



# EIE ACADEMY 2017-18 RENEWAL

FAMILY LAST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FATHER'S FIRST NAME: \_\_\_\_\_ MOTHER'S FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**(Please provide your email address since we are now utilizing electronic newsletters and email notifications.)**

## CHILDREN TO BE ENROLLED FOR 2017-18

FIRST NAME OF CHILD	LAST NAME OF CHILD	BIRTHDAY	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If you are enrolling new students please send both health records and the name and address of previous school.**

### 2017-18 FEE SCHEDULE

**TUITION: \$250.00 Per Family**

**HIGH SCHOOL FEE: \$40.00 Per Student (Maximum \$80.00 per family)**

#### PAYMENT WORKSHEET

TUITION DUE: \_\_\_\_\_

HIGH SCHOOL FEE: \_\_\_\_\_

TOTAL DUE \_\_\_\_\_

#### PAYMENT OPTIONS

CASH: PAYMENT MUST BE MADE AT EIE

CHECK: CHECK NUMBER: \_\_\_\_\_

CREDIT CARD: NUMBER \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY NUMBER: \_\_\_\_\_

**FINE PRINT SECTION:** We understand that we, the parents, are the sole provider of education to our children. EIE will provide counseling, administrative services and other activities and services to each family. EIE is not responsible for the educational success of the child and EIE is not accredited.

SIGNATURE OF FATHER: \_\_\_\_\_ SIGNATURE OF MOTHER \_\_\_\_\_ DATE: \_\_\_\_\_