

ArrowsAcademy™

2017-2018 Registration (New Student)

Office Use	
Recv: _____	Database: _____
Ck#: _____	Amount: _____
Enrollment: _____	RW: _____

Please circle your 1st choice of campus: Columbia - Lexington

If 1st choice is not available, are you interested in a different campus? _____

Student Information	
Full Name: _____	_____
<i>First</i>	<i>Middle</i> <i>Last</i>
Birthdate: _____	Grade Entering: _____ Gender: _____
Student phone / email (if applicable): _____	
If your child has been homeschooled, please list grades covered: _____	
If your child attended school, please list:	
Name: _____	Phone: _____
Has your child ever been suspended, expelled, or asked to withdrawal from school: Yes No (if yes, please explain on a separate sheet of paper)	
Has applicant ever consulted, or been referred to, a psychologist or psychiatric social worker for professional assistance: Yes No (if yes, please explain on separate sheet of paper)	
Does your child have a learning disability or are there any other educational/ behavioral concerns we should be made aware of? Yes No (If yes, please explain on separate sheet of paper)	

Parent Information	
Father's Name	_____
	<i>First</i> <i>Middle</i> <i>Last</i>
Home Phone _____	Cell Phone _____
Email: _____	
Employer: _____	Title: _____ Phone: _____
Mother's Name	_____
	<i>First</i> <i>Middle</i> <i>Last</i>
Home Phone _____	Cell Phone _____
Email: _____	
Employer: _____	Title: _____ Phone: _____
Home Address: _____	City: _____ Zip Code: _____
Home Church: _____	

*Please attach any additional addresses or custody information if applicable.

Medical Information

Does applicant have a physical health condition or food allergy of which the school should be aware? Yes No
 If yes, please specify (include prescriptions or limitation of normal activity – use other sheets as necessary):

Does your child have an allergy that requires an EpiPen? Yes No

Medical Release

For the 2017-2018 school year, I _____, parent/guardian of Arrows Academy student(s) _____, do hereby authorize and request that any adult staff of Arrows Academy seek immediate medical attention of a physician or hospital or EMS in emergencies requiring such medical attention; and this authorizes said staff to designate any physician or hospital or EMS to treat in cases of emergencies such as injury by accident or sickness while in their care. I understand that the cost of such treatment is my responsibility. I further verify that health insurance is provided by:

Insurance Company Name: _____ Name of Insured: _____
 Policy Number: _____ Group Number: _____
 Insurance Company Address & Phone: _____

Accountability Group

Please list your intended accountability group for the 17-18 school year: _____

*All high school students are required to join the Arrows Accountability Group.

Financial Agreement**I understand the following:**

1. All fees (registration & enrollment) are non-refundable.
2. Any student with outstanding fees/tuition will not be allowed to attend classes until account is current.
3. No transfer of tuition or fees to other families is allowed.
4. The remainder of the year's tuition will be due if a child withdraws for any reason.
5. A fee of \$25.00 will be assessed for all returned checks
6. I understand that this form and registration fee of \$100/student will only reserve my child's spot at Arrows Academy. The enrollment process will not be complete until I have completed the hold harmless form and paid the first month or full year's tuition plus enrollment fees. Registration and enrollment fees are non-refundable and non-transferable. Tuition is pro-rated and only refunded if/when another student fills the vacated spot.

By signing below, I am stating that I understand that after the first payment is made, I will be responsible for the year's tuition regardless of whether my child completes the year or not.

 Parent signature

 Date

 Spouse's signature

 Date

Check which payment option you are choosing:

____ One payment due by July 15th (5% discount)

____ 10 monthly payments starting July 15th (must use Smart Tuition) Please register using the link provided on our website. You must register by June 1st in order for your payment plan to begin on 7/15.

Attachments:

____ I have attached the \$100 registration fee/student made payable to Arrows Academy. (If full, no payment is required until a spot becomes available.)

____ I am interested in being an assistant and I have included my application with this registration form (found on our website).