



Ashland Christian School  
1144 W. Main Street  
Ashland, OH 44805  
419-289-6617

<b>For Office Use</b>	
Year _____	Fam. Info. _____
Grade _____	Reg. Pd. _____
Tuition _____	
Textbook Fees _____	

### Re-enrollment Application for the Home Extension Program

Please use black ink when completing both sides of this form. Please attach your registration fee to this application. Upon receipt of the application and registration fee, you will be contacted for an interview. The registration fee is non-refundable.

Full name of student \_\_\_\_\_ Sex \_\_\_\_\_ Date of Application \_\_\_\_\_

Birth Date \_\_\_\_\_ Student lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other (specify) \_\_\_\_\_ ACS must have a copy of legal action if custody has been awarded by court.

Does this apply? \_\_\_\_\_

School district in which student resides \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Grade for which you are applying (circle one): K 1 2 3 4 5 6 7 8

Elective class for enrollment (circle all that apply): Art Music Orchestra Physical Ed. Spanish Computer  
Middle School Core Subjects for enrollment (circle all that apply): Bible, History, Language Arts, Reading, Math, Science, Spanish/Health

\_\_\_\_ I would like to schedule an appointment with the Administrator to discuss next year.

Does the student have any history of a physical condition or a learning disability which has required professional attention or may require special attention at ACS? No\_\_\_\_ Yes\_\_

If yes, explain:

Directory Information:

\_\_\_\_ I give permission for my name to be listed in the Ashland Christian School and Preschool Directory.

Please list my family in the following way:

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

\_\_\_\_ I do not give permission for my name to be listed in the directory.

**Financial Information:**

Application/registration fee of \$30.00 for each student. This fee is non-refundable.

The tuition costs are as follows:

Family with one student taking elective courses.....	\$350.00
Family with two students taking elective courses.....	\$550.00
Family with three or more students elective courses .....	\$750.00

(Prepay by July 5: \$25.00 deduction on tuition)

Subject/Textbook rental fee:

\$10.00 per subject/textbook rental fee for the school year (if applicable).

Middle School per core subject tuition cost with elective.....	\$738.00
Middle School per core subject tuition without elective.....	\$788.00

*Parents of Middle School students should add the cost of elective courses to the core subject class fee if the student is taking both elective classes and core class*

FACTS Tuition Payment On-line Agreement:

Home Extension Tuition is managed by FACTS Management Company. The payment schedule is determined by FACTS. Payments may be scheduled on the 5<sup>th</sup> or the 20<sup>th</sup> of the months listed below.

**Home Extension Payment Plans:**

Please indicate which payment plan you prefer:

- Prepay in full to ACS (Receive a \$25.00 deduction on the yearly tuition.)
- Semester (Payments due in July and January)
- Quarterly (Payments due in July, October, January, and April)

**Parent/Guardian Commitment:**

Please read carefully the ACS Policies on the accompanying page and initial each statement below.

1.  I have read and agree with Statement of Faith of the school and am willing to have my child(ren) educated in accordance with it.
2.  I agree to work cooperatively with the teachers, administration, and school board in matters regarding correction and discipline of my child(ren).
3.  I understand that the leadership of the school has the right to dismiss any student who does not comply with the Code of Conduct of the school.
4.  I understand that the school has full discretion for the grade and class placement of my child(ren).
5.  I have read the policy concerning late tuition and agree to comply with it, including payment of late fees if required.
6.  I have read the policy concerning early withdrawal and agree to comply with it, including payment of all charges required.
7.  I agree to pay all tuition fees and other financial obligations to ACS on or before the due date without a reminder.
8.  I understand fundraisers are necessary in operating the school and my participation is needed in practical help and prayer support.
9.  I have read the policy concerning Non-Discrimination and agree to support it.
10.  I understand that all the policies of the school are available for me to read in the school office.

Yes/No I grant permission for my child(ren) to be pictured in ACS publications. I understand that these may be used for promotional purposes.

**Please Sign:**

Father: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Date: \_\_\_\_\_