

# 2024-2025 NEW STUDENT ENROLLMENT CHECKLIST

DATE OF ENROLLMENT: \_\_\_\_\_

RECORDS RECEIVED: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Enrollment fees  
(per student)

PAID  
check# or cash

Students:	Enrollment fees (per student)	PAID check# or cash
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## TUITION

Tuition amount owed: \_\_\_\_\_ Person responsible for tuition: \_\_\_\_\_

Payment Method:

\_\_\_\_\_ **SMART**

Amount to be entered into SMART system: \_\_\_\_\_

(Starting date for smart: \_\_\_\_\_)

\_\_\_\_\_ **SCHOOL**

Postdated checks received: \_\_\_\_\_

In school payments set up: \_\_\_\_\_

Explain the payment plan in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **PAID IN FULL**

Amount Paid: \_\_\_\_\_ check # \_\_\_\_\_ or cash \_\_\_\_\_ date pd \_\_\_\_\_

**BUS FEES** (if applicable) \_\_\_\_\_

**LEAP EOC test fee (9<sup>th</sup> – 11<sup>th</sup> grades only) \$35** \_\_\_\_\_

**YEARBOOK FEE - \$25** \_\_\_\_\_

**OTHER** (ALUMNI DISCOUNT OR NEW STUDENT INCENTIVE)

\_\_\_\_\_  
**ADMINISTRATION MEETING DATE AND TIME:** \_\_\_\_\_

I'm available to substitute in one or more of these areas: \_\_\_\_\_ Day Care \_\_\_\_\_ Elementary \_\_\_\_\_ JH/HS \_\_\_\_\_ Cafeteria.

Signature of person responsible for tuition: \_\_\_\_\_