



The Academy of Coastal Carolina

PO Box 1988
Shallotte, NC 28459
Web: www.TheAcademyedu.com

PHONE: (910) 754-9637
FAX: (910) 754- 9630
EMAIL: TheAcademy@atmc.net

- **Reduced Deposit - \$250/student if enrolled by June 2**
- **2016-2017 Tuition Rates will apply if enrolled by June 2**
Tuition will increase for anyone enrolling after June 2
- **5% Discount on 2016-2017 Tuition if enrolled by March 15**

Returning Student Enrollment 2017-2018

Please fill out COMPLETELY and return with \$250.00 Deposit (\$500.00 Deposit if enrolling after June 2)

SECTION 1 STUDENT INFORMATION

APPLYING FOR GRADE: _____

Student Name [Last] _____, First] _____ [Middle] _____

SECTION 2 EMERGENCY INFORMATION

PLEASE UPDATE THIS INFORMATION FOR 2017-2018

Family Physician _____ Phone _____
Emergency Contact #1 _____ Relationship _____ Phone _____
Emergency Contact #2 _____ Relationship _____ Phone _____

SECTION 3 PARENT/GUARDIAN AGREEMENT: PLEASE SIGN BELOW

Parent/Guardian Name (Please Print) _____

By signing below I/we acknowledge and agree to cooperate and support the following:

- The policies and procedures stated in the current Parent/Student Handbook and on the published Tuition Schedule
- The administration and teachers by respect and verbal support, voluntary efforts for school functions and fervent prayer.
- The academic success of my child by insuring that he/she remains current in all class requirements including but not limited to: class attendance with minimal absences, class participation, daily homework assignments and thorough preparation for tests/quizzes and class projects.
- The compliance of my child to the student dress code and code of conduct outlined in the current Parent/Student Handbook.
- The use of my child's picture for official school publications, including the school website, FaceBook Page, brochures, newspaper ads and press releases and the school newsletter.
- The inclusion of our name, phone number and e-mail address in a school directory.
- The timely payment of all fees and tuition as stated in this application and the current Parent/Student Handbook and published Tuition Schedule. I understand and accept all tuition, fees payments and penalties as published.

Parent Signature _____

Date _____

Financially Responsible Party (if different from parent) _____

Applications and Deposits received after June 2 will be subject to 2017-2018 Tuition & Fee Increase.

Please select one of the following payment schedules:

- _____ Annual Payment in Full Due July 1
_____ Semi-Annual Payments Due July 1 and January 15
_____ 10 Installment Payments (FACTS*) Payments Begin in August: \$43.00 Annual Fee
FACTS Information and Enrollment at www.theacademyedu.com

SECTION 4 COMPLETE THIS SECTION ONLY IF DIFFERENT FROM 2016-2017

Students Primary Address: _____ City _____ State _____ Zip _____
Home Phone () _____ Student Cell Phone: () _____
Primary E-Mail _____ Secondary E-Mail _____

SECTION 5 COMPLETE THIS SECTION ONLY IF DIFFERENT FROM 2016-2017

Father:

Last Name _____ First Name _____

*Address _____

*City _____ State _____ Zip _____

**If different from student.*

Marital Status Married Widower Separated
 Divorced Remarried

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Lives with Student Yes No

Receives Mail/Billing Yes No

Church Attendance Regular Seldom Never

Church Affiliation _____

Mother:

Last Name _____ First Name _____

*Address _____

*City _____ State _____ Zip _____

**If different from student.*

Marital Status Married Widower Separated
 Divorced Remarried

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

Lives with Student Yes No

Receives Mail/Billing Yes No

Church Attendance Regular Seldom Never

Church Affiliation _____

SECTION 4 PARENT QUESTIONNAIRE

1. Have the academic goals for your child changed? _____
2. Does your child have any new or specific social or academic challenges this year? _____
3. Have there been any significant changes in your child's life since last year? _____

SECTION 5 HEALTH INFORMATION

Have there been any changes to your child's physical or mental health since lasy year? _____

Is your child currently taking any regular medications? _____

If so, what are they? _____

Will your child require any medications at school this year? _____

All students receiving mediations at school will need to have a **MEDICATION FORM** on file.

STUDENT COVENANT

Student Name (Please Print) _____

By signing below I acknowledge and agree to fully cooperate in the following areas:

- I will follow the policies and procedures stated in the current Parent/Student Handbook including dress code, attendance and discipline policies.
- I will demonstrate respect for my parent(s)/guardian(s), the school administration and teachers and my fellow students in thought, word and deed.
- I will strive to achieve self-discipline in my studies by practicing good study habits at school and at home. I will complete all class and homework assignments on time and will enthusiastically participate and contribute in class. I will write own assignments and to make up any missed assignments according to my teachers requirements. I will discuss with my teachers any assignments that I do not understand so that I will be able to complete them in a timely manner.
- I understand that the object of The Academy of Coastal Carolina is to help train me and with my fellow students both spiritually and academically, and therefore I commit myself to my studies.
- I will practice good stewardship by guarding against abuse or misuse of any school property.
- I will act responsibly and respectfully when I am away from school, being ever mindful that I represent my school in all that I do and all that I say.
- I agree that God loves me and He empowers me to live a Godly life. – Galatians 5:16

Student Signature _____ Date _____

