

February 4, 2025

Dear Patrons,

Now is the time of year where we begin preparing for the next school year. We have set the dates for Early Registration; they are February 18th through February 28th. The early registration dates will be for **current** and **new** families. 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 18-20 and February 25-27

On Saturday, February 22nd, 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 **MUST** pay registration fees and setup a payment plan by draft or post-dated checks to complete the registration process. If these are not completed at the time of registration, you will not be able to proceed.

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 2025-2026 will be allowed to meet with Mrs. Rogers.

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

CARROLL ACADEMY TUITION SCHEDULE 2025-2026

Tuition Amount Only

1 K-3 or K-4 Student All Day	\$4,500.00
K-5 – 6 th Grade Student	\$5,100.00
7 th – 12 th Grade Student	\$5,200.00

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

Early Registration is February 18th through Feb 28th.

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 th 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	

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

Deduct Early Registration Discount	
Subtotal	

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

Deduct Multi-Student Discount	
Total Tuition Due	

*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.

REGISTRATION INFORMATION 2025-2026

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.

_____	_____
_____	_____
_____	_____
_____	_____

**Student Information Form
(2025-2026)**

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 (2025-2026)**

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.**

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

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.

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS 2025-2026

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: _____

Yearbook Order Form (2025-2026)

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 (2025-2026 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