

As the parent or guardian of the student listed on the reverse side, I agree to the following terms and conditions:

CONDUCT

I herewith authorize this school to employ such discipline as seems wise and expedient for my child, and intend to support such disciplinary action taken by the school and its administration. The authority to discipline, suspend, or expel rests completely with the principal.

I understand that the standards of PCA do not tolerate profanity, obscenity in work or action, dishonor to the Holy Trinity or the Word of God, disrespect to the personnel of the school or to others, or possession of or involvement with a controlled substance (such as drugs). I understand that violation of these standards will result in disciplinary action and/or expulsion. In the event of expulsion, all refunds are forfeited.

I understand that my child will comply with the rules and regulations as stated in the Student Handbook, in the entrance interview, and / or by conversation with the administration or related by the faculty.

FIELD TRIP PERMISSION

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the campus and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. My child will comply with the school regulations in reference to behavior at school activities away from the campus.

MEDICAL RELEASE

I authorize emergency medical care and will take responsibility for all expenses incurred in the emergency care not covered by the school insurance. I understand that my child may not attend school without a proper Health Department Certificate being filed with the school office. I understand that my child may not be allowed to attend under such medical conditions which are outside the provisions of the school to properly meet those needs.

FINANCIAL OBLIGATION

The Board of PCA always strives to maintain the most economical tuition and fee charges possible. However, should it be necessary to increase tuition and /or fees as agreed to when students enroll, the Board reserves the right and the parent / guardian agrees that tuition may be increased without prior notice.

By signing below, I certify that I have completed accurately the reverse side of this form, and that I have read the above information and agree to all terms and conditions as stated.

SIGNATURE OF PARENT OF GUARDIAN

DATE

PARKWAY CHRISTIAN ACADEMY, INC.

959 Huffman Road, Birmingham, Alabama 35215
Telephone: (205) 833-2410 • FAX (205) 833-4692

TUITION CONTRACT

I understand the financial responsibility involved, and hereby pledge to pay my financial obligations to Parkway Christian Academy **on the due date I have selected below, according to the payment schedule.** My account will be considered delinquent ten (10) days past the due date each month; a \$25 late charge will be assessed on any unpaid balance ten (10) days after the due date. **There will be a \$25 charge¹ on all returned checks. MY REGISTRATION FEE RESERVES A PLACE FOR MY CHILD² AND IS NONREFUNDABLE.** I understand that I am responsible to pay the complete year of tuition even if I choose to withdraw my child from PCA for any reason except moving out of the area, death, or serious illness.

The school reserves the right to refuse admittance to any child whose parent(s) allows their account to become more than thirty (30) days delinquent.

Student Name

Payment Selection:

I wish to pay my child's tuition according to the following choice:

- Pay in full by Sept. 1st Pay: ½ in August; ½ in January 10 equal monthly installments (with no interest) 12 equal monthly installments (with no interest)

Pay Date Selection:

If you chose monthly installments above, please choose your monthly pay date from the choices below:

- Payment is due on the 1st of the month Payment is due on the 15th of the month

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Date

Date

¹Returned Check Charge is applicable to any check returned on any financial account at PCA.

²Other enrollment criteria must be met as outlined in the enrollment packet.

CHART OF FEES FOR 2009-2010

Grade	Tuition	Monthly (12)	Monthly (10)	Registration Fees (Non-refundable)
Kindergarten	\$1,786	\$149	\$179	\$220
All day K5	\$2700	\$225	\$270	\$220
1 st – 6 th	\$3,857	\$321	\$386	\$250
7 th – 11 th	\$4,095	\$341	\$410	\$250
12 th	\$4,209	\$351	\$421	\$250

NOTE: Registration for currently enrolled students is \$175 prior to March 31, 2009. Our open registration for new students will begin April 1, 2009. Please complete the attached application and return it with your registration fee.

III Requirements and Procedures for enrollment

- 1. Complete application form (Read and sign the back.)
- 2. Pay registration fee
- 3. Provide copy of most recent report card and SAT scores
- 4. Sign tuition contract
- 5. Sign Official Request for Records
(Additional, non-refundable \$50 testing fee required for new students)
- 6. Schedule testing appointment with Counselor
- 7. Provide copy of birth certificate
*Include copy of registering parent's driver's license.
Include custody agreement, if applicable.*
- 8. Provide copy of social security card
- 9. Provide original, current immunization form
- 10. Provide transcript (students entering grades 10-12)
- 11. Provide letter of recommendation from pastor or current principal.
- 12. Have conference with administration

Once students have registered by completing items 1-5, their names will be added to the computer and they will be enrolled. Admission process is not complete until ALL items above have been submitted/completed.



PARKWAY CHRISTIAN ACADEMY

Christ - Centered Education

OFFICIAL REQUEST FOR SCHOOL RECORDS

Date of Request: _____

Date Request Received: _____

Parent's / Guardian's Permission for Release of Student's Permanent Records

Last Name **First Name** **Grade**

Last Name **First Name** **Grade**

Last Name **First Name** **Grade**

_____ Transcript of all grades and test scores **Prior School Attended:**
_____ Grades and attendance at time of withdrawal **(Name and Address)**

_____ Certificate of immunization _____

_____ Any achievement test scores _____

_____ Discipline records _____

Signature of Parent or Guardian: _____

Thank you for your prompt attention to this request.

Sincerely,

Debbie Beasley