

2015-2016 RE-ENROLLMENT COMMITMENT

FIRST PRESBYTERIAN DAY SCHOOL
5671 Calvin Drive • Macon, Georgia 31210 • 478.477.6505

Please return to school office to the attention of **Chéri Frame**, Enrollment Director, by **February 2, 2015**.
Please list currently enrolled students by grade, beginning with the oldest.

****** DO NOT LIST STUDENTS THAT ARE NOT YET ENROLLED AT FPD ******

<u>Student's Name</u>	<u>Current Grade</u>	<u>Re-enrollment Deposit</u>
_____	_____	\$400
_____	_____	\$200
_____	_____	\$200
_____	_____	\$200
		=====

Total Re-enrollment for family: \$ _____

_____ My child(ren) listed above **will return** for the 2015-2016 school year. I acknowledge that the re-enrollment deposit is a non-refundable pre-paid portion of my child(ren)'s 2015-2016 tuition. I am paying this deposit through the method checked below. (Please check one.)

- I am paying the full amount of \$ _____ now and am enclosing it with this completed re-enrollment form.
- I am paying 25% of the re-enrollment deposit now. This amount of \$ _____ is enclosed with this completed re-enrollment form. I understand the remaining three installments will be billed on my billing account with the school, billed and due in March, April and May. The final installment is due by May 5th with May's tuition payment.

_____ My child(ren) listed above **will not return** for the 2015-2016 school year.

Comments: _____

My signature below attests that I am responsible for the payment of 2015-2016 tuition and fees for the children, whose names appear above, and that I have a full understanding of, and agree to, the **2015-2016 Tuition & Fee Payment Policy**, the **2015-2016 Substance Abuse Agreement** (current grades 5-11) and the **2015-2016 Tablet Contract** (current grades 5-11). I acknowledge that my child(ren)'s re-enrollment is valid only when we have signed and completed the following: Re-enrollment Commitment Form, submitted payment, completed Substance Abuse Agreement and a completed Tablet Contract

_____ Parent's signature _____ Parent's printed name _____ Date

Help us stay in touch with you by providing your preferred e-mail addresses and primary phone numbers.

Billing :	_____	_____
	Email	Phone
Mom :	_____	_____
	Email	Phone
Dad :	_____	_____
	Email	Phone