

Family Information:		
Name (Husband/Wife)	Home Phone	
Address	Emergency Phone	
City	Zip	Subdivision
e-mail address checked at least once each day		

Participating Children:							
Name (First, Middle Initial, Last)	Student e-mail address	Grade (fall)	Age	Birth Date	WRITE CLASS NAMES	CLASS FEE (see below)	TOTAL CLASS FEES
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	
					TGC:	\$	\$
					Latin:	\$	
					Science:	\$	
					Math:	\$	
					Elective:	\$	

Class Fee (Each fee includes BOTH building-use fee AND teacher supply fee.)

TGC	Latin	Science	Math	Electives	Enrichment
TGC Prep \$ 60	Latin 1A \$ 50*	Life Sci \$100*	Math Prep \$ 60	Spanish 1B \$ 40	TGC Enrichment \$100
TGC Primer \$120*	Latin 1B \$ 50*	Earth Sci \$100*	Pre-Algebra \$ 60	Spanish 1-3 \$ 60	Minimus \$ 30
TGC 1 \$120*	Latin 1 \$ 70*	Physical Sci \$120*	Algebra 1 \$ 60	Speech \$ 40	Science \$100
TGC 2 \$120*	Latin 2 \$ 70*	Biology \$120*	Geometry \$ 60	Poetry \$ 40	Engineering \$100*
TGC 3 \$120*	Latin 3 \$ 70*	Chemistry \$120*	Algebra 2 \$ 60	Texas History \$ 40	Math Games \$ 30
		Physics \$120*	Pre-Calculus \$ 60		Writing Wkshp \$ 30
		Anatomy & Phys \$120*	Business Math \$ 60		Grammar Wkshp \$ 30
					Narnia \$ 30

*includes Syllabus Supplement & World Teen Magazine

*includes Class Syllabus, CLC Online Access, & National Latin Exam fee

*includes lab supplies & equipment

*includes lab supplies

Fees:			
	Number	Amount	Total
Administration Fee (Per Family) Registrations COMPLETED Before May 31: \$25 June & July: \$50 After July 31: \$100; Jan: \$25	1	\$	\$
Registration Fee (Per Student)	\$25 per student	\$ 25.00	\$
Class Fees	Total all class fees listed above		\$
TOTAL FEES due at registration and non-refundable (to be deposited after June 1).			\$

To Register:	Office Use Only:
<p align="center">Registration Steps:</p> <ol style="list-style-type: none"> Complete all Registration Forms Make checks payable to Schola. Return forms and non-refundable fees to: Schola Registrar 3110 Winchester Way Sugar Land, TX 77479 	<p align="center">Registration Check List:</p> <p><input type="checkbox"/> I have completed the entire Registration Form.</p> <p><input type="checkbox"/> I have read & initialed all Schola policies on reverse.</p> <p><input type="checkbox"/> I have enclosed the total amount of fees made out to Schola.</p> <p><input type="checkbox"/> I understand that fees are non-refundable.</p> <p><input type="checkbox"/> I have enclosed completed Release Form.</p> <p><input type="checkbox"/> I have enclosed Study Hall Application if needed.</p> <p><input type="checkbox"/> I have enclosed a New Student Information form if needed.</p>
	Date Received:
	Check #:
	Check Date:
	Check Amount:

Family Name

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Tuition Policy

Initial: _____ I have read and agree to the attached Schola Tuition Policy.

Initial: _____ I have chosen a tuition payment method below.

Initial: _____ I agree to include a late fee of \$10 if checks are not received by instructors by the first class of each month.

By Semester: Pay six months total tuition by Orientation (includes last month's tuition) and remaining four months tuition by the first week in January.

By Month: Set up automatic bill pay for the first day of each month September through April (August and May payments due at Orientation).

By Month: Provide instructor with eight checks dated the first of each month September through April (August and May payments due at Orientation). **Instructor will cash each check after the check date.**

By Month: Pay tuition monthly by the first class of each month.

Student Drop-Off and Pick-Up Policy

Initial: _____ I understand that students may not be dropped-off at Schola earlier than 8:45 am for 9:00 am classes.

Initial: _____ I understand that students must be picked up by 4:30 pm. After 4:30, I will "bless" the monitor who stays late to wait with my student with \$5.00 per five minutes or any portion thereof that I am late.

Discipline Policy

Initial: _____ I have read and agree to the attached Schola Discipline Policy.

Initial: _____ I have discussed the attached Schola Discipline Policy with my student(s).

Academic Integrity Policy

Initial: _____ I have read and agree to the attached Schola Academic Integrity Policy.

Initial: _____ I have discussed the attached Schola Academic Integrity Policy with my student(s).

Dress Code

Initial: _____ I have read and agree to the attached Schola Dress Code.

Initial: _____ I have discussed the attached Schola Dress Code with my student(s).

Study Hall Policy

Initial: _____ I have read and agree to the attached Schola Study Hall Policy.

Initial: _____ I have discussed the attached Schola Study Hall Policy with my student(s).

Photo Release

I DO give permission

I DO NOT give permission

for Schola to use pictures and/or video taken during Schola classes or other approved activities on the Schola website and/or advertising. Any such photographs or video would highlight the student(s) either demonstrating learning techniques or participating in approved school activities and would not include student names.

Initial: _____

Signature: _____ **Date:** _____