

WEST COVINA CHRISTIAN SCHOOL

FOR OFFICE USE ONLY

2012-2013 RE-ADMISSION APPLICATION

DATE	DATE
PAID	PAID

STUDENT NAME _____ BIRTHDAY _____ GRADE (next fall) _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE() _____ CELL PHONE () _____

MAILING ADDRESS _____ CITY _____ ZIP _____

THIS APPLICATION AND ITS REGISTRATION FEE MUST BE RETURNED NO LATER THAN FEBRUARY 10, 2012 to our office.

Registration fees are non-refundable and non-transferable. Fees are as listed:

	Registration Fees paid in FULL by February 10th	Registration Fees paid by May 1st	First half payment due by February 1st	Second half payment due by May 1st	Late Registration Paid after May 1st
Kindergarten - 8th Grade <small>(includes Technology Fee & Yearbook</small>	\$350.00	\$400.00	\$200.00	\$200.00	\$435.00

DON'T PUT OFF RE-ADMISSION AS WE CAN NOT GUARANTEE A PLACE FOR YOUR CHILD IF (S)HE IS NOT RE-ENROLLED !!

Our family currently attends _____ Church in the city of _____

Is this student planning on being in Day Care on a monthly basis? YES NO

TUITION PAYMENT OPTIONS (please check one):

- I wish to pay the year's tuition in full by July 15th and receive a *8% discount* or by September 1st and receive a *6% discount*.
- I wish to pay the year's tuition in two installments (July 15th and January 1st) and receive a *5% discount* or (September 1st and January 1st) and receive a *3% discount*.
- I wish to have my tuition payments debited automatically from my checking or savings account every month for 11 months beginning in July. I choose to pay on the **1st** or the **15th** of each month. In the case of a return for insufficient funds, I understand that a late fee of 10% will be assessed as well as an NSF fee of \$25.00.
- I desire to send my tuition payment directly to the WCCS office every month for 11 months beginning in July. I understand that there is a \$10 per month processing fee for this service. These payments are due on the 1st and late after the 10th. I understand that a 10% late fee will be assessed if payments are received after the 10th.

*If no payment option is selected, your account will automatically be set with payments being sent directly to the office. Payments are due on the 1st and late after the 10th. A \$10 per month processing fee will be charged.

FINANCIAL POLICY: If payment is received late, a late charge of 10% will be assessed on your account. If the account is not paid in full by the end of the month, the student(s) will be excluded from class until such time as the account is paid in full, unless prior arrangements are made. If you desire to withdraw your child from school, a minimum of two weeks written notice must be given to the school office or two weeks of tuition will be charged to your account balance.

AGREEMENT

I hereby make application for the re-admission of my son/daughter to West Covina Christian School.

I promise to pay my financial obligation to West Covina Christian School on the date due.

I agree to encourage obedience to the rules and regulations of the school. I will nurture modesty in dress and proper conduct on the part of my child. I understand that West Covina Christian School does not tolerate profanity, pornography, obscenity in word or action, possession or use of drugs, alcohol, tobacco or weapons, dishonor to God or the Bible, and disobedience or disrespect to the school staff.

I agree to support the school in necessary disciplinary action. If my child does not comply with the academic and behavioral standards of the school, I agree that I will withdraw my child from the school or he/she will be expelled.

DATE _____

Father Signature _____

Father Print _____

DATE _____

Mother Signature _____

Mother Print _____

SIGNATURE OF BOTH PARENTS IS REQUIRED