

The Kingshill School
 2010 - 2011 Enrollment Information Sheet

Date: _____
 Receipt/Chk # _____
 Scholarship: _____
 Registration amt: _____
 Tuition: _____

I understand that it is necessary to reserve a space for each student with a signed contract and the following applicable fee(s):

Returning and New Students: The Non-Refundable Registration Fee per student before July 1, 2010 is \$200; after July 1, 2010 is \$275. *I hereby notify The Kingshill School that it is my intention to enroll the student(s) listed below for the 2010-2011 school year.*

Student's Full Name	SSN #	New/ Returning	Grade completed

Parent Information:

With whom does child live: both parents mother father guardian

Father/Guardian (Last, First, Middle Initial) _____

Mailing Address (Street, City) _____ Zip Code _____

Physical Address _____ Home phone number _____

Employer _____ Occupation _____ Work phone number _____

Employer's Mailing Address (Street, City) _____ Zip Code _____

E-mail address _____ Fax number _____

Mother/Guardian (Last, First, Middle Initial) _____

Mailing Address (Street, City) _____ Zip Code _____

Physical Address _____ Home phone number _____

Employer _____ Occupation _____ Work phone number _____

Employer's Mailing Address (Street, City) _____ Zip Code _____

E-mail address _____ Fax number _____

I understand that grade placement for returning students is contingent upon the satisfactory completion of the previous grade, as well as a satisfactory report of behavior, attitude, and effort; and final acceptance for new students is contingent upon successful testing results and on-campus interview.

Parent/Guardian signature _____ Date _____

Tuition Payment: Check one of the following choices -

Full time:

- A. One full year payment
- Due by 8/1/10 \$9500
- B. Two half year payments
- Due by 8/1/10 & 1/10/11 \$4800
- C. Ten monthly payments
- Due 8/1/10 - 5/1/11 \$ 970

Part time:

- A. One full year payment
- Due by 8/1/09 \$7100
- B. Two half year payments
- Due by 8/1/09 & 1/10/10 \$3600
- C. Ten monthly payments
- Due by 8/1/09 - 5/1/10 \$ 730

Independent Study: \$450 per course payable in advance

Payment is due on the first of the month. Late fees are: \$50.00 after the 10th of month.

If I/we fail to pay any installment as provided above for a period of more than 90 days, I/we understand that The Kingshill School may, at its option, disclose a full report of my/our performance record and credit status to any credit bureau operating in the Virgin Island. I/we hereby authorize The Kingshill School to make any such disclosure without any further writing on my/our part of any kind. Collection fees accrued will be added to outstanding balances.

I/we hereby authorize The Kingshill School to register my/our child/children and I/we agree to abide by the terms and conditions of the tuition plan I/we have chosen.

Parent/Guardian signature

Date

Other Addresses (Optional)

If you would like to add the names of your child's grandparents or other important family or friends to our mailing list, we would be delighted to send them our mailings and invitations to special events. Please indicate relationship.

	Grandparent(s)	Relative(s)	Friend(s)
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Name (last, first, MI)			
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Mailing address			Zip code
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Name (last, first, MI)			
<hr/>			
Mailing address			Zip code
		Grandparent(s)	Relative(s)
<hr/>			
Name (last, first, MI)			
<hr/>			
Mailing address			Zip code