

**2017-2018
DECATUR CHRISTIAN SCHOOL
K-12th RE-ENROLLMENT**

(OFFICE USE ONLY)
Date Received _____
Reg. Amt. Pd. _____

Parents Name: _____

STUDENT(S) NAME: (Last, First, Middle) BIRTH DATE RACE (For State reports only) EMAIL CELL GRADE 2017/2018

1. _____
2. _____
3. _____
4. _____

Total number of children enrolling in DCS for 2017-2018: _____ Public School Dist. _____

Father's Name (Last) _____ (First) _____ **Alumni** Yes / No –Year _____

Address _____ City, State & Zip _____

Home Phone _____ **Cell** _____ **E-Mail** _____

Place of Employment _____ Work Ph. _____

Mother's Name (Last) _____ (First) _____ **Alumni** Yes / No –Year _____

Address _____ City, State & Zip _____

Home Phone _____ **Cell** _____ **E-Mail** _____

Place of Employment _____ Work Ph. _____

Grandparent(s) _____ Address _____ City, State _____ Home/Cell _____

Grandparent(s) _____ Address _____ City, State _____ Home/Cell _____

Family Church Affiliation _____ **Pastor's Name** _____ **Phone** _____

FAMILY MEMBERS – If you would like a family member to receive news about the school please provide the following:

Name	Address	Email

ALUMNI – If you know of an alumni of DCS that would like to receive news about the school please provide the following:

Name	Address	Email

FINANCIAL AGREEMENT – PLEASE READ THE FOLLOWING:

1. All payments required by the school are expected to be paid on time.
2. A \$15.00 late fee is assessed for all accounts unpaid after the 10th of each month. A \$25.00 fee is charged for returned checks.
3. In the event that any payment has not been received and is late 45 days, the student(s) shall be subject to dismissal. Any exception must be made in writing. Terms and conditions of payment must be fully and promptly made.
4. No student will be permitted to participate in graduation ceremonies until all tuition and fees are paid up-to-date.
5. All past due accounts for returning students are to be paid in full by May 31 or the class space held may be given to another student on the waiting list.
6. In the event your account is past due. It may be turned over to a collection agency. If your account is not paid in full and this account is turned over to a collection agency and/or attorney, then you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, due costs and reasonable attorney's fee of 33% of the balance.

OVER-----> > > >

FINANCIAL COMMITMENT: Please list party/parties responsible for tuition payments.

Name(s) _____ Address _____ Phone _____

Relationship to Student _____ E-mail _____ Work _____ Cell _____

** A current e-mail address must be provided by the party responsible for financial commitments.*

I, the undersigned, hereby acknowledge that I have read and understand the financial commitment indicated above. I also acknowledge that I agree to adhere to all guidelines outlined in the DCS Handbook.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Complete the enclosed re-enrollment application along with your registration fee of \$50.00 per student by March 31, 2017

(Open Enrollment begins March 1, 2017)

Registrations paid during April will be \$100.00 per student.

Registrations paid during May 2017 will be \$150 per student.

No portion of this fee will be deducted from your tuition. ~ Registration fees are non-refundable.

REFERRAL PROGRAM

In order to take advantage of the Rewards for Referral Program, I would like to have information regarding DCS sent to:

Name _____ Address _____ Phone _____ Email _____

- Please see the office for more information.