

Student Information Form
(2018-2019)

1. Check all that apply to your child. If yes, explain.
2. Complete one sheet for each child you are interested in enrolling
3. Please be honest. This will help us best serve your child.

Child's Name _____ Grade _____

Yes **No**

___ ___ Special Health Problems: _____

___ ___ Allergies – Type: _____

___ ___ Learning Problems: _____

___ ___ Discipline Problems: _____

___ ___ Ever been expelled or suspended from another school?

School _____

Reason _____

___ ___ Ever repeated a grade in school?

Grade _____

Reason _____

Extracurricular activities your child desires to participate in

CARROLL ACADEMY TUITION SCHEDULE 2018-2019

	Tuition Amount Only
1 K-3 or K-4 Student – ½ day	\$2725.00
1 K-3 or K-4 Student All Day	\$3400.00
K-5 - 5 th Grade Student	\$4200.00
6 th – 12 th Grade Student	\$4300.00

The above amounts do not include Book and Lab Fees and/or TPA Fees.

(Early Registration is February 26th through March 8th.)

Early Registration Tuition Discounts	1 - \$125, 2 - \$225, 3 - \$325, 4 - \$425, 5 - \$525	
Pay Tuition Balance in Full	3 % Discount	
Multi Student Discounts	2 = 5%, 3 = 15%, 4 = 25%, 5 = 35%	
Registration Fees:	1=\$250, 2=\$390, 3=\$530, 4=\$670, 5=\$810	
Building Fees:	\$100 per Family per year	_____
Annual Book and Lab/Tech Fees:	\$150.00 per child (K-3 through 12 th Grades)	_____
Annual TPA Fee:	\$150.00 per Family	_____
Post Dated Check Fee:	\$10.00 Annually	

(Book, Lab and TPA Fees may be added to the total tuition due, with total figured into the monthly payments.

Registration Fee:	_____	
Appropriate Building & Check Fee:	_____	
Book, Lab/Tech, & TPA Fees If paid at Registration:	_____	
	_____	Total Due at Registration

All Fees Paid at REGISTRATION are Non-Refundable

Add each Student's Tuition Amount _____

Academic Scholarship Incentives:

Credit of ½ tuition will be awarded to those who have an ACT composite score equal to or above.

11 th & 12 th Grade	29 ACT Composite Score
9 th & 10 th Grade	27 ACT Composite Score
7 th & 8 th Grade	25 ACT Composite Score

Subtotal _____

Deduct Early Registration Discount _____

Credit of ¼ tuition will be awarded to those who have an ACT composite score equal to or above.

11 th & 12 th Grade	28 ACT Composite Score
9 th & 10 th Grade	26 ACT Composite Score
7 th & 8 th Grade	22 ACT Composite Score

Subtotal _____

Deduct Multi-Student Discount _____

*This policy is not retroactive.

Total Tuition Due _____

Book, Lab/Tech & TPA Fees _____

If not paid at Registration: _____

Calculate Monthly Fee _____

(Divide Total Tuition Due by 10 for Plan *1 or 12 for Plan **2

*Plan 1 payments are July-May omitting February. **Plan 2 payments are June-May.

All Family Accounts MUST be current before registering for next year.

Carroll Academy
Web Release Form (2018-2019)

Carroll Academy does have and maintain a Web Site (www.carrollacademy.org). We are throughout the school year posting pictures of various school activities, honor rolls, educational material, and general information pertaining to the school, the faculty and students. It is a parent's option to authorize the school to use a student's picture and name on the said Web Site. **Carroll Academy does reserve the option to post group pictures, with no names attached, to said Web Site.**

I **DO NOT** authorize Carroll Academy to post a picture of my child, with name attached to the Carroll Academy Web Site. I do understand that Carroll Academy reserves the right to post group pictures, with no names attached to said Web Site.

Parent's Name

Student's Name

Student's Grade

Date

I **DO** authorize Carroll Academy to post a picture of my child, with name attached, to the Carroll Academy Web Site. I do understand that Carroll Academy reserves the right to post group pictures, with no names attached to said Web Site.

Parent's Name

Student's Name

Student's Grade

Date

Said forms will be kept in each student's permanent folder in the office for school records.

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS 2018-2019

CARROLL ACADEMY
P.O. BOX 226 909 College Street
CARROLLTON, MS 38917

Children:

I/We, _____, hereby authorize
CARROLL ACADEMY, hereinafter called SCHOOL, to initiate debit entries to my/our
___ Checking Account OR ___ Savings Account indicated below and the DEPOSITORY
named below, hereinafter called BANK, to debit same to such account for \$ _____
(amount) for ___ number of months.

(PLEASE ATTACH A VOIDED CHECK BELOW.)

BANK NAME: _____

BRANCH: _____

CITY, STATE, ZIP: _____

TRANSIT/ABA#: _____

ACCOUNT#: _____

TERM DATE: _____

**This authority is to remain in full force until noted period of time or SCHOOL and BANK
has received written notification from me, or either of us, of its termination in such time
and in such manner as to afford SCHOOL and BANK a reasonable opportunity to act on it.**

SIGNATURE (S): _____

DATE: _____

REGISTRATION INFORMATION 2018-2019

K-3 K-4 K-5 1 2 3 4 5 6
7 8 9 10 11 12 (please circle one)

Date: _____

STUDENT INFORMATION

Last Name: _____ **First Name:** _____ **M/I** _____ **Goes By:** _____

SSN: _____ - _____ - _____ **Birthdate:** ___/___/___ **Age:** _____ **Race:** _____ **Sex:** _____

School last attended: _____ **Phone No:** _____

Address: _____

PARENT/GUARDIAN #1 INFORMATON

Last Name: _____ **First Name:** _____ **M/I** _____ **Goes By:** _____

Address: _____ **Home Phone:** _____

City/State/Zip/ County: _____ **Lives with Student:** Yes No

Place of Employment _____ **Work Phone:** _____

Relationship to Student: _____ **Responsible for Tuition:** Yes No

Misc. Info (cell phone, etc.) _____

Email Address: _____

PARENT/GUARDIAN #2 INFORMATION

Last Name: _____ **First Name:** _____ **M/I** _____ **Goes By:** _____

Address: _____ **Home Phone:** _____

City/State/Zip/County: _____ **Lives with Student:** Yes No

Place of Employment: _____ **Work Phone:** _____

Relationship to Student: _____ **Responsible for Tuition:** Yes No

Misc. Info (cell phone, etc.): _____

PERSON RESPONSIBLE FOR TUITION (if different than above)

Last Name: _____ **First Name:** _____ **M/I:** _____ **Goes By:** _____

Address: _____ **Home Phone:** _____

City/State/ Zip/County: _____ **Lives with Student:** Yes No

Place of Employment: _____ **Work Phone:** _____

Relationship to Student: _____ **Responsible for Tuition:** Yes No

Please list any siblings enrolled at Carroll Academy, along with their grade.

_____	_____
_____	_____
_____	_____
_____	_____

PLEASE ATTACH A COPY
OF YOUR CHILD'S BIRTH
CERTIFICATE AND ORIGINAL
IMMUNIZATION FORM #121,
Unless previously provided to
Carroll Academy.

Yearbook Order Form (2018-2019)

It is the policy of Carroll Academy that at registration each family pays for one Carroll Academy yearbook. This one book is included in your registration fees. This policy allows for one book per family, no matter how many children are listed on the school contract. The cost of a yearbook is \$70.00.

This year at registration, we are offering families the opportunity to purchase additional books for your child/children. The price for each additional book is \$70.00. Payments for additional books must be received at registration in order for your extra book/books to be ordered. Only the exact amount of extra books sold during registration will be ordered. There will be NO EXTRA books when they arrive.

If you are interested in purchasing extra Carroll Academy Rebel Yearbooks, please fill out the information below.

Thank you for your continued support.

Student's Name

Student's Grade (2018-2019 School Year)

Parent's Signature

_____ Yes, I do want to order

_____ No, I don't want to order

_____ Number of Extra Books Ordered

_____ Money Paid

_____ Cash

_____ Check

_____ Check Number