

Student(s) Name _____

Registration Check List

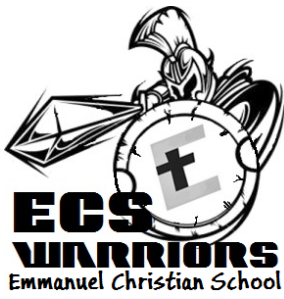
Part 1

- Information Packet
- Student Information Page
- Blue Card
- Copy of Birth Certificate or Passport
- SAT's from previous year (4th-11th)
- Entrance Exam if no SAT is available (\$25)
 - Date Scheduled _____
 - Date Administered _____
- Meet with Mr Redmond
- Registration approval from Mr Redmond

Part 2

- Registration Packet
- Registration Fee
- FACTS Information Page
- FACTS Registration
- Records Request
- Child Custody documents pertinent
- FACTS Finalization
- Admin signs off
- Check list placed into permanent records
- Current transcript from prior school for all students entering 10th-12th grade
- Most recent report card

**Students may not begin classes until all the necessary requirements are completed.*



Student(s) Name _____

Student Information Form

Student Legal Name _____

Gender M ___ F ___ Student DOB _____ Ethnicity _____

Grade to Enter _____ Is this a repeated grade? Y ___ N ___

Street Address _____

Home Phone _____

Student Cell _____

Student Email _____

Car tag of student if driving _____

Are there any court ordered custody, payment, or contact information the school needs to be aware of? Y ___ N ___

**If yes, you must produce those documents to the school.*

Past Enrollment

Most recent school attended _____

Address _____

Years attended _____ Reason for leaving _____

Highest grade completed K 1 2 3 4 5 6 7 8 9 10 11

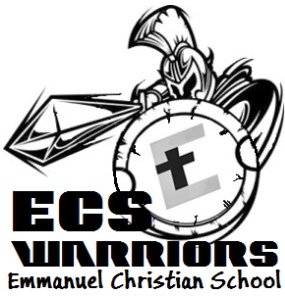
If you attended your previous school for less than 2 school years, provide the information for the other school below:

Previous school attended _____

Address _____

Years attended _____ Reason for leaving _____

Highest grade completed K 1 2 3 4 5 6 7 8 9 10 11



Student(s) Name _____

Primary Parent/Guardian

Guardian relationship:

- Parent Legal Guardian
 Grandparent Lives with student

Name _____

Mailing address _____

Physical address _____

Home phone _____ Email 1 _____

Cell phone _____ Email 2 _____

Work phone _____ Martial status _____

Employer _____ Position _____

Do you claim financial responsibility for the student? Y ____ N ____

Do you have custody of the student? Y ____ N ____

Primary Parent/Guardian 2

Guardian relationship:

- Parent Legal Guardian
 Grandparent Lives with student

Name _____

Mailing address _____

Physical address _____

Home phone _____ Email 1 _____

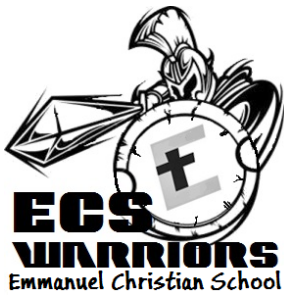
Cell phone _____ Email 2 _____

Work phone _____ Martial status _____

Employer _____ Position _____

Do you claim financial responsibility for the student? Y ____ N ____

Do you have custody of the student? Y ____ N ____



Student(s) Name _____

Additional Contacts

Name _____

Relationship _____

Home phone _____ Email 1 _____

Cell phone _____ Email 2 _____

Allow pickup? Y _____ N _____ Emergency Contact? Y _____ N _____

RenWeb Access? Y _____ N _____

Name _____

Relationship _____

Home phone _____ Email 1 _____

Cell phone _____ Email 2 _____

Allow pickup? Y _____ N _____ Emergency Contact? Y _____ N _____

RenWeb Access? Y _____ N _____

Name _____

Relationship _____

Home phone _____ Email 1 _____

Cell phone _____ Email 2 _____

Allow pickup? Y _____ N _____ Emergency Contact? Y _____ N _____

RenWeb Access? Y _____ N _____



Student(s) Name _____

Medical Information

Primary care physician _____

Address _____

Phone _____

Insurance company _____

Group # _____ Do we have your permission to contact

Policy # _____ emergency services? Y _____ N _____

Allergies	Allergy Severity	Epipen?
_____	1 2 3 4 5	Y _____ N _____
_____	1 2 3 4 5	Y _____ N _____
_____	1 2 3 4 5	Y _____ N _____
_____	1 2 3 4 5	Y _____ N _____
_____	1 2 3 4 5	Y _____ N _____

Regular Medication

Name _____

Physician _____ Dosage _____

Name _____

Physician _____ Dosage _____

Name _____

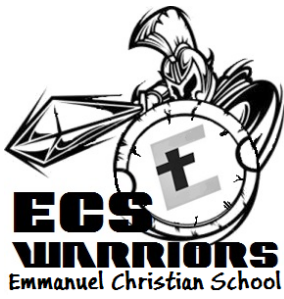
Physician _____ Dosage _____

Preferred emergency room if possible _____

Do we have your permission to administer first aid? Y _____ N _____

Do we have your permission to administer pain reliever? Y _____ N _____

Signature _____ Date _____



Course Requirements/Credits

Incoming high school students

	Course Title	.5 Credit Received	.5 Credit Received
9th	Algebra 1	<input type="radio"/>	<input type="radio"/>
	Physical Science	<input type="radio"/>	<input type="radio"/>
	English	<input type="radio"/>	<input type="radio"/>
	Computers	<input type="radio"/>	<input type="radio"/>
	World History	<input type="radio"/>	<input type="radio"/>
	Bible	<input type="radio"/>	<input type="radio"/>
	P.E.	<input type="radio"/>	<input type="radio"/>
10th	Geometry	<input type="radio"/>	<input type="radio"/>
	Biology	<input type="radio"/>	<input type="radio"/>
	English	<input type="radio"/>	<input type="radio"/>
	U.S. History Pt1	<input type="radio"/>	<input type="radio"/>
	Foreign Language	<input type="radio"/>	<input type="radio"/>
	Bible	<input type="radio"/>	<input type="radio"/>
	Elective	<input type="radio"/>	<input type="radio"/>
11th	Algebra 2	<input type="radio"/>	<input type="radio"/>
	Chemistry	<input type="radio"/>	<input type="radio"/>
	English	<input type="radio"/>	<input type="radio"/>
	U.S. History Pt 2	<input type="radio"/>	<input type="radio"/>
	Foreign Language	<input type="radio"/>	<input type="radio"/>
	Bible	<input type="radio"/>	<input type="radio"/>
	Elective	<input type="radio"/>	<input type="radio"/>
12th	Government/Econ	<input type="radio"/>	<input type="radio"/>
	Pre. Calculus	<input type="radio"/>	<input type="radio"/>
	Finance	<input type="radio"/>	<input type="radio"/>
	English	<input type="radio"/>	<input type="radio"/>



Student(s) Name _____

Early Withdrawal Checklist

- Withdrawal Questionnaire
- Account up to date
 - Amount owed _____
 - Amount refunded _____
 - Returned textbooks _____
- Bookkeeper signature _____
- Admin Signature _____



Questionnaire

Student name(s) _____

of years at ECS _____

Reason for withdrawal

Moving

Financial

Not satisfied

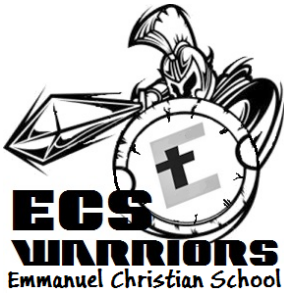
Other _____

Could we have done anything to make your experience better?

By requesting a withdrawal I understand that I will need to bring my account current before any records are released. I also indicate that I have the legal authority to remove my child from Emmanuel Christian School.

Signature _____

Date of Withdrawal _____



Authorization for Release of Records

In accordance with the Family Educational Rights and Privacy Act of 1974 please release to the school named below all records, including:

- Cumulative Record
- Health Records
- Transcripts of completed work (including grades to date)
- Any other educational information
- Special Education records including:

IEPs, ITPs, BIPs, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information.

Student Legal Name _____
Last Name, First Name

Gender M _____ F _____ Student Date of Birth _____
Month/Day/Year

Current Grade Level _____ Start date with ECS _____

What type of school did the student attend before enrolling at Emmanuel Christian School? *Please check one:*

- Public None
- Private Other _____

Name of previous school attended _____

Address _____

City, State, Zip _____

Years attended _____ Reason for leaving _____

_____ **No previous school attended (Check here if the student is enrolling for the first time in school).***

**If you have checked this box then, if applicable, in the space provided above write the name and address of the place where your child received special services/assessments/evaluations. Use a separate form for each service.*

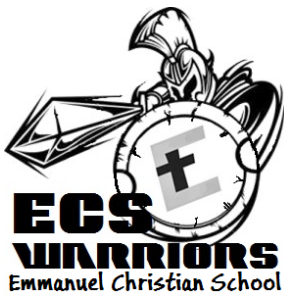
Parent/Legal Guardian Signature

Date

Receiving Registrar: Please forward all student records to our administrative office address:

T 334.792.0935
F 334.702.7410

*Emmanuel
Christian School
178 Earline Rd
Dothan, AL 36305*



New Enrollment FACTS Questionnaire

Parent's name _____

Street Address _____

Home Phone _____

Cell Phone _____

Student's name _____

Street Address _____

Home Phone _____

Cell Phone _____

Below for Office Use Only

Total Tuition _____

Payments (Less registration)

Afterschool _____

Summer _____

Registration Date _____

Payment Dates

1st 1st/15th

5th 5th/20th

15th

20th

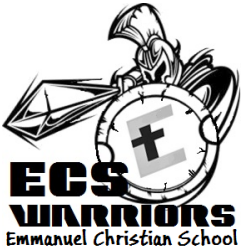
Projected Payment Amount

Completed by

_____ Date _____

FACTS Finalization has been completed on _____

Signature _____



By registering my student(s) at Emmanuel Christian School, I understand that I am expected to sign up with FACTS Tuition Management service for a monthly draft of my tuition due or pay in full up-front.

As a requirement of FACTS, I am expected to keep my account current and active. I understand that if I need to make any changes to the draft date of the master schedule, I must contact the school's financial secretary within seventy-two (72) business hours prior to the next scheduled draft.

Change request to the account can be approved by the financial secretary or school administrators.

Scheduled payments can be moved or redistributed, but payments cannot be placed on hold. Moved payments must be within fourteen (14) days of the original scheduled payments. Redistributed payments will be redistributed for a maximum of three months or through the end of the school year (whichever occurs first). There can be a maximum of two redistributions at any given time.

By registering with FACTS, you understand that in the event a scheduled draft is returned as insufficient funds, you are responsible for the NSF fees administered by your bank and by FACTS.

The school will cover up to \$40 of FACTS setup fees per family. In the event that multiple accounts are set up for the same family, the additional \$40 fee per account will be distributed evenly among all financially responsible parties. The fee will be added to the school tuition and will be withdrawn from your FACTS account in one (1) payment. The fee may not be added to your monthly distributions.

The registration fee cannot be added to FACTS to be distributed over all FACTS payments. Registration fees must be paid in cash or check at the time of registration. In the event that a registration fee check is returned as NSF you will have seventy-two (72) hours to pay the registration fee in cash. You will also be responsible for any NSF fees administered by the bank.

Drop-in daycare charges and other charges incurred through the school year not paid by cash or check in the office at the time they are incurred will be added to your incidental charges in FACTS and will be scheduled to draft out on the 30th of the current month.

Music/Lesson fees will be added to your monthly draft beginning with your first draft for the new year or the first month in which lessons are requested, whichever occurs first.

In the event that multiple accounts are used to pay a tuition account and one of those accounts become delinquent, the student(s) associated with that account may be removed from the school.

I also understand that until all FACTS accounts associated with my child's tuition has been set up, my child's registration process cannot be completed, and my child cannot start classes at Emmanuel Christian School.

Name _____

Signature _____

Date _____