

PLEASE PRINT

PARENTS OR GUARDIANS Family ID# _____

Primary Phone # _____ 2nd Phone # _____

PRIMARY PARENT'S NAME (Teacher ID Card for this name is included.) _____

Street Address (Physical address of home—no P.O. boxes) _____

If you want an ID card for other parent, give name below & include \$5. Name _____

City _____ State _____ Zip Code _____ County _____

EMAIL ADDRESS

Mailing Address (if different from above) _____

We will use this email address to send you reminders of important dates during the year. We will also use it to contact you if we cannot reach you by phone if we have a question.

Continuing Student(s) Information—please list oldest to youngest

Circle which program

ID#	First Name	Middle Name	Last Name	Grade	Homeschool	Online	Correspondence

For more returning students, please put same info on the back of this page. For new students, please complete a new student form available on our website or call to receive one by mail.

Homeschool Fees

EARLY BIRD DISCOUNT
Enroll before July 16 and take \$10 off the enrollment fees of the 2 oldest children.
** If mailing, envelope must be postmarked before July 16 to qualify for the early discount.

Homeschool	Grades K-12
1st child	\$105
2nd child	\$105
3rd+ child	Free

Ways to re-enroll a returning student:

1. Visit our website at www.d1academy.org
2. Return this form by mail to our p.o. box
3. Send this form by fax to 931-432-1498
4. Email this form to records@d1academy.org

Online & Correspondence Fees

\$ 1,200 full year or \$700 one semester

*****ALL FEES ARE NON-REFUNDABLE*****

PAYMENT INFORMATION

Circle one: Check - Money Order - Cash - VISA - Mastercard - Discover - AmEx

Credit Card Number _____ Exp _____

Name on the card _____ Sec. code _____

Zip code of address of card _____

Enrollment Fees		
Homeschool Fee	1st child	\$ _____
Homeschool Fee	2nd child	\$ _____
Any new student fees	____ x \$20	\$ _____
Online / Correspondence Program		
Full year Tuition	____ x \$1,200	\$ _____
OR	____ x 1st semester \$ 700	\$ _____
	____ x 2nd Semester only \$700	\$ _____
Physical ID Cards (\$20) includes 1 for each enrolled student and both parents		\$ _____
TOTAL DUE FOR FAMILY		\$ _____

***For Office Use Only—Do Not Write in this Box* Received by M Fx D1 Em**

Enroll Date _____ Received Initials _____

Payment: Check # _____ Name on Check _____