



MARION ACADEMY

Christ's Love . Experiential Education . Community

PRE-ENROLLMENT FORM 2022-2023

STUDENT'S INFORMATION – STUDENT 1

Student's Full Name

First _____ Middle _____ Last _____ Male Female

Date of Birth _____ Social Security Number _____ - _____ - _____

Elementary (Pre-K thru 6) or High School (7-12)

Last Grade Student Completed _____

Returning MA Student

School Transferring from _____

Advanced learning skill? _____

Has your child ever been dismissed from school? _____

Any diagnosed learning disability? Yes No If yes, what is the diagnosis? _____

Schools attended (please give complete address, in the event that transcripts need to be requested.)

School Name Address

School Name Address

School Name Address

Parent/Guardian Contact Information:

Father or Guardian 1's Contact Information: (check the preferred contact method during school day)

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different): _____ City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 2 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____

Mother's or Guardian 2's Contact Information: (check the preferred contact method during school day)

Name: _____

Same address(es) as above

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different than physical address): _____

City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 1 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____



STUDENT'S INFORMATION – STUDENT 2

Student's Full Name

First _____ Middle _____ Last _____ Male Female

Date of Birth _____ Social Security Number _____ - _____ - _____

Elementary (Pre-K thru 6) or High School (7-12)

Last Grade Student Completed _____

Returning MA Student

School Transferring from _____

Advanced learning skill? _____

Has your child ever been dismissed from school? _____

Any diagnosed learning disability? Yes No If yes, what is the diagnosis? _____

Schools attended (please give complete address so transcripts can be requested.)

Please be prepared to present the original IMMO 90 Form for immunization and a copy of the birth certificate.

School Name Address

School Name Address

School Name Address

Parent/Guardian Contact Information: (Same information as Student #1)

Father or Guardian 1's Contact Information: (check the preferred contact method during school day)

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different): _____ City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 2 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____

Mother's or Guardian 2's Contact Information: (check the preferred contact method during school day)

Name: _____

Same address(es) as above

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different than physical address): _____

City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 1 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____



STUDENT'S INFORMATION – STUDENT 3

Student's Full Name

First _____ Middle _____ Last _____ Male Female

Date of Birth _____ Social Security Number _____ - _____ - _____

Elementary (Pre-K thru 6) or High School (7-12)

Last Grade Student Completed _____

Returning MA Student

School Transferring from _____

Advanced learning skill? _____

Has your child ever been dismissed from school? _____

Any diagnosed learning disability? Yes No If yes, what is the diagnosis? _____

Schools attended (please give complete address so transcripts can be requested.)

Please be prepared to present the original IMMO 90 Form for immunization and a copy of the birth certificate.

School Name Address

School Name Address

School Name Address

Parent/Guardian Contact Information: (Same information as Student #1)

Father or Guardian 1's Contact Information: (check the preferred contact method during school day)

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different): _____ City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 2 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____

Mother's or Guardian 2's Contact Information: (check the preferred contact method during school day)

Name: _____

Same address(es) as above

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different than physical address): _____

City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 1 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____



STUDENT'S INFORMATION – STUDENT 4

Student's Full Name

First _____ Middle _____ Last _____ Male Female

Date of Birth _____ Social Security Number _____ - _____ - _____

Elementary (Pre-K thru 6) or High School (7-12)

Last Grade Student Completed _____

Returning MA Student

School Transferring from _____

Advanced learning skill? _____

Has your child ever been dismissed from school? _____

Any diagnosed learning disability? Yes No If yes, what is the diagnosis? _____

Schools attended (please give complete address so transcripts can be requested.)

Please be prepared to present the original IMMO 90 Form for immunization and a copy of the birth certificate.

School Name Address

School Name Address

School Name Address

Parent/Guardian Contact Information: (Same information as Student #1)

Father or Guardian 1's Contact Information: (check the preferred contact method during school day)

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different): _____ City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 2 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____

Mother's or Guardian 2's Contact Information: (check the preferred contact method during school day)

Name: _____

Same address(es) as above

Address: _____ City: _____ St: _____ Zip: _____

Mailing Address (if different than physical address): _____

City: _____ St: _____ Zip: _____

Home Phone (_____) _____ - _____ Cell Phone 1 (_____) _____ - _____

Business Phone 2 (_____) _____ - _____ Email address: _____



THIS IS THE TUITION AMOUNT FOR THE 2021-2022 ACADEMIC YEAR. THIS IS AN EXAMPLE TO PROVIDE FAMILIES WITH AN ESTIMATE. THESE AMOUNTS, ALONG WITH TUITION ASSISTANCE AND SCHOLARSHIPS, ARE SUBJECT TO CHANGE.

CHART 1
Financial Obligations-Annual Fees and Tuition for Full-Time Students

Number of Students	Annual Tuition (TOTAL)	Payment Plan 1: Annual Payment w/ 5% discount (1 Payment)	Payment Plan 2: Per Semester w 2.5% discount (2 PAYMENTS)	Payment Plan 3: Per Month (12 PAYMENTS)
ONE	\$4,354.80	\$4,137.06	\$2,122.97 (\$4,245.93)	\$362.90
TWO	\$7,284.60	\$6,920.36	\$3,551.24 (\$7,102.48)	\$607.05
THREE	\$10,009.20	\$9,508.74	\$4,879.49 (\$9,758.97)	\$834.10
FOUR	\$12,448.80	\$11,826.36	\$6,068.79 (\$12,137.58)	\$1,037.40
FIVE	\$13,888.80	\$13,194.36	\$6,770.79 (\$13,541.58)	\$1,157.40
SIX or MORE	+\$1,000/student	+\$975/student	+\$487.50/student	Annual Tuition/12
NUMBER OF PAYMENTS		TOTAL/1	TOTAL/2	TOTAL/12
Annual Fees		\$200.00	\$150.00	\$25
		Annual (1 PAYMENT)	Per semester (2 PAYMENTS)	Per month (12 PAYMENTS)
The Annual fees include technology, book, and other supply fees. This fee is non-refundable, and must be paid regardless of any change to enrollment status.				

Payment Plan 1: *Payment in Full*—Total Payment will be eligible for 5% discount if 1 check for total payment is issued up-front.

Payment Plan 2: *Payment by Semester*—Per Semester Payments will be eligible for 2.5% discount if both (2) semester checks are issued up-front.

Payment Plan 3: *Payment by Month* —12 pre-/post-dated checks are required no later than the first day of school.