _____ FO _____

Qualified Discounts: _____

Fairfax Baptist Temple Academy

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