

# Carroll Academy

Excellence in Education  
P.O. Box 226 • 909 College Street, Carrollton, MS 38917  
Phone: 662-237-6858 • Fax: 662-237-9231

February 1, 2024

Dear Patrons,

Now is the time of year where we begin preparing for the next one. We have set the dates for Early Registration; they are February 20<sup>th</sup> through March 1. Regular registration times will be from 7:30 a.m. to 3:30 p.m. each school day. We will extend the time until **6:00 p.m.** on the days listed below:

February 20-22 and February 27-29

On Saturday, February 24<sup>th</sup>, the office will be open from 8:00am-11:00am.

Registration forms will be on the school's website. We will also have forms in the elementary and high school offices. Please have all forms completed when you arrive. In addition, you may inform Sherry Fulton of your intended day and how tuition will be handled, and she will prepare your contract in advance.

For students that will be in grades 6-11 next year, Mrs. Rogers will be meeting with them the first of March to choose their classes. Only students that have registered for 2024-2025 will be allowed to meet with Mrs. Rogers.

The Early Registration dates are for Carroll Academy patrons only. Beginning March 4<sup>th</sup>, registration will be open to new families.

Thank you for allowing CA to be a part in your child's life.

**REGISTRATION INFORMATION 2024-2025**

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: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT/GUARDIAN #1 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.) \_\_\_\_\_

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.) \_\_\_\_\_

Email Address: \_\_\_\_\_

**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.

_____	_____
_____	_____
_____	_____
_____	_____

**CARROLL ACADEMY TUITION SCHEDULE 2024-2025**

Tuition Amount Only

1 K-3 or K-4 Student All Day	\$4,200.00
K-5 – 6 <sup>th</sup> Grade Student	\$5,000.00
7 <sup>th</sup> – 12 <sup>th</sup> Grade Student	\$5,100.00

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

Early Registration is February 20<sup>th</sup> through Mar 1.

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:	\$300 per Family per year _____
Annual Book and Lab/Tech Fees:	\$300 per child (K-3 - 12 <sup>th</sup> Grades) _____
Post Dated Check Fee:	\$ 10.00 Annually
(Book, Lab/Tech 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	
If paid at Registration:	_____
	_____ Total due at Registration

**ALL FEES PAID AT REGISTRATION ARE NON-REFUNDABLE**

Add each Student's Tuition Amount	_____
	_____
	_____
Subtotal	_____
Deduct Early Registration Discount	_____
Subtotal	_____
Deduct Multi-Student Discount	_____
Total Tuition Due	_____

**Academic Scholarship Incentives:**

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

11 <sup>th</sup> & 12 <sup>th</sup> Grade	29 ACT Composite Score
9 <sup>th</sup> & 10 <sup>th</sup> Grade	27 ACT Composite Score
7 <sup>th</sup> & 8 <sup>th</sup> Grade	25 ACT Composite Score

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

11 <sup>th</sup> & 12 <sup>th</sup> Grade	28 ACT Composite Score
9 <sup>th</sup> & 10 <sup>th</sup> Grade	26 ACT Composite Score
7 <sup>th</sup> & 8 <sup>th</sup> Grade	22 ACT Composite Score

\*This policy is not retroactive.

Book, Lab/Tech 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.**

**Student Information Form  
(2024-2025)**

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: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Has your child ever been expelled or suspended from another school?  
School \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Has your child ever repeated a grade in school?  
Grade \_\_\_\_\_

Reason \_\_\_\_\_

Extracurricular activities your child desires to participate in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Carroll Academy  
Web Release Form (2024-2025)**

Carroll Academy does have and maintains a website (carrollacademy.org) and various social media accounts. We regularly post pictures of various school activities, honor rolls, 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 these accounts. At any time, we may use a student's picture in our publicity campaigns (print/social media). **Carroll Academy does reserve the option to post group pictures, with no names attached to said accounts.**

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

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Grade

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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.

### Yearbook Order Form (2024-2025)

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.

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Student's Name

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Student's Grade (2024-2025 School Year)

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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

**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS 2024-2025**

**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:** \_\_\_\_\_