

# SVCA Enrollment Contract Academic Year 2008/09

**Shenandoah Valley Christian Academy**  
 PO Box 1360 Stephens City, VA 22655  
 Phone: 540.869.4600 Fax: 540.869.4662  
 www.svca.net

Family Name \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Name (List eldest student first)	Grade	Re-enrollment/Registration fee	Tuition
Child 1 _____	_____	\$ _____	\$ _____
Child 2 _____	_____	\$ _____	\$ _____
Child 3 _____	_____	\$ _____	\$ _____
Child 4 _____	_____	\$ _____	\$ _____

If additional room is needed, please complete an additional Family Information Form

Please list complete student information on reverse side. Re-enrollment/Registration Total \$ \_\_\_\_\_ Tuition Total \$ \_\_\_\_\_

**INTERNET AGREEMENT:** I recognize that as part of the SVCA education program that students may have access to the Internet, and I give permission for my child(ren) to use it. I recognize that SVCA has a Computer and Internet Acceptable Use Policy, which governs the use of computers at SVCA, and I promise that my child(ren) will remain in compliance with that policy. I understand that at a grade level determined by SVCA, my child(ren) will be required to sign a copy of the SVCA Computer and Internet Acceptable Use Policy as found in the SVCA Parent-Student Handbook.

CHECK  **YES** IF YOU AGREE WITH THE STATEMENT ABOVE, OR  **NO** IF YOU DO NOT WISH YOUR CHILD(REN) TO HAVE ACCESS TO THE INTERNET FROM THE SVCA CAMPUS.

Parent Agreement:	Tuition Worksheet:
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- In order to secure enrollment, I, as the parent/guardian, agree to pay and deliver with this Enrollment Contract the non-refundable re-enrollment fee of \$50 per child or \$75 per family (\$100 per child on or after April 1, 2008) or a registration fee of \$100 per child.
- I hereby agree to pay Shenandoah Valley Christian Academy the total amount shown on this Contract for tuition for the 2008/09 school year.
- I choose the following the tuition payment plan:  
 Yearly  Semester  10-Month  12-Month
- I choose the following transportation:  
 None  Front Royal  Winchester/ Berryville  Strasburg
- I choose the following transportation payment plan:  
 Yearly  Semester  10-Month  12-Month
- If re-enrolling for the 2008/09 school year, I understand that enrollment is conditional until 2007/08 final grades are complete and the student remains in good standing with the school.
- Early withdrawal policy: Withdrawal fees will be assessed once the Enrollment Contract has been submitted: May, June, and/or July: \$50 withdrawal fee; August 1-September 30: one month of tuition plus \$250 withdrawal fee; October 1-end of 1<sup>st</sup> quarter: two months of tuition plus \$250 withdrawal fee; Second quarter and beyond: one year's tuition. For full withdrawal policy, please see the 2008-09 Parent-Student Handbook.
- I do hereby agree to the following:
  - Unless requested by me in writing apart from this contract, SVCA has the permission to use photographs of my child as a student in school newspapers, yearbook, publications, and website as appropriate and common for school communications and publications.
  - I have read and abide by school policies as stated in the SVCA Parent-Student Handbook.

Parent or Guardian Signature: \_\_\_\_\_

Date of Signature \_\_\_\_\_

Please complete the student information on the reverse side.

<b>Fees</b>	
Total re-enrollment/registration fees due with Contract	\$ _____
Tuition total from above (tuition only)	\$ _____ Line 1
<b>Additional fees</b>	
Transportation	\$ _____ Line 2
Graduation fee (all seniors \$50)	\$ _____ Line 3
Additional fees total	\$ _____ Line 4
(Line 2 plus line 3)	
Subtotal tuition and additional fees	\$ _____ Line 5
(Line 1 plus line 4)	
<b>Discounts</b>	
SVBC Tithing Member discount	\$ _____ Line 6
Prepay discount	\$ _____ Line 7
_____	\$ _____ Line 8
Total discounts (Lines 6, 7, and 8)	\$ _____ Line 9
<b>Total tuition and additional fees</b>	\$ _____ Line 10
(Line 5 minus Line 9)	
Monthly payment (if applicable)	\$ _____
(Divide Line 10 by 10 mo. or 12 mo.)	

**For Business Office Use Only** Family ID \_\_\_\_\_  
 Payment Plan \_\_\_\_\_

Application/Registration	Tuition
Date Rec'd	Date Rec'd
Rec'd By	Rec'd By
Amount Pd	Amount Pd
Cash/Check #	Cash/Check #

White: School Office Yellow: Business Office Pink: Family Entered \_\_\_\_\_

# Shenandoah Valley Christian Academy

## Family Information Form Academic Year 2008/09

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Please complete all information regarding each of your children attending SVCA, listing by oldest to youngest. Print clearly in ink.*

**Child 1**    New Student                       Returning Student                      \_\_\_\_\_ Grade level for 2008/09 Academic Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Preferred Name

Male     Female    Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Student Cell Phone \_\_\_\_\_

Race:  Caucasian    African American    Asian    Hispanic    Specify other \_\_\_\_\_

**Child 2**    New Student                       Returning Student                      \_\_\_\_\_ Grade level for 2008/09 Academic Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Preferred Name

Male     Female    Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Student Cell Phone \_\_\_\_\_

Race:  Caucasian    African American    Asian    Hispanic    Specify other \_\_\_\_\_

**Child 3**    New Student                       Returning Student                      \_\_\_\_\_ Grade level for 2008/09 Academic Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Preferred Name

Male     Female    Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Student Cell Phone \_\_\_\_\_

Race:  Caucasian    African American    Asian    Hispanic    Specify other \_\_\_\_\_

**Child 4**    New Student                       Returning Student                      \_\_\_\_\_ Grade level for 2008/09 Academic Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Preferred Name

Male     Female    Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Student Cell Phone \_\_\_\_\_

Race:  Caucasian    African American    Asian    Hispanic    Specify other \_\_\_\_\_

*If additional room is needed, please complete an additional Family Information Form*

**PARENTS ARE:**

Married    Divorced    Widowed    Single

**STUDENT(S) LIVE(S) WITH:**

Both parents    Mother    Father    Other  
If other, please specify \_\_\_\_\_

**FATHER:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last name                      First Name                      MI

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Business street address                      City                      ST                      Zip

Church attending: \_\_\_\_\_

College alma matter: \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last name                      First Name                      MI

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Business street address                      City                      ST                      Zip

Church attending: \_\_\_\_\_

College alma matter: \_\_\_\_\_