Holt Street Memorial Baptist Church Academy

1870 South Court Street
Montgomery, Alabama
Phone: 334-261-4141
Fax: 334-263-0543

			M( ) F( )	
Student's Last Name	**First Name**	**Middle Name**		**Grade Level**

Today's Date_____

This agreement applies to the following enrollment, tuition, and/or fee for the dates _____ – _____

_____ _____
Student's Address City State Zip

_____ _____
Student's Social Security Number Birthdate (mm/dd/yy) Age

_____ _____
Mother's Name—Custody ( ) Proof ( ) Father's Name Custody ( ) Proof ( )

_____ _____
Mother's E-Mail Father's e-Mail

_____ _____
Home Phone / / Work Phone / Cell Phone Home Phone / / Work Phone / Cell Phone

- I have withdrawn my child from the previous school, records (transcript, grades, health card) attached. Yes_____ No_____

Fee Type	Amount	Sub-Total
Application Fee	Non-refundable $25.00	
Registration	Non- refundable $150.00	
Technology Fee	$50.00	
Book Rental	$125.00	
Tutoring	$50.00 per hour	
Sub-total		
Total Fees Due Today		

Tuition Type	Amount	Monthly
1st—5th Grade	$4250.00	$425.00
Total Fees and Tuition Due	$	

By my signature I hereby acknowledge that I have read, understand, and agree to the fees and tuition set forth above, and that I have read and agree to the terms and conditions. I certify that I am the legal guardian of the student listed above.

Signed:_____

Please list any person NOT authorized to pickup your child(ren):

_____ _____

_____ _____

_____
Print Name of person responsible for payments

_____
Signature of person responsible for payments

Address (if different from above)

Paid$ **Date** **Cahier's check #** **Money Order#** **Cash**