



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

# MARION ACADEMY

Christ's Love . Experiential Education . Community

## REGISTRATION 2026-2027

The Marion Academy Board of Directors has approved the following cost of attendance for students for the 2026-2027 academic year for Marion Academy families who submit this form by May 21, 2026. 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, 2026.
- Payment Plan 2: Auto Payment by Month (10 months total)**—First payment due August 1, 2026. Remaining 9 payments withdrawn 1st of each month through May 2027.
- Payment Plan 3: Auto Payment by Month (Tuition + Fees – 10 months total)**—First payment due August 1, 2026. Remaining 9 payments withdrawn 1st of each month through May 2027.

<b>Application/Registration Fees</b> <i>Due at time of registration</i>	<b>If paid by May 21, 2026</b>	<b>If paid after May 21, 2026</b>
Per Child	\$250	\$300

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

<b>Fees</b> <i>Per child</i>	<b>One Time</b>	<b>Monthly Payment</b>
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 2026-2027**

To the Marion Academy Board of Directors:

I hereby make application for my child(ren) to enter Marion Academy for the session beginning August 2026 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, 2026.
- 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 2026-2027 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 2026-2027 school term (insert appropriate amount from Chart 1): \$\_\_\_\_\_.

**All Payment Plans –** Indicate agreement with initials beside each statement.

\_\_\_\_\_ 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 5th 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 understand that tuition does not cover all necessary expenses for the fiscal year, and I agree to participate in all MA fundraisers throughout the school year – including the required fall semester October Calendar Fill totalling \$496 (one calendar per family) and the spring semester February Valentine's Drawing totalling \$300 per student (or \$600 minimum per family). **If I do not complete the October Calendar Fill or sell the minimum Valentine's Drawing ticket total per student, I understand I am personally responsible for the remaining balance on the ending date of the fundraiser.**

\_\_\_\_\_ 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 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 2026-2027 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 2026-2027**

\_\_\_\_\_ (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 2026-2027 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



### 2026 – 2027 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!**

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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? \_\_\_\_\_

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\*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.

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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.

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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 2026 - May 2027.

**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 5th 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)