



Entering Grade: _____

P.O. Box 398 ♦ South Portsmouth, KY 41174-0398 ♦ (606) 932-3007 ♦ Fax 866-453-1635

Re-Enrollment Form

2025 - 2026 *School Year*

Student's Last name _____ First _____ Mi _____

Parent's name (s) _____

Address _____

City, State, Zip _____ Phone _____

E-mail address _____

Home Church _____

Pastor _____

My child will **NOT** be returning to HCA for the 2025 -2026 school year.

CONFIDENTIAL INFORMATION - Please return to office

Tuition Agreement

2025 - 2026 *School Year*

I/We _____ being the party financially responsible for the student(s) below understand that: Tuition payments are due and expected in the school office by the first day of each month. Any payments received after the 15th of each month will be charged a \$25 late fee. All accounts are to be paid in full by June of the current school year and HCA reserves the right to adjust monthly payment arrangements so this may be accomplished. There may be additional fees for learning materials (books), testing, extra-curricular activities, field trips, etc. By filling in the information below and signing this form, I am committing to the following payment structure:

Student name:

Annual tuition amount:

\$ _____
 12 payments: July 2025 - June 2026
\$ _____ / month
 10 payments: August 2025 - May 2026
\$ _____ / month

ONE STUDENT
\$3,600/yr or \$300/mo (12 payments), \$360/mo (10 payments), etc.
TWO STUDENTS
\$6,480/yr or \$540/mo (12 payments), \$648/mo (10 payments), etc.
THREE STUDENTS
\$8,640/yr or \$720/mo (12 payments), \$864/mo (10 Payments), etc.

Signature of Responsible party/ Date

Signature of HCA Representative/ Date