



Risen Christ

CHRISTIAN ACADEMY

Enrollment Application

STUDENT INFORMATION (ADDRESS TO WHICH ALL MAIL IS TO BE SENT)

| | | | |
|----------------------------|----------------|---------------------------------------|------|
| Name: | | Enrolling in GRADE: | |
| STREET: | CITY: | STATE: | ZIP: |
| PHONE: | Date of Birth: | Gender: | |
| STUDENT SOCIAL SECURITY #: | | | |
| EMAIL: | | | |
| STUDENT CHURCH MEMBERSHIP: | | DENOMINATION: <i>Pastor's Name</i> | |
| BAPTISM / DEDICATION DATE: | | LIST ADDRESS IN SCHOOL DIRECTORY? Y N | |
| | | LIST PHONE IN SCHOOL DIRECTORY? Y N | |

FATHER'S / Guardian NAME:

| | |
|---------------------|-----------------|
| HOME PHONE: | BUSINESS PHONE: |
| OCCUPATION / TITLE: | Company: |
| CHURCH MEMBERSHIP: | |

MOTHER'S / Guardian NAME:

| | |
|---------------------|-----------------|
| HOME PHONE: | BUSINESS PHONE: |
| OCCUPATION / TITLE: | Company: |
| CHURCH MEMBERSHIP: | |

| | |
|---|------------------------------|
| Allow photo's in all school and public publications? <i>Y or N</i> | WITH WHOM DOES STUDENT LIVE: |
|---|------------------------------|

PARENT NAME(S) FOR DIRECTORY: _____

SIBLING INFORMATION:

| Name | Gender | Birthday |
|------|--------|----------|
| | | |

REFERRAL:

How did you hear about Risen Christ Lutheran School:
_____?

Who can we thank for referring you to our school?

PERSONS PERMITTED TO PICK UP STUDENT OTHER THAN PARENTS/ GUARDIANS LISTED ABOVE

| NAME | NAME | NAME |
|----------|----------|----------|
| | | |
| RELATION | RELATION | RELATION |
| | | |



Risen Christ
CHRISTIAN ACADEMY

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Education Information:

School attended last _____ How long _____

Address: _____ Principal _____

City/State/Zip: _____ Phone _____

Fax #: _____ Reason for leaving _____

Has your child ever been involved in a remedial class? _____ Subject _____

Has your child ever been involved with a tutor? _____ Subject: _____

Has your child ever been involved in an advanced class? _____ Subject _____

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc. _____ If yes please explain _____

Does your child have any special visual, hearing, motor, or other type physiological or psychological difficulty of which we should be aware to most effectively educate your child? _____

Does your child have any specific allergies? _____ Is your child on any special medication? Please elaborate _____

Is there any specific difficulty your child is experiencing at school? _____

The above information is true and factual to the best of my/our knowledge. I/we understand that misrepresentation of the student's past record may be considered grounds for dismissal. I/we give permission for administrative officials of Risen Christ Christian Academy to contact previous schools to verify the above and to discuss the student's academic, disciplinary and attendance record. I/we hereby obligate myself/ourselves to meet the charges for tuition and fees when due. In consideration for the enrollment of my/our son/daughter to Risen Christ Christian Academy, I/we agree to pay the published tuition for his/her enrollment as a condition precedent to the school's release of my /our son's/daughter's grades each semester. I/we further understand that my/our failure to meet the tuition obligation may mean termination of my/our child's enrollment at Risen Christ Christian Academy. By signing this application, I (we) agree to the financial obligations and understand that all families are required to participate in some of the selected family fund raising activities.

Father/Guardian

Mother/Guardian

Date

Risen Christ Christian Academy
10595 N. Kings highway, Myrtle beach, South Carolina 29572
843 272-8163 www.risenchristacademy.org

RISEN CHRIST CHRISTIAN ACADEMY K-12 STUDENT TUITION AGREEMENT

10595 North Kings Highway | Myrtle Beach SC 29572 | 843-272-8163

| | | | |
|---|-------------|---------------|---------------|
| STUDENT'S NAME: | | GRADE: | DATE OF BIRTH |
| RESPONSIBLE PARTY'S NAME | | RELATIONSHIP: | |
| RESPONSIBLE PARTY'S ADDRESS (NOTE: IF DIFFERENT, PLEASE PRINT STUDENT'S ADDRESS ON REVERSE SIDE): | | | |
| CITY: | | STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: | WORK PHONE: | |

I/we agree to pay RCCA \$_____ according to the following payment plan and method, for educational services provided this student during the __20/21_____ school year:

| |
|---|
| <input type="checkbox"/> ONE (1) PAYMENT OF \$_____, PAID AT ENROLLMENT. |
| <input type="checkbox"/> TWO (2) PAYMENTS OF \$_____ EACH, PAID AT ENROLLMENT AND ON _____. |
| <input type="checkbox"/> TEN (10) MONTHLY PAYMENTS OF \$_____ EACH, AUGUST THROUGH MAY. |
| <input type="checkbox"/> TWELVE (12) MONTHLY PAYMENTS OF \$_____ EACH, JULY THROUGH MAY. |

Payment Method:

- Personal Check – I will pay by personal check on or before the 10th of each month.
- Credit or Debit (ACH) Card – I authorize the payment(s) chosen above to be automatically billed to the following card between the 1st and 5th of the month. All credit card transactions are subject to a 3% fee.

Debit (ACH) Transactions – Please complete the following and submit a voided check:

| | |
|-----------------------------|---------------|
| NAME ON ACCOUNT: | PHONE NUMBER: |
| BILLING ADDRESS ON ACCOUNT: | BANK NAME: |
| ROUTING #: | ACCOUNT #: |

Credit Card Transactions – Please complete the following:

| | |
|------------------|---------------|
| NAME ON ACCOUNT: | PHONE NUMBER: |
| ACCOUNT NUMBER: | ZIP CODE: |
| EXPIRATION DATE: | C V V #: |

I understand that late payments or returned payments could result in additional fees and that failure to adhere to this payment plan could result in the student's expulsion.

Authorized Signature
Authorized Signature
Date

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RISEN CHRIST CHRISTIAN ACADEMY TUITION AND FEES

| | |
|------------------------|----------------------------------|
| Kindergarten | \$425 x 12 months (\$5,100/year) |
| Grades 1 – 4 | \$450 x 12 months (\$5,400/year) |
| Grades 5 – 8 | \$460 x 12 months (\$5,520/year) |
| Grades 9 – 12 | \$475 x 12 months (\$5,700/year) |
| International Students | \$12,000 |

International Wire Transfer Instruction:

Swift Bank: TIBBUS44-TIB-The Independent Bankers Bank
Beneficiary Bank: Sandhills Bank #108257
Beneficiary: Risen Christ Christian Academy
Account # 1013003888
10595 N Kings Hwy, Myrtle Beach SC 29572

After School Care Program Fees:

Registration: \$60 per child Weekly Fee: \$50.00 per child

Occasional Aftercare Fee: \$15.00 per child per day

Aftercare fees are due on the first day of the week. Aftercare fees are not included in tuition payments but will be billed to your credit card or ACH transaction if payment is not made on the first day of the week.

General Information regarding Tuition and Fees:

Operational funding for Risen Christ Academy comes from student tuition, Risen Christ Lutheran Church support, gifts and donations, and fundraising.

It is the parents' (guardians') responsibility to ensure tuition payments are made on time. Non-payment of tuition can result in suspension and expulsion of the student.