

The Kingshill School  
2011 - 2012 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, 2011 is \$200; after July 1, 2011 is \$300. *I hereby notify The Kingshill School that it is my intention to enroll the student(s) listed below for the 2011-2012 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 8/1/11 \$9975
- \_\_\_ B. Two half year payments  
- Due by 8/1/11 & 1/10/12 \$5000
- \_\_\_ C. Ten monthly payments  
- Due 8/1/11 - 5/1/12 \$1010

Part time:

- \_\_\_ A. One full year payment  
- Due by 8/1/11 \$7000
- \_\_\_ B. Two half year payments  
- Due by 8/1/11 & 1/10/12 \$3650
- \_\_\_ C. Ten monthly payments  
- Due by 8/1/11 - 5/1/12 \$ 750

\_\_\_ Independent Study: \$450 per course payable in advance

I would like my payments to be automatically deducted from my bank account.

Payment is due on the first of the month. Late fees are: \$50.00 after the 15<sup>th</sup> 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)
_____ Name (last, first, MI)			

Mailing address			Zip code
	Grandparent(s)	Relative(s)	Friend(s)

_____ Name (last, first, MI)			
Mailing address			Zip code
	Grandparent(s)	Relative(s)	Friend(s)

_____ Name (last, first, MI)			
Mailing address			Zip code