



APPLICATION FOR RE-ENROLLMENT

School Year _____ - _____

Family Information

Family Code: _____ Family Name: _____

Please review the attached "Family Verification Sheet" and note any necessary changes or updates. Dental information is optional.

Financial Information

**Please indicate who is responsible for all financial obligations to FBTA:

_____	_____	_____	_____
Title	First Name	Last Name	Relationship

_____	_____	_____	_____
Mailing Address	City	State	Zip Code

_____	_____	_____
Home Phone Number	Cell Phone Number	Alternate Number

Payments are due on the 5th day of each month, and a Late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the Finance Office. Registration & Supply fees are non-refundable in whole or in part. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.

Parent/Guardian's Signature

****NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

Agreement

_____ I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage or social media. Student names are not used on the webpage or social media.

Office Use

Reg. Date _____ Ck# _____ Cash Rec. # _____ \$ _____ AO _____ FO _____

Qualified Discounts: _____