

Academic School 4 Arts

School Registration Application School year: 2024-2025

Student information		
Last name:	First name:	Middle name Initial:
Date of Birth:	Place of Birth:	Sex:
Date of Birtin.	Trace or Birth.	M F Other
Ethnicity (Optional):	Last School attended:	Allergy(ies):
Grade for which you are	$K \square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th} \square 5^{th}$	6^{th} 7^{th} 8^{th} 9^{th}
applying (Check One)		
	10 th 11 th 12 th	
Parents, please respond to	<u>_</u>	
Is your child currently receiving s	· III I	□ No
education services such as IEP or a 504 Plan?		
(If yes, attach copy of current IEP	or 504)	
Parent's information:		
Mother's name		
First	Last	
Home Address		
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City and State	Zip code
Work Number	Cell Number
Email address	
Father's name	
First	Last
Home Address	
City and State	Zip code
Work Number	Cell Number



Phone Number	Relationship	
	Phone Number	Phone Number Relationship

☐ I understand the Student Code of Conduct, contents of the Student Handbook and other school expectations relative to technology fees, curriculum/instruction, school uniforms/dress code. I agree to abide with those expectations, rules and procedures established by Academic School 4 Arts.

Terms and Conditions:

Monthly payments will be made in advance on the first day of each month. Payments made within 15 days following their due date will carry a late charge of \$15. Any student for which payment is delayed more than 25 days will be considered inactive and his/her records will be retained until a satisfactory agreement has been made between Academic School 4 Arts and the parents /guardian of the student.

*Academic School 4 Arts does not discriminate in employment or educational programs, services, or activities based on race, religion, age, gender, national origin, or disability in accordance with state and federal laws.



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Registration fee: \$350

Tuition fees (registration not included)

Kindergarten	\$14,300.00
1 st and 2 nd Grades	\$14,700.00
3 rd – 12 th Grades	\$15,000.00

•	Scholarship amount:
•	Amount after scholarship:
•	Parent out of pocket responsibility:
Accept	ted by:
Studer	nt Name:
Parent	Name:
Parent	's signature:

^{**}Please note that the information you provided us will be used ONLY for the purpose of contacting you and will be shared with our collection company in case your account becomes delinquent after 90 days.