

MARION ACADEMY

Christ's Love . Experiential Education . Community

PRE-ENROLLMENT FORM 2022-2023

Student's Full Name				
FirstMiddle	Last		Male [] Female [
Date of Birth Social Secu				
Elementary (Pre-K thru 6) or High S	School (7-12)]		
Last Grade Student Completed	_			
Returning MA Student 🗌				
School Transferring from				
Advanced learning skill?				
Has your child ever been dismissed from	m school?			
Has your child ever been dismissed fror Any diagnosed learning disability? Yes [$oxedsymbol{\square}$ No $oxedsymbol{\square}$ If yes,	what is the di	iagnosis?	
Schools attended (please give complete requested.)	e address, in the	event that tra	anscripts need	d to be
School Name		Address		
School Name		Address		
School Name		Address		
Parent/Guardian Contact Information:				
Father or Guardian 1's Contact Informa	tion: (check the n	referred contact	method during s	chool day)
Name:	tion. (check the pi	cicirca contact	method ddinig s	icitoot day)
Address.	City:	St·	7in·	
Mailing Address (if different):		s Citv:	St:	7ip:
Mailing Address (if different): Home Phone () Business Phone 2 () -	Cell Ph	one 2 (sc) -	
Business Phone 2 () -	Email add	ress:	1	-
				
Mother's or Guardian 2's Contact Inforr	mation: (check the	e preferred conta	act method durir	ng school dav)
Name:	,	•		7,
Same address(es) as above				
Address:	City:	St:	Zip:	
Mailing Address (if different than physic				
City:St:Zip:	,			
Home Phone () -	Cell Ph	one 1 ()	_
Business Phone 2 () -	Email add			

Student's Full Name			
	Last Male Female		
Date of Birth Social Sec			
Elementary (Pre-K thru 6) or High			
Last Grade Student Completed	_		
Returning MA Student			
School Transferring from			
Advanced learning skill?			
Has your child ever been dismissed fro	m school?		
Any diagnosed learning disability? Yes	☐ No ☐ If yes, what is the diagnosis?		
	e address so transcripts can be requested.) rinal IMMO 90 Form for immunization and a copy of the		
School Name	Address		
School Name	Address		
School Name	Address		
Parent/Guardian Contact Information:	(Same information as Student #1)		
	ation: (check the preferred contact method during school day)		
Name:			
Address:	City: St: Zip:		
Mailing Address (if different):	City: St: Zip:		
Home Phone () -	Cell Phone 2 () -		
Business Phone 2 () -	City: St: Zip: Cell Phone 2 () Email address:		
Name:	mation: (check the preferred contact method during school day)		
Same address(es) as above			
Address:	City: St: Zip:		
	ical address):		
City: Zip:			
Home Phone () -	Cell Phone 1 () Email address:		
Business Phone 2 () -	Email address:		

CHRIST'S LOVE . EXPERIENTIAL EDUCATION . COMMUNITY

Student's Full Nam	ne				
First	Middle	Last		Male [Female 🗌
		ecurity Number			
Elementary (Pre-K	thru 6) 🔲 or Hi	gh School (7-12) 🗌			
Last Grade Studen	t Completed				
Returning MA Stud	dent 🗌				
School Transferrin	g from				
Advanced learning	skill?				
Has your child eve	r been dismissed t	from school?			
Any diagnosed lea	rning disability? Y	es 🗌 No 🔲 If yes, v	what is the dia	agnosis?	,
	., .	lete address so tran riginal IMMO 90 Foi	•	•	copy of the
School Name			Address		
School Name			Address		
School Name			Address		
- 4- "		·			
		on: (Same inform			
		mation: (check the pre	eterred contact r	nethod during s	school day)
Name:		C:t.	C+.	7:	
Address:	differently	City:	St:	_ ZIP:	- 7in.
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Business Phone		Cell Fill	one z (<u> </u>	_	_
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Mother's or Guard	lian 2's Contact In	formation: (check the	nreferred conta	ct method duri	ng school day)
Name:	-	TOTTIMETOTT. (CITCER TITE	preferred conta	et method dam	ig scrioor day)
Same address(
		City:	St·	7in·	
Mailing Address (if	different than ph	ysical address):	5	'P'	
City:S					
			one 1 (_	
Business Phone	e 2 () -	Cell Pho Email addro	ess:		_

Student's Full Name				_	
First					Female
Date of Birth	Social Sec	curity Number			
Elementary (Pre-K t					
Last Grade Student	Completed				
Returning MA Stude	ent 🗌				
School Transferring	from				
Advanced learning s	kill?				
Has your child ever	been dismissed fro	om school?			
Any diagnosed learr	ning disability? Yes	No If yes, w	hat is the di	agnosis?	
Schools attended (p Please be prepared birth certificate.	•		•		
School Name			Address		
School Name			Address		
School Name			Address		
Parent/Guardian Co Father or Guardian Name:	1's Contact Inform	· · · · · · · · · · · · · · · · · · ·		•	school day)
		City:	St:	Zip:	_
Mailing Address (if o	different):		City:	St:	Zip:
Home Phone () -	Cell Pho	ne 2 () -	_
Address: Mailing Address (if o Home Phone (Business Phone	2 ()	Email addre	ss:		<u>—</u>
<i>Mother's or Guardic</i> Name:					
Same address(es					
Address:		City:	St:	_Zip:	
Address: Mailing Address (if o	different than phys	sical address):			
<u>City</u> :St:	: Zip:	<u></u>			
Home Phone () -	Cell Pho	ne 1 (-	_
Business Phone	2() -	Fmail addre	ss.		



THIS IS THE TUITION AMOUNT FOR THE 2021-2022 ACADEMIC YEAR. THIS IS AN EXAMPLE TO PROVIDE FAMILIES WITH AN ESTIMATE. THESE AMOUNTS, ALONG WITH TUITION ASSISTANCE AND SCHOLARSHIPS, ARE SUBJECT TO CHANGE.

CHART 1
Financial Obligations-Annual Fees and Tuition for Full-Time Students

Number of Students	Annual Tuition (TOTAL)	Payment Plan 1: Annual Payment w/ 5% discount	Payment Plan 2: Per Semester w 2.5% discount	Payment Plan 3: Per Month (12 PAYMENTS)	
ONE	¢4.254.00	(1 Payment)	(2 PAYMENTS)	¢252.00	
ONE	\$4,354.80	\$4,137.06	\$2,122.97 (\$4,245.93)	\$362.90	
TWO	\$7,284.60	\$6,920.36	\$3,551.24 (\$7,102.48)	\$607.05	
THREE	\$10,009.20	\$9,508.74	\$4,879.49 (\$9,758.97)	\$834.10	
FOUR	\$12,448.80	\$11,826.36	\$6,068.79 (\$12,137.58)	\$1,037.40	
FIVE	\$13,888.80	\$13,194.36	\$6,770.79 (\$13,541.58)	\$1,157.40	
SIX or MORE	+\$1,000/student	+\$975/student	+\$487.50/student	Annual Tuition/12	
NUMBER OF		TOTAL/1	TOTAL/2	TOTAL/12	
PAYMENTS					
Annual Fees		\$200.00	\$150.00	\$25	
		Annual	Per semester	Per month	
		(1 PAYMENT)	(2 PAYMENTS)	(12 PAYMENTS)	
	The Annual fees include technology, book, and other supply fees. This fee is non-refundable, and must be paid regardless of any change to enrollment status.				

Payment Plan 1: Payment in Full—Total Payment will be eligible for 5% discount if 1 check for total payment is issued up-front.

Payment Plan 2: Payment by Semester—Per Semester Payments will be eligible for 2.5% discount if both (2) semester checks are issued up-front.

Payment Plan 3: Payment by Month -12 pre-/post-dated checks are required no later than the first day of school.