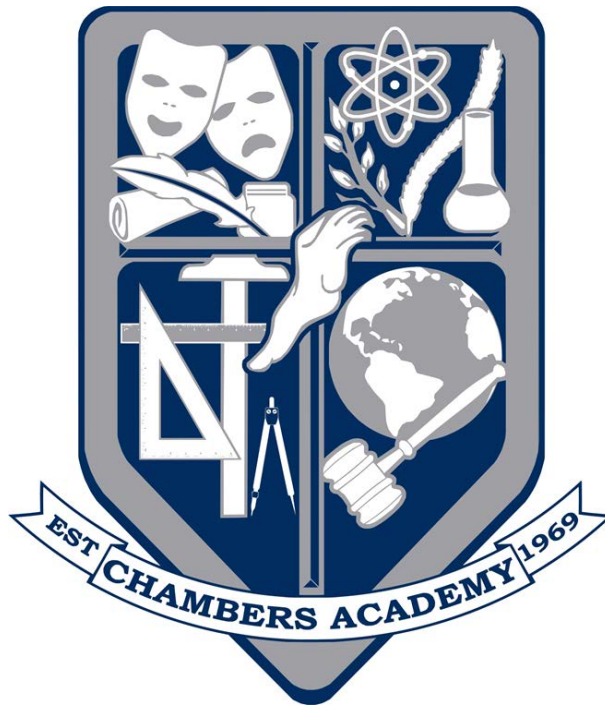


CHAMBERS ACADEMY
ADMISSION APPLICATION,
CONTRACT AND STUDENT
INFORMATION
2017-2018



APPLICANT'S NAME: _____

ENTERING GRADE: _____

**CHAMBERS ACADEMY PAYMENT ACKNOWLEDGEMENT &
CONTRACT FOR EDUCATIONAL SERVICES**

I, _____, the undersigned parent/guardian of _____ do hereby acknowledge and declare that by signing this document that I do accept, undertake and assume the full responsibility and liability for all tuition, fees and expenses related to and incurred on behalf of the above named minor child as it relates to the school/educational services provided by Chambers Academy as set out in policy as has been explained to me and according to the documents attached hereto.

I, _____, further understand and acknowledge that all such tuition, fees and expenses for the above-said minor child are to be paid in a timely manner per the terms of the document attached hereto which I have read, understand and has been fully explained to me. Should my account ever fall two (2) payments behind then, I expressly understand that the above-named minor child shall be suspended from school and shall not be admitted back into Chambers Academy and that Chambers Academy shall not provide any further educational services for the above-named minor child until the delinquent account balance is **PAID IN FULL**. Chambers Academy shall not accept any partial payments to reinstate a delinquent account to restore educational services under any circumstances.

I, _____, also understand and acknowledge that should I withdraw my child from Chambers Academy without paying all monies due and any and all delinquent balances in full or should my child be refused admission to the Chambers Academy as a result of my failure to timely pay the fees according to this agreement for educational services or for a delinquent balance owed for the above-named minor child and should Chambers Academy be forced to pursue collection to collect any such delinquent and/or unpaid balance, then I hereby expressly acknowledge that I shall be responsible for any and all costs and expenses associated with said collection including a reasonable attorney's fee, court costs in addition to all balances owed to Chambers Academy. It is understood that tuition paid to Chambers Academy will not be refunded unless the family changes their residence to another city. In the event of a bona fide move, prepaid tuition will be prorated on a daily basis. Tuition will be paid for actual days attended plus 20 days' administration fees. It is further understood that in the case of monthly pay, the student whose tuition falls more than 30 days in arrears will be denied access to class until the account is brought to current status.

I, _____, also understand an application for enrollment and registration fees must be received in the office and approved by the Headmaster and Board of Directors before a student is accepted into Chambers Academy.

Done this the _____ day of _____, _____.

Headmaster

Parent/Guardian

CHAMBERS ACADEMY



STUDENT INFORMATION

STUDENT NAME			GRADE
STREET ADDRESS			SOCIAL SECURITY #
CITY	STATE	ZIP	DATE OF BIRTH
SCHOOL LAST ATTENDED			

PARENT/GUARDIAN INFORMATION

FATHER'S NAME:	PLACE OF EMPLOYMENT:
HOME/CELL #	WORK #
MOTHER'S NAME:	PLACE OF EMPLOYMENT:
HOME/CELL #	WORK #
E-MAIL ADDRESS:	

PLEASE LIST INDIVIDUALS (OTHER THAN PARENTS/GUARDIANS) ALLOWED TO PICK UP/CHECK OUT STUDENT(S)

CHAMBERS ACADEMY



MAIN EMERGENCY CONTACT:

MARITAL STATUS OF PARENTS (CIRCLE ONE)

MARRIED SINGLE SEPARATED DIVORCED WIDOWED

IF DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY? _____

WITH WHOM DOES THE APPLICANT LIVE? _____

HOW DID YOU LEARN ABOUT CHAMBERS ACADEMY? _____

WHAT WOULD YOU LIKE CHAMBERS ACADEMY TO KNOW ABOUT YOUR CHILD? _____

HAS YOUR CHILD EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL? _____

IF YES, PLEASE EXPLAIN: _____

CHAMBERS ACADEMY



STUDENT NAME _____

GRADE _____

PARENT/GUARDIAN'S NAME _____

			OFFICE USE ONLY
2017-2018 TUITION PLAN	12 MONTH	10 MONTH	PAY IN FULL
2017-2018 FEES	_____	_____	_____
REGISTRATION	_____	_____	_____
INSURANCE/ATHLETIC PASS	_____	_____	_____
SCIENCE LAB(7-12)	_____	_____	_____
DRIVER'S EDUCATION (10)	_____	_____	_____
TOTAL	_____	_____	_____

I, _____, THE UNDERSIGNED PARENT/GUARDIAN OF _____ DO HEREBY ACKNOWLEDGE AND DECLARE THAT BY SIGNING THIS DOCUMENT THAT I DO ACCEPT, UNDERTAKE AND ASSUME THE FULL RESPONSIBILITY AND LIABILITY FOR ALL TUITION, FEES AND EXPENSES RELATED TO AND INCURRED ON BEHALF OF THE ABOVE NAMED MINOR CHILD AS IT RELATES TO THE SCHOOL/EDUCATIONAL SERVICES PROVIDED BY CHAMBERS ACADEMY AS SET OUT IN POLICY AS HAS BEEN EXPLAINED TO ME AND ACCORDING TO THE DOCUMENTS ATTACHED HERETO.

PARENT/GUARDIAN

DATE