

Acknowledgement and Release

- ▶ I hereby certify that the answers and information on this application are true and correct.
- ▶ I understand that Families of Faith Christian Academy International (FOFCAI) is a Christian organization as put forth in its doctrinal statement.
- ▶ I understand that I am enrolling in an on-line or virtual program that includes all required curriculum and grading. However, tutoring, if required, is not included in the base tuition for the program.
- ▶ I understand that FOFCAI must have all previous school records before a final transcript or diploma can be issued.
- ▶ I understand and agree that I will meet and maintain all the requirements of and abide by the policies and procedures of FOFCAI. (Complete listing of all policies and procedures are in the Parent/Student Handbook on line.)
- ▶ I understand and agree that negligence of these responsibilities may result dismissal from FOFCAI without refund, and that reinstatement is dependent upon reaffirmation to these standards, a favorable decision by the Board of Directors, and repayment of applicable fees.
- ▶ I release and hold harmless FOFCAI from any and all claims for loss, damage, and/or injury of any nature to any person or property resulting from FOFCAI's programs or activities.
- ▶ I acknowledge that NO REFUND for the curriculum portion of the tuition will be issued once enrolled. (\$295)
- ▶ I further acknowledge that NO REFUND for the total tuition will be issued after the student has been enrolled for 10 business days, and FULL TUITION will still be due, even if I withdraw or do not complete the program.

By signing this application, I acknowledge, affirm, agree, and/or consent to ALL STATEMENTS listed on the application, and the Parent/Student Handbook.

Student Signature _____ Date _____

STUDENT TUITION: \$495 includes the cost of materials and curriculum.

Families of Faith Credit Card Authorization Form

This form is used to authorize FOFCAI to make specific charges to your credit card account.
DO NOT send credit card information via e-mail.

Debit/Credit Card Information:

Name as it appears on debit/credit card: _____

Billing Address: _____ Zip Code _____

Type of Card: _____ Card # _____

Expiration date: _____ Security Code: _____ *(three digits on the back of the card)*

Signature of card holder: _____
(I agree to pay the above total amount in accordance with the card issuer agreement.)

_____ ***Full Payment Authorized***

_____ ***Down Payment of \$295 Authorized, plus one payment of \$110 in thirty (30) days and a final payment of \$110 in sixty (60) days.***

Mail Completed Application to:
Families of Faith Christian Academy
P.O. Box 5125
Lakeland FL 33807

Appointments can be scheduled by contacting the office:
www.fofcai.com
Phone: 863-686-7755
Fax: 863-428-4128
Email: admin@fofcai.com