



FAITH WEST ACADEMY

ICAA Accredited

TEPSAC Recognized - NCPSA Recognized

Reenrollment Application

Date: _____

This application is to reenroll the following student(s) at Faith West Academy for the school year beginning August 2009.

Student Name _____ Grade _____ S.S. # _____

Student Name _____ Grade _____ S.S. # _____

Student Name _____ Grade _____ S.S. # _____

Student Name _____ Grade _____ S.S. # _____

Primary e-mail address _____

In order to recognize special days in your family, may we please have the following information?

Father's B-day _____ Mother's B-day _____ Wedding Anniversary _____

_____ Please check here if your address and contact information has remained the same. If not, please update your information below:

Address _____ Home # _____

Father's Employer _____ Work # _____

Mother's Employer _____ Work # _____

Father's cell phone _____ Mothers' cell phone _____

REENROLLMENT POLICIES:

1. Reenrollment begins today through Friday, February 13 at 4:00p.m.
2. The reenrollment fee is \$150.00 per student until February 13.
3. After February 13, the reenrollment fee is \$200.00 per student.
4. The reenrollment fee is non-refundable and non-transferable.
5. Families wishing to enroll a new student may submit paperwork during the reenrollment period. All paperwork must be signed and complete and it must be submitted with the \$200.00 registration fee.

PARENTAL STATEMENT:

All forms that I have previously signed, which have not been revised since that signature, remain in effect as long as my child is enrolled at Faith West Academy. This also extends to those forms with expiration dates to include the duration of my child's enrollment at Faith West.

Father's Signature

Date

Mother's Signature

Date

NONDISCRIMINATION POLICY: Faith West Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its education policies, admission policies, athletic, and other school-administered programs.



FAITH WEST ACADEMY

FINANCIAL COMMITMENT AGREEMENT

2

2009 - 2010 School Year - Tuition Fee Schedule

All tuition to be paid on a 12-month basis (June-May)

GRADE LEVEL	YEARLY TUITION	MONTHLY TUITION OLDEST CHILD	MONTHLY TUITION 2 ND CHILD	MONTHLY TUITION 3 RD + CHILDREN
K3/K4 5 Day	\$5,830.00	\$486.00	\$413.00	\$437.00
K5	\$5,930.00	\$494.00	\$420.00	\$445.00
1 ST – 3 RD	\$6,226.00	\$519.00	\$441.00	\$467.00
4 TH – 5 TH	\$6,523.00	\$544.00	\$462.00	\$489.00
6 th	\$6,675.00	\$556.00	\$473.00	\$501.00
7 TH and 8 TH	\$6,820.00	\$568.00	\$483.00	\$512.00
9 TH	\$7,116.00	\$593.00	\$504.00	\$534.00
10 TH – 12 TH	\$7,708.00	\$642.00	\$546.00	\$578.00

There will be a \$50.00 per child discount if tuition is paid by the semester and a \$150.00 per child discount if tuition is paid in full. The yearly discount and first semester discount only applies to students enrolled prior to October 1. Tuition paid by the semester is due on June 1 and December 1. Tuition paid by the year is due in full on June 1. This applies to full paying, full time students only.

A late fee of \$25.00 will automatically be charged to your account on the 11th of the month if tuition is not paid.

The form below is a Financial Commitment Agreement to be filled out by each family. Please return this agreement to the school office with your registration fee and re-enrollment form(s) or application form(s). If you have any questions or need any help, please call the registrar.

Please clip& return

FINANCIAL COMMITMENT AGREEMENT/12-Month **2**

Oldest Child _____	Grade _____	Tuition Per Month _____
2 nd Child _____	Grade _____	Tuition Per Month _____
3 rd Child _____	Grade _____	Tuition Per Month _____
4 th Child _____	Grade _____	Tuition Per Month _____

TOTAL MONTHLY PAYMENT _____

I/We understand that, if at any time during the school year our account becomes delinquent and a withdrawal from school is issued, FWA has the right to hold report cards, transcripts, and standardized test scores until the delinquency is satisfied (including a delinquent account at the end of a semester/year). This includes all transcript requests. This will be a violation of the financial commitment and will be considered a breach of contract.

Father's signature _____ Mother's signature _____

Party responsible for payment (if not signed by parents above) _____



**FAITH WEST ACADEMY
BOOK/ACTIVITY FEE WORKSHEET
2009 - 2010 School Year**

<u>GRADE LEVEL</u>	<u>AMOUNT</u>
PRESCHOOL	\$462.00
K5	\$379.00
FIRST	\$440.00
SECOND	\$454.00
THIRD	\$518.00
FOURTH	\$648.00
FIFTH	\$630.00
SIXTH	\$687.00
SEVENTH	\$654.00
EIGHTH	\$684.00*
NINTH	\$773.00
TENTH	\$745.00
ELEVENTH	\$822.00
TWELFTH	\$724.00

Special Notes:

- All book fees include yearbook
- Band students will incur an additional fee for their instruments
- 7th – 12th grade students taking Photography or Art I, II, or III will incur an additional \$50.00 fee for each subject
- *Eighth graders taking Spanish I: \$70.00 additional fee
- *Eighth graders on the Pre AP advanced track: \$35.00 additional fee per subject (i.e.: those students taking IPC and Algebra I in 8th grade)
- AP fees are non-refundable to students who withdraw from an AP class after it has started
- 7th – 12th grade students who keep their NIV Bible and/or their ‘Writing a Research Paper’ book from year to year may receive a credit for these books only. Parents must call the business office to request this credit.

Please return the bottom portion of this form with your payment to the school office when you pay your book fees. Please remember that our book payments are due in full to our curriculum suppliers very early in the school year. **The total book/activity fee is due by June 1, 2009.** You may pay your book/activity fee with your registration fee, or you may make payments on your book/activity fee until it is paid in full (no later than June 1). If you have any questions or need help, please call the school office.

Please clip & return.

BOOK/ACTIVITY FEE WORKSHEET

The following are the book/activity fees for my child/children for the 2009/2010 school year.

Student: _____ Grade: _____ Fee: _____

Student: _____ Grade: _____ Fee: _____

Student: _____ Grade: _____ Fee: _____

Due on or before June 1, 2009 Total : _____

Parents Signature: _____

FAITH WEST ACADEMY
STUDENT INFORMATION AND
AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Student's Name Last First Middle Date of Birth

Race

Address City, State, Zip Home Phone

Father's Name Work Phone Cell Phone

Mother's Name Work Phone Cell Phone

Emergency Medical Policy

In case of an emergency, illness, or accident, the child is given first-aid and the parents are notified. If the parent or the child's doctor cannot be located, the child will be taken to the nearest available emergency room. Faith West Academy does not assume responsibility for the payment of hospital, doctor, or ambulance fees.

In the event I/we cannot be reached to make arrangements for emergency medical care at the time of an accident or illness, I hereby authorize Faith West Academy to take my child to the nearest available emergency room. If I/we cannot be reached in case of emergency, please notify one of the following:

Emergency Name 1 Phone Relationship to child

Emergency Name 2 Phone Relationship to child

I/We the undersigned, parent(s) or legal guardian of the student above do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Texas and hospital service that may be rendered to said minor under the general, specific or special consent of a Faith West Academy staff member.

I/We authorize the physician or dentist to call in any necessary consultants, in his/their discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

This consent shall remain effective for the duration of the above mentioned student's attendance at Faith West Academy unless sooner revoked in writing and delivered to said persons entrusted with the custody, care, and control of said child.

Father/Legal Guardian Date Mother/Legal Guardian Date

PARENTAL AUTHORIZATION FOR STUDENT PICK-UP

Please list all persons authorized to pick up student (list driver's license numbers, if possible):

Four horizontal lines for listing authorized persons.

For Office Use Only:

Teacher Grade



FAITH WEST ACADEMY
MEDICAL INFORMATION
(Confidential)

Student's Name _____

Please complete this form as accurately as possible. The information you provide will enable Faith West Academy in assisting your child in the event of a medical emergency. All information is considered confidential.

Family Information:

Please answer the following questions concerning your student's family history. Include any information you feel would be helpful for the teaching staff to know (divorce, deaths, serious health problems, etc.).

Does your child suffer from any of the following medical conditions currently, or has he/she in the past?

Learning Differences or Disorders	yes	no
Asthma/Allergies/Bronchitis/Lung Disease	yes	no
Heart Problems/Heart Disease	yes	no
Diabetes/Blood Sugar Disorder	yes	no
Convulsions/Epilepsy	yes	no
Orthopedic Problems/Muscle Disorder	yes	no
Kidney/Bladder Disorder	yes	no
Stomach/Bowel Disorder	yes	no
Neurological Disorders or Conditions	yes	no
Psychiatric/Emotional Conditions	yes	no
Other _____		

If the answer to any of the above questions is yes, please explain fully.

Please list any medications your child takes on a regular basis.

Has your child ever been considered to have ADD/ADHD? _____

Is your child currently (or in the past) on medication for ADD/ADHD? If so, what is the medication and when was it prescribed? _____

Does your child have any physical problems? If so, please explain.

List any allergies to food, insects, plants, etc. and describe the child's reactions.

Are there any health problems/issues of which the school should be aware?



FAITH WEST ACADEMY

CAR POOL SURVEY/DIRECTORY/ PHOTO CONSENT FORM

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

TO BE ON THE CAR POOL SURVEY

Faith West Academy does not provide any transportation to or from school. If you would like to have your name placed on the school wide car pool list, please fill out the information below and return it to the school office. This list will enable you to contact other families in your area to set up car pools to and from school. FWA does not set up car pools. Individual families make their own arrangements. A final list will be mailed with the July newsletter. On the night of orientation, there will be a table set up for each car pool to be registered. At that time, you will be issued a number to be placed in your car window for after school pick-up.

Name _____ Phone # _____

Subdivision _____ Zip Code _____

TO BE PUBLISHED IN THE SCHOOL DIRECTORY

Yes _____

Would you like your name, address, and phone number to be published in the school directory?

No _____

PHOTO CONSENT FORM

Yes, I _____ give my permission for my child/children's pictures to be used on Faith West Academy's website and brochures representing Faith West Academy for marketing purposes.

No, please do not use my child/children's pictures.



_____ If you currently have your tuition automatically drafted each month and you would like your automatic drafts to continue in June for the 2009-10 school year, please check here.

_____ If you would like your book fees included in your June draft, please check here.

_____ If you have not previously had your tuition automatically drafted but you would like to do so, please check here and provide us with the information requested below.

Type of credit/debit card:

_____ Visa

_____ Mastercard

_____ Discover

Card number:

Card expiration:

Please PRINT your full name

Please print your children's names

Please sign below verifying that you authorize Faith West Academy to automatically debit the fees indicated above.
