

**COURT STREET ACADEMY REGISTRATION FORM - SCHOOL YEAR 2024 - 2025**

Office Telephone and Fax – (757) 393-2312  
Office Hours – 8:00 A.M. to 4:00 P.M.

**REGISTRATION FORM**

STUDENT’S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ M / F

NICKNAME OR NAME STUDENT PREFERS TO BE CALLED \_\_\_\_\_

PARENT’S NAME(S) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ MOM’S WORK# \_\_\_\_\_ DAD’S WORK# \_\_\_\_\_

MOM’S MOBILE # \_\_\_\_\_ DAD’S MOBILE # \_\_\_\_\_

MOM’S E-MAIL ADDRESS \_\_\_\_\_

DAD’S E-MAIL ADDRESS \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

RELATIONSHIP TO YOUR CHILD \_\_\_\_\_

PLEASE CIRCLE GRADE IN WHICH YOU WISH YOUR CHILD ENROLLED:

K3

K4

K5

1<sup>st</sup> grade

**Your child must be 3 years old by the start of the semester and potty trained.**

If your child has any learning disabilities or special needs, please describe: \_\_\_\_\_

Is your child allergic to any food or medication? \_\_\_\_\_

Do you need BEFORE SCHOOL CHILD CARE?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Do you need AFTER SCHOOL CHILD CARE?  
YES \_\_\_\_\_ NO \_\_\_\_\_

\* \* \* \* \*

**I give permission for my child to go on field trips properly chaperoned by the teachers.**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* \* \* \* \*

Registration fee: **\$350.00**

MONTHLY FEES are due by the 1st of each month for 9 months, September through May. A \$10.00 late fee will be enforced if payment is not received by the 10<sup>th</sup>. *Fees for any student disenrolled before the end of the school year must be paid for the entire month of the last day of enrollment.*

**ENROLLMENT CAN BE TERMINATED FOR ANY STUDENT WHOSE FEES ARE MORE THAN 30 DAYS IN ARREARS.**