



A Ministry of Mennonite Christian Fellowship

245 Tennant Drive, Atmore, AL 36502-1010 · Telephone and Fax (251) 368-5499 · www.atmorechristianschool.com

APPLICATION for RE-ENROLLMENT for SCHOOL YEAR 2024-2025
A \$50 deposit must be made to hold your child's place (non-refundable).

Student Name _____ Grade _____

Address _____
Street Address City State Zip Code

Phone Number _____ Birthdate _____ Has the applicant made profession of faith in Christ (Yes/No) _____

Family Information

Father (or male guardian) _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

Mother (or female guardian) _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

If parents are divorced, please describe custody arrangement _____

Stepparent living at home _____ Employer _____

Email Address _____ Business Ph _____ Cell Ph _____

Please list below any other children of school age not applying to ACS.

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____

Church Information

Church Attending _____ Phone _____

Church Address _____ Pastor _____

Does the family attend church weekly? (Yes/No) _____ If no, please explain _____

Medical Information

Family Physician _____ Phone Number _____

Address _____

Please answer Yes or No to the following questions concerning your child.

_____ Has the child had excessive absences in the past due to illness?

_____ Does the child have any physical defects, weaknesses, or allergies?
 If yes, please explain _____

_____ Does the child regularly take any medications?
 If yes, please explain _____

_____ May the child be given a non-aspirin pain reliever (Tylenol or equivalent) at school in case of headache or other minor pain?

PARENT UNDERSTANDING and COMMITMENT

We, the undersigned parents of _____, do hereby request re-enrollment in Atmore Christian School for our child. We have read and understand the current Atmore Christian School Handbook. We commit ourselves to support the philosophy and policies of the school.

We understand that any lack of finances does not necessarily exclude our child from enrollment, but that the school depends on the financial support it receives through enrollment fees and tuition. We commit ourselves to pay promptly when due, or in advance, a monthly tuition for 10 months, specified on the bottom of this sheet, as well as any other fees charged by the school. If we cannot make the regular tuition payments, we understand that we may request, complete, and return a Financial Assistance Application to the school board, who, along with the school board chairman, will determine the availability and eligibility of funds.

_____	_____
Date	Signature of Father (or male guardian)
_____	_____
Date	Signature of Mother (or female guardian)

Financial Understanding

Current Commitment Amount Past Due - - - - - \$ _____

Enrollment Fees

Book Fee (\$400) - - - - -	\$400.00
Re-enrollment (\$50) - - - - -	\$50.00
Quick Schools (\$50) - - - - -	\$50.00
Bible (\$8 reg print, \$12.00 large print) - - - - -	_____
Other _____	_____

Subtotal - - - - -	_____
Subtract Re-enrollment Deposit Paid (\$50) - - -	_____

Total Enrollment Fees - - - - - _____

***Enrollment fees paid in full by July 1, 2024 and tuition paid in full by September 1, 2024 will receive a 5% discount.**

Tuition Payments

Tuition payments are due monthly for 10 months, with the first payment due August 1, 2024, and the last payment due May 1, 2025. Tuition is charged according to the number of children enrolled from the same family, as follows:

First child enrolled, \$3,600.00 (\$360.00 monthly) - - - - -	_____
Second child enrolled, \$3,325.00 (\$332.50 monthly) - - - - -	_____
Third child enrolled, \$3,050.00 (\$305.00 monthly) - - - - -	_____
Fourth child (or more) enrolled, \$2,775 (\$277.50 monthly) - - - - -	_____

Attendees of Mennonite Christian Fellowship: annual tuition is \$3,200; \$2,925; \$2,650; \$2,375

Monthly Tuition Payment (first due on August 1) - - - - - _____

Date Application Received _____	Total _____
Date of Enrollment _____	Date Paid _____
Date of Withdrawal _____	Check No. _____