



# MARION ACADEMY

Christ's Love . Experiential Education . Community

## NEW STUDENT REGISTRATION 2021 - 2022

The Marion Academy Board of Directors has approved the following cost of attendance for the 2021-2022 academic year. The non-refundable registration fee is due at the time of registration.

Families may choose from one of the following three payment plans.

- ☐ **Payment Plan 1: *Payment in Full***—Total Payment will be eligible for 5% discount if 1 check for total payment is issued on or before August 1, 2021.
- ☐ **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, 2021.
- ☐ **Payment Plan 3: *Payment by Month*** —12 pre-/post-dated checks are required at the time of registration.

### CHART 1

#### Financial Obligations: Registration Fees and Tuition for Full-Time Students

Number of Students	Registration Fee — Due at time of registration	Annual Tuition Rate	Payment Plan 1: Annual Payment with 5% discount (1 Payment)	Payment Plan 2: Per Semester with 2.5% discount (2 Payments)	Payment Plan 3: Per Month (12 Payments)
ONE	\$250	\$4,354.80	\$4,137.06	\$2,122.97 (\$4,245.93)	\$362.90
TWO	\$500	\$7,284.60	\$6,920.36	\$3,551.24 (\$7,102.48)	\$607.05
THREE	\$750	\$10,009.20	\$9,508.74	\$4,879.49 (\$9,758.97)	\$834.10
FOUR	\$1000	\$12,448.80	\$11,826.36	\$6,068.79 (\$12,137.58)	\$1,037.40
FIVE	\$1250	\$13,888.80	\$13,194.36	\$6,770.79 (\$13,541.58)	\$1,157.40
SIX or MORE	\$1250 +\$200/student for 6 <sup>th</sup> and additional child(ren)	\$13,888.80 +\$1,000/student for 6 <sup>th</sup> and additional child(ren)	\$13,194.36 +\$975/student for 6 <sup>th</sup> and additional child(ren)	\$6770.79 +\$487.50/student for 6 <sup>th</sup> and additional child(ren)	Annual Tuition/12
NUMBER OF PAYMENTS			TOTAL/1	TOTAL/2	TOTAL/12

Additional Fees:

Returned Check Fee: \$35

Late Fee (due to Returned Check): \$50/student



## NEW STUDENT REGISTRATION AGREEMENT 2021 - 2022

To the Marion Academy Board of Directors:

I hereby make application for my child(ren) to enter Marion Academy for the session beginning August 2021 and enclose the non-refundable registration fee (See Chart 1) with this completed registration form. I am choosing the following payment plan to pay my financial obligation for my child(ren)'s school year (Please select one):

☐ **Payment Plan 1:** *Payment in Full* (One Check with 5% discount)

Check will be deposited August 2, 2021

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

Checks will be deposited August 2, 2021 and January 4, 2022

☐ **Payment Plan 3:** *Payment by Month* (12 pre-/post-dated checks)

Checks will be deposited on the first day of each month (or the nearest school day after the 1<sup>st</sup> of each month) beginning June 1, 2021

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

With this registration,

☐ I agree to pay Marion Academy the following non-refundable registration fee for the student(s) I am enrolling for the 2021-2022 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 2021-2022 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 5<sup>th</sup> 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 case, 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 2021-2022 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).  
Please be prepared to present the original IMMO 90 Form for immunization and a copy of the birth certificate.

School Name	Address	Grade Level Completed
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School Name	Address	Grade Level Completed
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School Name	Address	Grade Level Completed
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### 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: \_\_\_\_\_

☐ MMI Employee ☐ Judson Employee

*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: \_\_\_\_\_

☐ MMI Employee ☐ Judson Employee



**City Limit Activity Permission Form 2021 - 2022**

\_\_\_\_\_ (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 2021-2022 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



## 2021 – 2022 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 web site, 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 web pages and submission to the local newspaper the Marion Times-Standard (full name may be posted with pictures, ex. Awards, etc).
- \_\_\_\_\_ Post work/projects created by my child on Marion Academy's web pages.
- \_\_\_\_\_ 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