

Calvary School

PO Box 672

Madison, AL. 35758

Phone (256) 682-4442

Please do not Fax Enrollment Forms

[E-mail: calvaryschool_carla.floyd@yahoo.com](mailto:calvaryschool_carla.floyd@yahoo.com)

Application: 2018/2019 School Year

Name of Student _____

(Last)

(First)

(Middle)

Address _____

City _____ State _____ Zip _____

County _____ Phone _____

Birth Date _____ Age _____ Gender _____

Parents/ Guardian Name

Address _____

E-mail _____

Phone Number _____

Tuition new family \$200.00 per family per year. _____

Fees to be sent in with application (no personal checks accepted).

Returning family \$150.00 per family per year.

Fees to be sent in with application (no personal checks accepted).

Enrollment after August 15, fee is \$250.00 (no personal checks accepted). Sibling no fee (up to 4 children) _____

By signing this application for Calvary School, I understand that I, the parent / guardian am responsible for educating my child (children). It is not Calvary School's responsibility.

Signature of Parent or Guardian _____