

Application for Re-Enrollment



SCHOOL YEAR: _____ - _____

FAMILY INFORMATION

Family Code _____

Family Name _____

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

Student #1: _____
First Name _____ Last Name _____ Grade Entering _____

Student #2: _____
First Name _____ Last Name _____ Grade Entering _____

Student #3: _____
First Name _____ Last Name _____ Grade Entering _____

Student #4: _____
First Name _____ Last Name _____ Grade Entering _____

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.

FINANCIAL INFORMATION

Please indicate who is responsible for all financial obligations to FBTA.

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

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 A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismissed students.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 _____

OFFICE USE

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

Qualified Discounts: _____