



PO Box 125 Gallman, MS 39077

Phone: 601-892-3770

Fax: 601-643-4009

2024-2025 New Student Registration

STUDENT INFORMATION

Full Name _____ Grade 2024-2025 _____

Name to be called _____

MEMBERSHIP INFORMATION

Parent(s) Name on Membership: _____

A purchased membership will authorize natural child(ren), adopted child(ren), or stepchild(ren) of that patron to attend CA.

Names of other children attending Copiah Academy: _____

Address Change Request:

New

No Change

Mailing Address (if New) _____

City _____ State _____ Zip _____

Telephone (1) _____ (2) _____

EMERGENCY INFORMATION

Please Update as Necessary. Log in to RenWeb / FACTS to update personal information and emergency pick up.

IMMUNIZATION INFORMATION

Immunization Compliance (Form 121) are required as immunization requirements for 3K, 4K, 5K, and 7th grade are specific. Refer to or check with your physician.

ALL MEMBERSHIP, REGISTRATION and BUILDING ASSESSMENT FEES ARE NON-REFUNDABLE

I have received a copy of the Copiah Educational Foundation, Inc. current Fee Schedule. I have read and understand the tuition and membership policy of Copiah Educational Foundation, Inc. *My child and I agree to abide by the rules, regulations, policies, and procedures, etc. of the Copiah Educational Foundation, Inc. Handbook, found online at www.copiahedu.org. All matters cannot be covered in the handbook and decisions regarding such will be at the discretion of the administration.*

Signature of Parent

Registration is not considered complete until this form is returned with payment, Form 121, Birth Certificate, and Social Security Card.

Copiah Educational Foundation, Inc. does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission and registration policies.

**NEW STUDENT
REGISTRATION FORM
2024-2025**

Child's Name

Grade 2024-2025

Yearly dues include \$400 Registration Fee and \$500 Assessment Fee for a total of \$900. Payment options are listed below. Please indicate your choice and submit this form with your check. Tuition payments for 2024-2025 begin July 1.

Late fees of \$10 per month will be assessed beginning March 2, 2024.

MEMBERSHIP

- _____ Option A \$1600 Full Membership Fee
- _____ Option B \$500 Down Payment Membership with balance financed at \$25 per month for 60 months or on a prorated scale for transfers after 8th grade.

REGISTRATION FEE

- _____ Option A \$400.00 Registration Fee in full
- _____ Option B \$200 at time of Registration with balance of \$200 due August 1

ASSESSMENT FEES: Building \$125, Insurance \$225, and Technology \$150

- _____ Option A \$500.00 Assessment Fee in full
- _____ Option B \$250.00 paid at time of Registration with balance of \$250 due August 1
- _____ Option C Add \$45.00 per month to tuition starting with the July payment for the Assessment Fee for 12 months for a total of \$540

\$ _____ Total included

Cash Receipt # _____

Check # _____

_____ Date Registered