

ASHFORD ACADEMY
FAMILY REGISTRATION FORM for SCHOOL YEAR 2010 - 2011

Family Last Name: _____

Parent #1 Name _____ **Parent #2 Name** _____

Home Phone _____ **Home Phone** _____

Work Phone _____ **Work Phone** _____

Cell Phone _____ **Cell Phone** _____

E-Mail Address _____ **E-Mail Address** _____

Street Address _____ **Street Address** _____

Student(s) full name(s)	Grade in 2009 -2010	E-Mail Address
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

Registration Fee: _____ \$50 per child (pre-kindergarten only)
_____ \$100 per child (due by June 30th)
_____ \$125 per child (late registration – after June 30th)

Total Registration Fee(s) \$ _____

Tuition Plan Option:

_____ **One Annual Payment** for _____ **Student(s)** **Due by August 10th**

_____ **10 Monthly Payments** for _____ **Student(s)** **Due Monthly (Aug.-May)**

Signature of Parent(s) or Guardian(s) Assuming Financial Responsibility

Parent/Guardian

Date

Parent/Guardian

Date