



For office use only: Rec'd _____ Met with Director _____ Board Approval _____ Start Date _____

MARION ACADEMY

Christ's Love . Experiential Education . Community

REGISTRATION 2025-2026

The Marion Academy Board of Directors has approved the following cost of attendance for students for the 2025-2026 academic year for Marion Academy families who submit this form by May 21, 2025. The non-refundable fees are due July 1. Families may choose from one of the following payment plans:

- Payment Plan 1: Annual Payment in Full**—Total Payment will be eligible for 3% discount if 1 check for total payment is issued on or before August 1, 2025.
- Payment Plan 2: Auto Payment by Month (10 months total)**—First payment due August 1, 2025. Remaining 9 payments withdrawn 1st of each month through May 2026.
- Payment Plan 3: Auto Payment by Month (Tuition + Fees – 10 months total)**—First payment due August 1, 2025. Remaining 9 payments withdrawn 1st of each month through May 2026.

Application/Registration Fees <i>Due at time of registration</i>	If paid by May 21, 2025	If paid after May 21, 2025
Per Child	\$250	\$300

Tuition	Annual Payment Discounted Payment Listed in ()	Monthly Payment <i>10 Month Plan</i>
One Child	\$5,000 (\$4,850)	\$500
Two Children	\$8,575 (\$8,317.75)	\$857.50
Three Children	\$11,944.80 (\$11,586.46)	\$1,194.48
Four Children	\$15,029.60 (\$14,578.71)	\$1,502.96
Five Children	\$17,114.80 (\$16,601.36)	\$1,711.48
Six Children <i>(or more)</i>	\$17,114.80 (\$16,601.36) +\$200 per student for 6th and additional child(ren)	Annual Tuition/10

Fees <i>Per child</i>	One Time	Monthly Payment
Supplies Fee	\$50	\$5
Book Fee <i>K-6th Grade</i> <i>7th-12th Grade</i>	\$100 \$200	\$10 \$20
Testing Fee	\$100	\$10
Technology Fee	\$100	\$10
School Fee	\$100	\$10



STUDENT REGISTRATION AGREEMENT 2025-2026

To the Marion Academy Board of Directors:

I hereby make application for my child(ren) to enter Marion Academy for the session beginning August 2025 and enclose the non-refundable fees (See Chart 1) with this completed registration form. I choose the following payment plan to pay my financial obligation for my child(ren)'s school year:

Payment Plan 1: *Annual Payment in Full* (One Check with 3% discount)

Check will be deposited August 1, 2025.

Payment Plan 2 or 3: *Payment by Month* through automatic draft

All monthly tuition payments are processed through a secure automatic draft system. Payments will be billed on the last day of each month and automatically withdrawn from your account on the first day of each month. Payments are billed for 10 months beginning on the first day of attendance. If you have any questions or extenuating circumstances prohibiting this format, please see the office.

Today, I am registering the following student(s) (list names):

- 1. _____ 3. _____
- 2. _____ 4. _____

With this registration,

I agree to pay Marion Academy the following non-refundable registration fee for the student(s) I am enrolling for the 2025-2026 school term (insert appropriate amount from Chart 1): \$_____.

I agree to pay Marion Academy the following tuition for the student(s) I am enrolling for the 2025-2026 school term (insert appropriate amount from Chart 1): \$_____.

All Payment Plans

- I understand that there is a \$35.00 fee for any returned check.
- If a returned check causes my account to be delinquent (payment after the 15th of the month), I will pay the \$35.00 returned check fee plus the \$50.00 late fee per student.
- If my account is thirty (30) days in arrears, my child will not be permitted to attend school until my account is paid and current.
- I acknowledge that if I withdraw my child from school, I will not receive a refund of that year's tuition or the registration or annual fees. Additionally, no transcript will be released until all monies are paid.
- I will familiarize myself with and abide by the Marion Academy Student Handbook.
- I understand that my child will comply with all school regulations, and that it is my responsibility to understand these regulations and strongly encourage compliance.
- I further understand that my child can be suspended or expelled from school if they refuse to abide by the regulations. In such cases, annual tuition and registration fees are NOT refundable.
- I agree to pay all costs of collections, including attorney fees if necessary.
- I understand there could be additional costs for athletic participation, field trips, and/or school supplies.

This is the entire agreement between Marion Academy, Inc. and me. Any modifications of this agreement must be in writing and signed by the Board of Directors and me.

Signature of Parent(s) or Guardian(s) and Responsible Parties

Date



STUDENT'S INFORMATION Student information forms must be completed for each student.

Student's Full Name (First, Middle, Last):

Male Female

Date of Birth _____

Social Security Number _____ - _____ - _____

Grade Level for 2025-2026 academic year: _____

Returning MA Student

Transfer Student School Transferring from: _____

Advanced learning skill? _____

Has your child ever been dismissed from school? _____

Any diagnosed learning disability? Yes No If yes, what is the diagnosis? _____

Schools attended (please list current school first and give complete addresses so transcripts can be requested).

School Name	Address	Grade Level Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Contact Information:

Father/Guardian's Contact Information:

Name: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school day)

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Business Phone (____) _____ - _____

Email address: _____

Mother/Guardian's Contact Information:

Name: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school day)

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Business Phone (____) _____ - _____

Email address: _____



City Limit Activity Permission Form 2025-2026

_____ (Student Name) has my permission to leave the Marion Academy campus with faculty to attend activities and functions within the city limits of Marion, AL for the 2025-2026 school year. With the understanding that safety standards will be met, I hereby waive and release the chaperones, Marion Academy faculty and staff, and Marion Academy, Inc. from any and all liability and claims for injury to person or property which might arise in connection with my child's participating in any school activities within the city limits of Marion, Alabama.

Signature of Parent /Guardian

Date



2025 – 2026 EMERGENCY MEDICAL FORM

Student's Full Name (First, Middle, Last):

Male Female

Date of Birth _____

Age: _____

Address: _____

Parent/Guardian Contact Information:

Father/Guardian's Contact Information:

Name: _____

Place of Employment: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school day)

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Business Phone (____) _____ - _____

Email address: _____

Mother/Guardian's Contact Information:

Name: _____

Place of Employment: _____

Street Address: _____

Mailing Address (if different): _____

(check preferred contact method during school day)

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Business Phone (____) _____ - _____

Email address: _____

Nearest Relative: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Other Emergency Names and Numbers:

1. Name: _____

Relationship: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Physician: _____

Office Phone: (____) _____ - _____

Address: _____

Do you have health insurance? Yes No If yes, list insurance company and policy number Insurance Company: _____

Policy Number: _____ Group #: _____

If your child is allergic to any medications, please list: _____

If your child has any allergy (insect stings, milk, etc.), please list: _____

Please list any physical disabilities or health problems: _____

Present medication needs (any medications taken presently—KEEP US UPDATED): _____

The student on this form has my permission to be given:

Acetaminophen Antacid Ibuprofen by school authorities if need arises.

I understand that in the event of an emergency, every effort will be made to contact me at the above telephone numbers. However, should efforts to contact me fail, I grant authority to Marion Academy faculty members to give permission to take whatever steps necessary by medical authorities for the well-being of my child.

Signature of Parent or Guardian:

Date of Signature:



MEDIA/ PHOTOGRAPHY PERMISSION

As we update our website, we would like your permission to use your child's picture or name in one or more of the following ways:

- Photo and name during project/activity in educational workshops, classes, and/or conferences.
- Digital video created by Marion Academy for use in educational workshops and student classrooms.
- Posts on the Marion Academy web page and social media websites
- Submit as samples to program publishers or as grant and contest entries.

Thank you for your support of technology at Marion Academy!

Please initial each of the following statements to which you agree:

I give permission to:

- _____ Post a picture which includes my child on Marion Academy's website and social media accounts and submission to the local newspapers (full name may be posted with pictures, ex. awards, etc).
 - _____ Post work/projects created by my child on Marion Academy's website and social media.
 - _____ Post my child's full name on a list of awards/recognitions, terrific kids, etc.
 - _____ Use my child's work as an example in other schools, workshops, or conferences.
-

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date



Family Commitment to Christian Education

A. Does your family attend church? Yes _____ No _____

How often do you attend? Weekly _____ Often _____ Occasionally _____

Name of Church _____

Pastor's Name _____ Phone _____

B. Why do you desire a Christian education for your child? _____

*The answers provided above will not affect the acceptance of your child(ren).

PARENT COMMITMENT

Parents must understand and support the Classical Christian philosophy of Marion Academy **BEFORE APPLICATION IS ACCEPTED**. To assure this understanding and acceptance, we ask that you call the school office at 334-683-8204 to set up an admissions interview with the Administrator. Your completed application may be brought at this time.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian _____ Date _____



NEW STUDENT REFERENCE INFORMATION

Please give names, phone numbers, and addresses of two adults who know you and your child well for references.

Name	Address	Phone number
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Name	Address	Phone number
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Please give the name and phone number of one teacher or school employee from your former school who knows your child well for reference.

Name	Phone number
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ADMISSIONS PROCESS FOR NEW STUDENTS AT MARION ACADEMY

1. ALL K5 Kindergarten students MUST be five years old before September 1st.
2. Obtain application forms for Prospective Parents.
3. Schedule an admissions meeting with the Administrator.
4. Submit completed application forms.
5. Notice is given of acceptance.
6. The registration fee is due to secure enrollment.
7. Records of previous schooling, testing, and discipline are received and confirmed in the school office.
8. Medical forms and immunization records (blue cards) must be on file by the first day of school.

FINANCIAL AGREEMENT

Once a family has committed student(s) to attend MA, tuition and fees are required, even if they withdraw from the school. The tuition is non-refundable and must be paid in full per the payment schedule as outlined and despite a student's withdrawal or expulsion from MA. However, upon written request, the Board will consider extenuating circumstances. Although tuition may be paid in installments, this does not constitute a fractional contract. The enrollment agreement is for the full school year, and the obligation to pay for the entire school year is unconditional without reduction or remission.

Marion Academy shall admit students without regard to race, color, and national or ethnic origin.



RECURRING PAYMENT AUTHORIZATION

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount selected on Chart 1 (+ 1% ACH fee if applicable) each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Marion Academy to charge my bank account indicated below for _____ on the 1st of each month.

This payment is for tuition payments from August 2025 - May 2026.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Marion Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Marion Academy may at its discretion attempt to process the charge once again within 30 days, and agree to an additional \$35.00 charge for the returned NSF which will be initiated as a separate transaction from the authorized recurring payment, plus the \$50 late fee per student after the 15th of the month. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

(Account Holder's Signature)