

**Abundant Life Academy
Financial Information 2011-2012**

RETURNING STUDENTS – Grades K4-12

Pre-Registration: \$125.00 (during the month of April)
\$150.00 (during the month of May)

NEW STUDENTS – Grades K4-12

Pre-Registration: \$175.00
Testing Fee: \$25.00

ALL STUDENTS (NEW AND RETURNING)

Book Fee: \$175.00 (1st Grade – 12th Grade)
\$175.00 (K4-K5, includes supply fee)
Technology Fee: \$25.00 per student
Accident Insurance: \$10.00 per student (grades K4-6)
\$20.00 per student (grades 7-12)
Tuition: \$3360.00 per student (\$280.00 per month JUNE-MAY)
Sports Fee: Per sport, as applicable (For more info refer to Sports Forms)

**Ask about signing
our 2-year
CONTRACT and
SAVE!!!**

Any student registering after May 31, 2011, will pay \$200.00 registration fee. All registration fees are non-refundable! There will be a \$100.00 discount on the year's tuition for anyone who pays for the year by September 1, 2011. Book, supply, technology, and insurance fees are NON-REFUNDABLE after the first day of school. There will be a \$100.00 withdrawal fee per student for any student who withdraws/transfers during the course of the school year.

TUITION DISCOUNTS:

1. Pay in full by September 1, 2011 - \$100.00 tuition discount per registered student, OR
2. ALM Active Church Member Discount – \$200.00 tuition discount per registered student. (Please refer to the Active Church Membership policy available in the church office to find out if you qualify), OR
3. Multi-Child Discount – After 3rd registered student receive 25% off total tuition. (A minimum discount of \$3,360.00!)

NOTE: The above fees are based on the students whose parents sign this form agreeing to participate in our fund raising projects during the school year. Those parents who do not wish for their students to participate in the fund raisers during the school year will be asked to donate \$50.00 per fund raiser per student.

EXPLANATION OF FUND RAISERS:

- **September:** Cookie Dough (Minimum of 10 buckets for first student and 5 additional buckets per additional student)
- **January:** World's Finest Chocolate Bars (One Case per student)

Tuition Payments: Tuition payments are due on the 1st day of each month and past due after the 10th. A \$20.00 late charge per student will be added after the 10th, and students will not be allowed in class after the 15th if the account is not paid. There is also a \$30.00 RETURN CHECK FEE. (If there are two returned checks during the year, your account will become CASH ONLY.) ***NO POST-DATED CHECKS WILL BE ACCEPTED.***

**We now take Visa, MasterCard, and Discover.
A \$10.00 service fee will be applied per transaction.**

Please check one:

I will support the school's fund raising projects.

I choose not to participate in the school's fund raising projects and agree to pay \$50.00 per fundraiser per student.

We, the parents of _____ entering _____ grade, agree to the above payment plan for the 2011-12 school year. We acknowledge that we are hereby committed to A.L.A. for the entire tuition and registration amount for the 2011-12 school year. We understand that delinquent accounts will be turned over to a collection agency and 30% of the principle will be added as a penalty for delinquent accounts that must be turned over for collections.

Parent Signature _____ **SS#** _____ **Date** _____

Parent Signature _____ **SS#** _____ **Date** _____

Mailing Address _____

Physical Address _____

Phone Numbers: Home _____ Cell _____

ALA accepts students of any race, color and national or ethnic origin

Members of: **South Carolina Association of Christian Schools & American Association of Christian Schools**
Accreditation: **National Private School Accreditation Alliance**

**Registration Form 2011 - 2012
Abundant Life Academy**

Date: _____ School Year: _____ Grade to Enter: _____

Student's Name: _____
First Middle Last

Mailing Address: _____
PO Box or Street Address City State Zip

Physical Address: _____
Street Address City State Zip

Email Address: _____ Home Phone: _____

Student's Present Age: _____ Birthdate: _____ Race: _____

Last School Attended: _____ Phone: _____

Last School Attended Address: _____
Street Address City State Zip

Circle Grades Previously Attended at Abundant Life Academy: K4 K5 1 2 3 4 5 6 7 8 9 10 11

Father's Name: _____

Employer: _____ Phone: _____

Mother's Name: _____

Employer: _____ Phone: _____

If parent's are separated or divorced, with whom does the student live? _____

Student's grades are: Superior Above Average Average Below Average

Has the student failed any grade? Yes No If yes, what grade? _____

Reason for selecting ALA: _____

School recommended by: _____

Emergency Contact: _____ Phone: _____

Statement of Cooperation

In making application for my child, it is my desire to have him complete the school year 20 - 20. It is also my understanding that the policy of the school is to make no refunds 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 Abundant Life Academy from liability to me or my child because of any injury to my child at school or during any school activity.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Abundant Life Academy Parents' Pledge

I recognize that Abundant Life Academy has a highly qualified and trained staff, and I have confidence in their abilities to perform the educational functions due my child at their discretion.

I realize that from time to time children take issue with actions that they do not agree with, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism. I will correct my child, support the school personnel, and call in for full details at any time I have a question concerning an incident.

I further realize that building strong relations with my child's supervisor to aid in the training of my child is as much my responsibility as it is the school's.

- I will pray for the staff and program,
- Cooperate with them in discipline, accepting their judgment in all such matters,
- Lay a Spiritual foundation through Godly example in the home,
- Support the Spiritual training of chapels, devotion, etc.,
- Follow through with any work, assignments or slips to be signed,
- See that the child reaches school on time,
- Send written excuses for absence or tardiness,
- Cooperate in training the child to respect school property and pay for irregular abuse of the same,
- Attend all parent functions, and
- Assist in publicizing the school and its programs among friends.

I realize that attending Abundant Life Academy is a privilege and not a right. It is my intentions to abide by the decisions and support the discipline of the administration.

Date: _____

Student's Name: _____

Parent/Guardian's Signature: _____

Abundant Life Academy Emergency Slip 2011 -2012

** IT IS THE PARENT'S RESPONSIBILITY TO KEEP THE INFORMATION CURRENT ON THIS FORM THROUGHOUT THE SCHOOL YEAR. **

Student's Name: _____
First
Middle
Last

Date of Birth: _____ Grade/Homeroom: _____

MOTHER'S NAME: _____ Home Phone: _____
 Beeper/Mobile Phone: _____ Work: _____

FATHER'S NAME: _____ Home Phone: _____
 Beeper/Mobile Phone: _____ Work: _____

Name of person whom you authorize to make medical decisions for your child if you cannot be reached in an emergency situation:

Name: _____ Home Phone: _____
 Beeper/Mobile Phone: _____ Work: _____

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Please list any specific allergies, physical conditions (frequent headaches, color blindness, eyeglasses, etc.) or any other health information of which we should be aware:

ALLERGIES: _____

PHYSICAL/MEDICAL CONDITIONS/REACTIONS: _____

List below any medication your child takes on a regular basis. Any medication to be taken during the school day must be administered through the office – **ALL STUDENTS – ALL GRADES**. Medication, particularly Ritalin and other controlled substances, must be accompanied by an “**ABUNDANT LIFE ACADEMY MEDICATION PERMISSION REQUEST FORM**”. Prescribed medication must be sent to school in the original prescription bottle properly labeled by a registered pharmacist as required by law. Renewed prescriptions must also be sent to school in the prescription bottle as issued by a registered pharmacist. **NO OTHER CONTAINERS WILL BE ACCEPTED!** _____

May Tylenol or Ibuprofen be given? Yes No

PHYSICIAN'S NAME: _____ Phone: _____

Health Insurance Company: _____ Policy # ID: _____

↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ **IMPORTANT MEDICAL EMERGENCY INFORMATION** ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician, and the school may make whatever arrangements seem necessary.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Mailing Address: _____
PO Box or Street
City, State
Zip

Physical Address: _____
Street
City, State
Zip

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