



MARS HILL

TRUTH • BEAUTY • GOODNESS

A Classical and Christian School

Admissions Office

RE-ENROLLMENT FORM FOR STUDENTS CURRENTLY ENROLLED AT MARS HILL ACADEMY

It is our intention to give current families priority in reserving space for the upcoming school year. Students from current families have priority over students from new families before Open Enrollment begins. Once Open Enrollment begins, students from new families will be placed into available openings.

- This *Re-enrollment Form* should be completed for students currently enrolled at Mars Hill and wishing to re-enroll for the next school year. Please provide all requested information as completely as possible.

- An *Application for Admission* form must be completed in order to reserve space for *new students* from current families.

Student Information

Name of Student _____

Sex (circle one) Male Female DOB: ____ / ____ / ____

Applying for school year _____ Grade Entering _____

Name of Student _____

Sex (circle one) Male Female DOB: ____ / ____ / ____

Applying for school year _____ Grade Entering _____

Name of Student _____

Sex (circle one) Male Female DOB: ____ / ____ / ____

Applying for school year _____ Grade Entering _____

Name of Student _____

Sex (circle one) Male Female DOB: ____ / ____ / ____

Applying for school year _____ Grade Entering _____

Parent Information

Home Address _____ Home Phone (____) ____ - ____
City _____ State _____ Zip _____
County _____ School District _____

Father's Name _____ Email _____
Place of Employment _____ Position _____
Employment Address _____ Work Phone (____) ____ - ____
Cell Phone (____) ____ - ____

Mother's Name _____ Email _____
Place of Employment _____ Position _____
Employment Address _____ Work Phone (____) ____ - ____
Cell Phone (____) ____ - ____

If a parent resides at a different address than the above, please provide here:

Name _____ Email _____
Address _____ Home Phone (____) ____ - ____
City _____ State _____ Zip _____ Cell Phone (____) ____ - ____
County _____ School District _____

Please check the box that reflects annual household income:

- \$100,000+ \$80,000 - \$99,999 \$60,000 - \$79,999 \$40,000 - \$59,999
 0 - \$39,999 Not disclosed, no discount

Preferred tuition payment option (please check one):

- Annual payment July 1
 Semi-annual payment July 1 and January 1
 12 monthly payments through FACTS; registration fee will be withdrawn from your account
Optional Peace of Mind Insurance through FACTS for additional fee Yes No

Your previously-paid \$500 tuition deposit per child secures a place in the enrolled school year. If, after signing this form, you decide to withdraw your child for any reason, you will forfeit your tuition deposit.

Parent Signature : _____ Date: _____

Please mail to:

Mars Hill Academy Attn:Admissions
4230 Aero Drive, Mason, OH 45040