

186 New Hope Rd Lawrenceville, GA 30046 Phone #: 678 376-0883 Fax #: 678 226-9718 <u>www.agapejracademy2002k8ga.org</u>

RE-ADMISSION FORM

PART 1

APPLYING FOR RE-ADMISSION FOR SCHOOL YEAR:	
Name of Student:	Date:
Name of Student:	Date:
Name of Student:	Date:

PART 2

PARENT RESPONSIBILITY

As a committed parent I wou	ld like to become involved in one or r	nore of the following activities:
Homeroom Helper	Grounds Committee	Building Maintenance
Sunshine Committee	Programs and Events	Newsletter and Yearbook
Beta Club	Marketing and Fundraising	Other

PART 3

FINANCIAL AGREEMENT

MAKE ALL CHECKS PAYAE	BLE TO: Agape Jr Academy	
TUITION:		\$
REGISTRATION:	(annual and nonrefundable)	\$ 400.00
OTHER FEES:		\$
Monthly tuiti	on will be \$500.00 (unless sibling	discount is applicable)

PART 4

ACKNOWLEDGEMENT

It is inferred that my child will be enrolled for the entire school year and Agapé Jr. Academy sets its budget accordingly. If you withdraw your child before the end of the school year, you are responsible for the remainder of the tuition for the school year. There will be no refund.

Reports cards and transcripts are only released to parents or other schools after all payments have been received and posted to the student's account.

Agapé Jr. Academy charges an annual tuition which is due in full by June 1st prior to re-enrollment for the upcoming school year or upon enrollment if registering after June 1st. This contract obligates us to full payment of this commitment regardless of absence, withdrawal, or dismissal by due process.

I ACKNOWLEDGE FULL RESPONSIBILITY FOR MAKING TUITION PAYMENTS ON TIME, AND I UNDERSTAND THAT MISSING A PAYMENT WOULD RESULT IN A TEMPORARY INTERRUPTION OF MY CHILD'S EDUCATION. I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS, TO THE BEST OF MY ABILITY, CORRECT AND COMPLETE.

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