



1615 Old Spanish Trail
Slidell, LA 70458

(985) 643-7224 Fax (985) 643-6196 Email: cbcshooloffice@gmail.com

2024-2025 SCHOOL FEES

GRADE	REGISTRATION FEE	Graduation Fee	REGISTRATION FEE	MONTHLY TUITION
	BY 6/07	DUE BY 05/31/24	AFTER 6/07/24	
PreK3	\$475.00		\$525.00	\$440.00
PreK4	\$475.00		\$525.00	\$440.00
K5	\$475.00	\$100.00	\$525.00	\$440.00
Kindergarten requires a \$125.00 Supply Fee due by August 12, 2024				
1 ST -4 TH	\$575.00		\$625.00	\$440.00
5 TH -7 TH	\$595.00		\$645.00	\$440.00
8 TH	\$595.00	\$100.00	\$645.00	\$440.00

FULL TUITION PAID BY 05/03/2024 \$4,180.00

PAYMENT SCHEDULE

REGISTRATION = Due at time of registration

NOTE: REGISTRATION IS NON-REFUNDABLE

1ST & LAST MONTHS' TUITION = 1ST MONTH TUITION DUE BY MAY 03RD

AFTER MAY 03RD = Add \$30.00 late tuition fee (late fees will apply to each month)

LAST MONTH TUITION DUE BY JUNE 03RD

AFTER JUNE 03RD = Add \$30.00 late tuition fee (late fees will apply to each month)

NOTE: 1ST & Last months' tuition IS NON-REFUNDABLE

NOTE: No student may start school unless the registration, and 1st and last months' tuition payments are paid in full. Payments WILL NOT be accepted on the first day of school.

DISCOUNTS

(Discounts cannot be combined)

Sibling discount - 10% applied on TUITION for families with multiple students, full tuition is applied each month to the oldest sibling. For each subsequent sibling, there is a 10% discount applied to their tuition.

Active Military, Veteran, ANG, Reserve, Coast Guard, and First Responder Discount – 5% applied to tuition.

Must provide proof with identification. (EMT's, Firefighters & Police Officers)

*** 5% applied on full year's tuition paid in advance by May 03, 2024.**

The office will be CLOSED during the summer, the last day will be Friday June 07, and will REOPEN on Tuesday July 30th





Student's Name _____ Grade: _____
Last First Middle

Birth Date: _____ Male: _____ Female: _____ Race: _____

Address: _____

Zip: _____ Church Affiliation: _____

Father's Name: _____ Work Phone: _____

Cell: _____ Email: _____

Mother's Name: _____ Work Phone: _____

Cell: _____ Email: _____

Siblings attending Calvary

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

CURRENT HEALTH CONDITIONS DIAGNOSED BY MEDICAL DOCTOR

Below check any current health condition diagnosed by a medical doctor that may require attention during school day. If any medication prescribed by a doctor is giving during School Day, a completed Medical Administration Form must be submitted yearly to the school for approval.

Allergies: Foods _____ insectbite _____ other _____

Asthma _____ seizures _____ hearing problems _____ heart problems _____ hemophilia _____ physical disability _____ cancer _____ diabetes _____
vision problems _____ glasses _____ contacts _____ Respiratory (be specific) _____

DOCUMENTATION OF ANY MEDICAL CONDITION DIAGNOSED BY A MEDICAL DOCTOR MUST BE SUBMITTED TO THE SCHOOL EACH YEAR.

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

PICK UP AND EMERGENCY CONTACTS

Emergency contacts other than parents should be local. NOTE: This information must be completed. If any of this information changes during the school year, please notify the school immediately. Before the student is released to the parent/guardian or others listed below, proper identification must be produced.

Name: _____ Home Phone: _____ Cell #: _____

Name: _____ Home Phone: _____ Cell #: _____

Name: _____ Home Phone: _____ Cell #: _____

Name: _____ Home Phone: _____ Cell #: _____

Name: _____ Home Phone: _____ Cell #: _____

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts (This information must be filled out)

Physician: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

School and Grade Last Attended: _____ Has student failed any grades? _____

Which grades? _____ Does student have an IEP or evaluation? Yes _____ No _____

What is the student's disability? _____

Has student been: Expelled? Yes _____ No _____ Suspended? Yes _____ No _____

Did student have document behavior incidences? Yes _____ No _____ Please explain: _____

Calvary Baptist School is a private school and does not receive Federal Funding for special education services.

I am aware that I must pay late fees if fees are not paid on time. Parent Signature _____

Note: Registration fees, first, and last month Tuition are Non-refundable. Signature _____

Office Use Only:

Kindergarten – 8TH grade Entrance Testing: score _____ % Accepted: _____ Yes _____ No _____ Conditional _____

Paid Entrance/Test Fee Date: _____ AMT: _____ CK # _____ (New Students Only K5- 8th)

Paid Registration Fee Date: _____ AMT: _____ CK # _____

Paid 1st Month Tuition Date: _____ AMT: _____ CK # _____

Paid Last Month Tuition Date: _____ AMT: _____ CK # _____

Graduation Fee (K5-8th) Date: _____ AMT: _____ CK # _____

Regular Tuition \$440.00 _____ Sibling Discount \$396.00 _____ First Responder D \$418.00 _____