

**FIRST LOVE CHRISTIAN ACADEMY
INTENT TO RE-ENROLL IN THE FALL OF 2011**

Student Name _____ Date _____ Grade level fall 2011 _____

Parent(s)/guardian(s) Name(s) _____

Address _____

E-mail _____ Phone _____ Cell _____

Tuition information

FULL-TIME \$5000 DUAL – VOTECH \$3500 PART – TIME \$650/COURSE
[2ND CHILD \$4500 OR \$3000 3RD CHILD \$4000 OR \$2500 4TH CHILD \$3500 OR \$2000]
Application fee \$100 Technology Fee \$320 Text & Materials Fee \$180 Science Equipment Fee \$100 Time Commitment \$500

Family Tuition Plan:

_____ Will be paying the full amount _____-5% by May 1st OR _____-3% by June 1st
credit card option will be available

_____ Will be making 10 monthly payments on the full amount

_____ Will be requesting Financial Aid through the EITC program

Please send me the Financial Aid application due May 20th for returning students

_____ Will be requesting a scholarship through a church or private donation

I am declaring my intent to enroll the above child in the non-affiliated, Bible-based First Love Christian Academy. I attest the following to be true:

_____ My child has the desire to build a relationship with Jesus Christ.

_____ My child has the desire to achieve academically to the best of his/her ability.

_____ My child agrees to adhere to the rules and regulations reflecting a Christian lifestyle.

_____ Our family will attend the church of our choice supporting First Love's Statement of Faith

It will be my responsibility as the parent/guardian to insure that the academy receives tuition payments on time.

Signature of the Student

Date _____

Signature of parent/guardian

Date _____

Signature of parent/guardian (if applicable)

Date _____

Admission is not automatic with the submission of the Intent to re-enroll. The enrollment committee will review each student file. **Please return by April 15th with the \$100 application fee for processing.**

Kathleen Miller
Admissions Director

2011 – 2012 Academic Year

Student Name _____ Birth date _____ Date _____

FAMILY INFORMATION FORM

Person(s) with whom student resides:

(All school information will be sent to the primary residence unless otherwise requested)

Name _____
☐ parent ☐ step ☐ guardian ☐ family

Name _____
☐ parent ☐ step ☐ guardian ☐ family

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

E-mail _____

E-mail _____

Work Number _____

Work Number _____

Occupation _____

Occupation _____

Employer Name _____

Employer Name _____

Church Affiliation _____

Church Affiliation _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Pastor _____ Phone _____

Pastor _____ Phone _____

Are you a member? _____ How long? _____

Are you a member? _____ How long? _____

Do you attend regularly? _____

Do you attend regularly? _____

Marital Status _____

Marital Status _____

Siblings: age M / F current school grade
☐ ☐
☐ ☐
☐ ☐

Parental Information (Other than applicant's primary residence)

Name _____
☐ parent ☐ step ☐ guardian ☐ family

Name _____
☐ parent ☐ step ☐ guardian ☐ family

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

E-mail _____

E-mail _____

Siblings: age M / F current school grade
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