



MARION ACADEMY

Christ's Love . Experiential Education . Community

REGISTRATION 2024-2025

The Marion Academy Board of Directors has approved the following cost of attendance for returning students for the 2024-2025 academic year for current Marion Academy families who submit this form by May 23, 2024. The non-refundable annual fee is due August 8. Families may choose from one of the following payment plans

- Payment Plan 1: *Payment in Full***—Total Payment will be eligible for 3% discount if 1 check for total payment is issued on or before August 1, 2024.
- Payment Plan 2: *Payment by Semester***—Per Semester Payments will be eligible for 2.5% discount if both (2) semester checks are issued on or before August 1, 2024.
- Payment Plan 3: *Auto Payment by Month (10 months total)***—First payment due August 1, 2024. Remaining 9 payments withdrawn 1st of each month.
- Payment Plan 4: *Auto Payment by Month (12 months total)***—First payment due August 1, 2024. Remaining 11 payments withdrawn 1st of each month.

Number of Students	Registration Fee-Due at time of registration	Annual Fees (Testing, Books, Technology, Building per child)	Annual Tuition Rate	Payment Plan 1: Annual Payment with 3% discount (1 Payment)	Payment Plan 2: Per Semester with 2.5% discount (2 Payments)	Payment Plan 3: Per Month (10 Payments)	Payment Plan 4: Per Month (12 Payments)
ONE	\$250	\$375	\$4,425	\$4,292.25	\$2,157.19 (\$4,314.38)	\$442.50	\$368.75
TWO	\$500	\$750	\$7,425	\$7,202.25	\$3,619.69 (\$7,239.38)	\$742.50	\$618.75
THREE	\$750	\$1,125	\$10,219.80	\$9,913.21	\$4,982.15 (\$9,964.31)	\$1,021.98	\$851.65
FOUR	\$1000	\$1,500	\$12,729.60	\$12,347.71	\$6,205.68 (\$12,411.36)	\$1,272.96	\$1,060.80
FIVE	\$1,250	\$1,875	\$14,239.80	\$13,812.61	\$6,941.90 (\$13,883.81)	\$1,423.98	\$1,186.65
SIX or MORE	\$1,250 +\$200/student for 6th and additional child(ren)	\$1,875 +375/student for 6th and additional child(ren)	\$14,239.80 +\$1,000/student for 6 th and additional child(ren)	\$13,812.61 +\$975/student for 6 th and additional child(ren)	\$6,941.90 +\$487.50/student for 6 th and additional child(ren)	Annual Tuition/10	Annual Tuition/12
NUMBER OF PAYMENTS				TOTAL/1	TOTAL/2	TOTAL/10	TOTAL/12



RETURNING STUDENT REGISTRATION AGREEMENT 2024-2025

To the Marion Academy Board of Directors:

I hereby make application for my child(ren) to enter Marion Academy for the session beginning August 2024 and enclose the non-refundable annual fee (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: *Payment in Full* (One Check with 3% discount)

Check will be deposited August 1, 2024.

Payment Plan 2: *Payment by Semester* (Two Checks with 2.5% discount)

Checks will be deposited August 1, 2024 and January 4, 2025.

Payment Plan 3 or 4: *Payment by Month* through automatic draft

All monthly tuition payments are processed through a secure automatic draft system called Brightwheel.

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 or 12 months beginning on the first day of attendance. If you have any questions or extenuating circumstances prohibiting this format, please see the office. Instructions to sign into your Brightwheel account are provided in 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 2024-2025 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 2024-2025 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 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 acknowledge that if I withdraw my child from school, I will not receive a refund of that semester's tuition or the registration fee. 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 2024-2025 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

School Name Address Grade Level Completed

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: _____

Church currently attending: _____



City Limit Activity Permission Form 2024-2025

_____ (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 2024-2025 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



2023 – 2024 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