



## Intent Form for 2010-2011 School Year Enrollment

Please complete form for each family and remit to the Main Office by January 15, 2010

Student's Full Name	Current Grade	Intent for 2010-2011 School Year	
_____	_____	<input type="checkbox"/> Re-enroll	<input type="checkbox"/> Do not re-enroll
_____	_____	<input type="checkbox"/> Re-enroll	<input type="checkbox"/> Do not re-enroll
_____	_____	<input type="checkbox"/> Re-enroll	<input type="checkbox"/> Do not re-enroll
_____	_____	<input type="checkbox"/> Re-enroll	<input type="checkbox"/> Do not re-enroll

For students being enrolled for the next school year, please remit an \$800 tuition deposit per enrolling student, along with this completed form, by **January 15, 2010**. This deposit may be paid by cash, check (payable to Rockbridge Academy), or by credit card online at <http://www.rockbridge.org/store/> (credit card orders are subject to a 3% convenience fee).

*Tuition deposits are applied to 2010-2011 tuition and are non-refundable.*

### Re-enrolling families please complete all sections

#### Parent/Student Handbook: please read and sign.

I/We have read the Parent/Student Handbook and agree to abide by the policies, procedures, and guidelines contained therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Rockbridge Academy, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, scholarships, or other school-administered programs.

#### Financial Information:

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

#### For office use only:

Deposit received: \_\_\_\_\_

Circle one: Check # or Online payment #: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

## Parent/Guardian and Extended Family Information:

### Parents are:

- Married       Divorced       Separated       Single parent  
 Mother remarried    Father remarried    Mother deceased    Father deceased

### Send Admissions Office Correspondence to:

- Parent(s)/Guardian(s) listed below  
 Other \_\_\_\_\_

### Parent/Guardian Name

Relationship to Student

Address

City      State      Zip Code

Home Phone      Cell Phone      Work Phone

Home Email      Work Email

\_\_\_\_\_/\_\_\_\_\_  
Place of Employment/Type of Business

Occupation      Position

### Parent/Guardian Name

Relationship to Student

Address

City      State      Zip Code

Home Phone      Cell Phone      Work Phone

Home Email      Work Email

\_\_\_\_\_/\_\_\_\_\_  
Place of Employment/Type of Business

Occupation      Position

## Church Information:

Church Attending

Members?  Yes  No

Pastor

## Extended Family Information:

### Maternal Grandparent(s)

Name(s)

Address

City      State      Zip Code

Home Phone

Email

### Paternal Grandparent(s)

Name(s)

Address

City      State      Zip Code

Home Phone

Email