

# ENROLLMENT AGREEMENT

PLEASE PRINT ALL INFORMATION

Student's Full Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Type:  Landline  Cell Phone Student Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

What class do you expect to enter?  Freshman  Sophomore  Junior  Senior

Last school attended: \_\_\_\_\_ City/State: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: *Optional for state report forms and equal opportunity programs:*

White (not Hispanic)  Black (not Hispanic)  Asian/Pacific Islander  American Indian/Alaskan Native  Hispanic

## PARENT/GUARDIAN INFORMATION:

### Adult Contact 1

Student Lives With:  Yes  No

Name: \_\_\_\_\_  Mother  Father  Guardian(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Adult Contact 2

Student Lives With:  Yes  No

Name: \_\_\_\_\_  Mother  Father  Guardian(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### If Applicable: Second Household— to receive copies of report cards, interim reports & other materials

Parent/Guardian address that is not the primary household mailing address listed above

Name: \_\_\_\_\_: \_\_\_\_\_  Mother  Father  Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**COMMUNICATION INFORMATION:**

Foxcroft Academy uses electronic registration, grade reporting and communication. Please provide us with the parent/guardian email address you would like us to use for registration, communication, report cards etc.:

\_\_\_\_\_

We wish to receive all communication by mail.

**DECLARATION OF RESIDENCY AND ENROLLMENT:**

- 1. Foxcroft Academy is an independent school that accepts public tuition students, at the Maximum Allowable Tuition rate, which includes tuition and Insured Value Factor payment, as stipulated under Title 20-A M.R.S.A. Section 2701. Parents who are legal residents of the communities within RSU #68 will have their tuition paid for by RSU #68 as provided by state statute.

For tuition purposes, we are legal residents of the town of \_\_\_\_\_.

For students coming from towns other than those making up RSU #68 or those without school choice:

Sending school District: \_\_\_\_\_

Name of sending Superintendent: \_\_\_\_\_

- 2. Upon enrollment, the student will conform to all regulations of Foxcroft Academy.
- 3. Enrollment at Foxcroft Academy for a Choice town (non RSU #68) is a privilege, not a right; failure to comply with regulations as stipulated in the Student Handbook by a student, may result in disenrollment of the student by administration.

**Foxcroft Academy reserves the right to use photos, videos, audio and other recordings or representations of its students and their work in its various publications, website, and news releases. If you need more information regarding this policy, or do not want your child's photos or videos used, please contact the Head of School's office.**

Dated	Parent or Guardian Signature
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Dated	Student Signature
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Foxcroft Academy is an Equal Opportunity Employer and non-discriminatory in its admissions policies.

**FOXCROFT ACADEMY**  
 975 WEST MAIN STREET  
 DOVER-FOXCROFT, MAINE 04426  
 PHONE 207-564-8351 FAX 207-564-8394