

Vinings Academy

2009-10 School Year Current Student Re-enrollment Form

Child's Name _____ Birthdate _____ Age _____ Gender _____

Parent Name(s) _____

Address _____

Street

City

State

Zip

Home Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Email _____

Please circle your choices below

Location: S.Cobb Concord Road (St. Benedict's now uses separate paperwork)

Requested Schedule: Monday Tuesday Wednesday Thursday Friday
(circle the days requested)

Notes: _____

While we strive to give every family their first choice in schedules, we cannot guarantee a specific request during the pre-registration process. All existing students and their siblings are guaranteed a spot based on current schedules & location. A confirmation of your child's schedule will be sent with your 2009-10 school year tuition agreement and enrollment packet.

Tuition and Fees:

Application Fee - \$50 for each child (non-refundable)

School Year Tuition

2 days - \$2300

3 days - \$3200

4 days - \$3900

5 days - \$4550

Other Fees:

Supply Fee \$45

Meal Program \$3.75/day

Emergency Meals \$4.25

School Shirts - \$10

School Bags - \$12

By completing this enrollment form I agree to the following:

Tuition: Tuition is calculated based on the published school year calendar. All students are registering for the entire school year. Non-attendance does not release the student's family from this obligation. Tuition may be paid on a monthly basis by completing a monthly tuition agreement with the school - additional fees will apply.

Application Fee: The application fee is non-refundable. A student applicant will remain on the wait list until they are placed in a class or are requested to be removed from the wait list by their family.

Update of Contact information: The school will use the above information to contact the family regarding this applicant. It is the family's responsibility to keep the school informed of any changes to this information. To ensure accuracy, updates must be made in writing by sending either an email to admissions@viningsacademy.com or by mail Vinings Academy 4425 S.Cobb Drive, Suite A Smyrna, GA 30080.

Parent/Guardian Signature _____

Date _____

Vinings Academy Representative _____

Recvd _____ Accpt _____

Appl _____ Chk # _____

QB _____ DB _____

CFM _____ dt ____/____

Other _____