



Agapé Jr. Academy, Inc

186 New Hope Road
Lawrenceville, GA 30046
Phone: 678 376-0883 Fax: 678 226-9718

RE-ADMISSION FORM

PART 1

APPLYING FOR RE-ADMISSION FOR SCHOOL YEAR:

To AGAPÉ JR. ACADEMY IS:

Name of Student:

Grade:

Name of Student:

Grade:

Name of Student:

Grade:

PART 2

PARENT RESPONSIBILITY

As a committed parent I would like to become involved in one or more of the following activities:

Homeroom Helper

Grounds Committee

Building Maintenance

Sunshine Committee

Programs and Events

Newsletter and Yearbook

Beta Club

Marketing and Fundraising

Other

PART 3

FINANCIAL AGREEMENT

MAKE ALL CHECKS PAYABLE TO: Agape Jr. Academy

TUITION: \$

REGISTRATION FEE: (annual and nonrefundable) \$ 400.00

OTHER: \$

Monthly tuition will be \$400.00 (unless sibling discount is applicable)

PART 4

ACKNOWLEDGEMENT

It is inferred that my child will be enrolled for the entire school year and Agapé Jr. Academy sets its budget accordingly. If you withdraw your child before the end of the school year, you are responsible for the remainder of the tuition for the school year. There will be no refund.

Reports cards and transcripts are only released to parents or other schools after all payments have been received and posted to the student's account.

Agapé Jr. Academy charges an annual tuition which is due in full by June 1st prior to re-enrollment for the upcoming school year or upon enrollment if registering after June 1st. This contract obligates us to full payment of this commitment regardless of absence, withdrawal, or dismissal by due process.

I ACKNOWLEDGE FULL RESPONSIBILITY FOR MAKING TUITION PAYMENTS ON TIME, AND I UNDERSTAND THAT MISSING A PAYMENT WOULD RESULT IN A TEMPORARY INTERRUPTION OF MY CHILD'S EDUCATION.

I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS, TO THE BEST OF MY ABILITY, CORRECT AND COMPLETE.

<hr/> <p>SIGNATURE OF PARENT(S)/GUARDIAN(S)</p>	<hr/> <p>DATE</p>
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