

**ALABAMA CHRISTIAN ACADEMY
2010-11 RETURNING STUDENT PRE-ENROLLMENT FORM**

Pre-enrollment forms for students who wish to be considered for enrollment in 2010-11 must be returned by **February 1, 2010**. **The appropriate registration fees must accompany this form.** Payment must be in the form of check or cash. This fee **cannot** be drafted if you are on the bank draft system. These fees are **non-refundable** and **non-transferable**. Please refer to the letter accompanying this form and ACA's handbook for more information regarding the pre-enrollment process.

Family Information: (please print clearly and include ALL information requested.)

Parents or Payers' Names	ACA Account #	Home Telephone #	
Mailing Address	City	State	Zip
Mother's Contact Telephone #	Father's Contact Telephone #		

Returning Student(s) Information: (Only for students currently enrolled in 2009-10). *Multi-child discounts for pre-enrollment and tuition are limited to siblings only.*

Oldest Student's Name	Grade for 2010-11	\$ 240.00
Second Student's Name	Grade for 2010-11	185.00
Third Student's Name	Grade for 2010-11	120.00
Fourth Student's Name	Grade for 2010-11	120.00
TOTAL: \$		_____

Information for Siblings Who Are Not Currently Enrolled But Plan To Apply To Attend In 2010-11:

Siblings who were listed on the Sibling Priority Enrollment Form at the beginning of this school year have priority only until February 1, 2010. **All new students, including siblings, must see our admissions director to receive an application. This must be completed and returned with the appropriate application fee by February 1, 2010.**

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that any and all pre-enrollment/application fees I pay are completely **non-refundable** and **non-transferable**. I also understand the returning student priority deadline is February 1, 2010. ***After this date, a \$25.00 per child late fee will be assessed.*** If returning this form and payment after February 2nd, I understand that I must contact Mrs. Parker @ ext. 227 to make sure a place is still available for my child or children.

Parent or Payer Signature	Date
Parent or Payer Signature	Date