

STUDENT RE-REGISTRATION FORM

Date: _____
mm/dd/yy

STUDENT INFORMATION					
Student Name	First	Middle	Last		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	Entering grade	
HOME ADDRESS			MAILING ADDRESS (If different from Home Address)		
Street Address			Street Address		
City/Town			City/Town		
Postal Code			Postal Code		
FAMILY INFORMATION					
Father's Name	First	Last	Mother's Name	First	Last
Lives with Child(ren)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lives with Child(ren)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father's Occupation			Mother's Occupation		
Employer			Employer		
Marital status of Parents	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	
CONTACT INFORMATION					
Home Number			Email Address		
Father's Work #		Ext.	Mother's Work #		Ext.
Father's Cell#			Mother's Cell#		
EMERGENCY CONTACT					
Contact Name	First	Last	Contact Phone #		
Any pertinent information that the school should be aware of (i.e. new medical condition, family situation, etc.):					

REGISTRATION FEE 2019 - 2020 SCHOOL YEAR

- The registration fee is as follows:

Before January 31	\$100.00/student
After January 31	\$150.00/student
- Registration fee is **NOT** refundable.
- Please check the box how your payment will be made:
 - Monthly** Direct Withdrawal from account
(complete Direct Withdrawal form)
 - Biannual** payment (July 1st & January 1st)
(provide 2 postdated cheques)
 - Payment in Full** by September 1st
(provide Post-Dated check)

TUITION FEE 2019 - 2020 SCHOOL YEAR

Kindergarten	\$3228
Grades 1-12	
1st child.....	\$4860
2nd child.....	\$3696
3rd & subsequent children...	\$2988



STUDENT PERMISSION FORM

STUDENT INFORMATION			
First Name	Last Name	Grade	Date of Birth
			mm/dd/yy
PERMISSION - Only check if permission is granted			
<input type="checkbox"/> Yes	School Trips: Permission to participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc.		
<input type="checkbox"/> Yes	Image Permission: Picture, voice, video and/or work to be used by FCA for Promotional material.		
<input type="checkbox"/> Yes	Grade 6 – 12 Only: Lunch hour Permission: Permission to leave the FCA grounds between the hours 12:00 noon – 1:00 pm and recognize that students will be unsupervised by school faculty.		

By completing and signing this form, I am confirming that I have read, understand, and agree to follow the Frederickton Christian Academy Handbook guidelines and procedures.

Signature: _____
(Parent/Guardian)

Date: _____
mm/dd/yy

Signature: _____
(Parent/Guardian)

Date: _____
mm/dd/yy

Note: Signature is required by both parents.

STUDENT WITHDRAWAL POLICY

Students withdrawals must be made by the parent in person through the Principal's office. Official withdrawal forms will be processed and the necessary signatures obtained.

A Family who withdraws their children after September 30 will be charged an additional 2 months tuition payments.

NOTE: Records will not be released until all bills are paid in full, and all textbooks and materials have been returned.

By signing my name I am signifying that I have read this notice. **Note: Signature is required by both parents.**

Signature: _____
(Parent/Guardian)

Date: _____
mm/dd/yy

Signature: _____
(Parent/Guardian)

Date: _____
mm/dd/yy