

Re-Enrollment Form

Student's Full Name: _____ Grade Entering: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mother: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Father: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____

Emergency Phones: _____

I have the following forms in my child's file:

___ Annual Physical ___ Immunization Records ___ Medical Release

Agreement: As the parents/guardian of the above named student, we agree to follow all WCS policies and procedures as stated in the handbook and pay all fees and tuition owed to WCS on agreed upon date.

Parent/Guardian Signature: _____ Date: _____

APPLICATION FEE FORM

Student's Name: _____

___ Kindergarten & 1st Grade	\$4,500.00
___ 2nd, 3rd & 4th Grade	\$4,725.00
___ 5th Grade	\$5,250.00
___ 6th, 7th & 8th Grade	\$5,935.00
___ 9th & 10th Grade	\$6,000.00
___ 11th & 12th Grade	\$6,590.00
___ Registration Fee (Non-Refundable)	\$150.00
___ Technology Fee	\$95.00
___ Book Rental Fee	\$275.00
___ Activities Fee	\$115.00

Total Price for:

Kindergarten & 1st Grade	\$5,135.00
2nd, 3rd & 4th Grade	\$5,360.00
5th Grade	\$5,885.00
6th, 7th & 8th Grade	\$6,570.00
9th & 10th Grade	\$6,635.00
11th & 12th Grade	\$7,225.00

Payment Plan

___ Smart Tuition/Self Pay ___ Florida Pride ___ McKay State Scholarship

- All Self Pay accounts and account balances from Florida Pride and McKay are required to be set up through SMART Tuition.

___ **I have filled out and returned my SMART Tuition Form**

___ **I have paid in full for the school year 2009-2010**

I agree to pay the amount of \$_____ for the school year of 2009-2010.

Parent/Guardian Signature

Date

STATE OF FLORIDA

COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____.

Personally Known _____ or Produced ID _____