

For Office Use Only:
Date Application Received: _____ **Payment:** _____
 New Student Returning Student



Please make deposit checks out to Saratoga Academy and return this completed form to:

Office of Admissions
Saratoga Academy
1524 Route 9
Clifton Park, NY 12065

**2015-2016 ACADEMIC YEAR
REGISTRATION FORM**

(Please Print)

STUDENT NAME _____

GRADE LEVEL _____ (3 Yr Old Program, 4Yr Old Pre- K, Kindergarten, Grade 1-8)

DATE OF BIRTH ____/____/____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____

CITY/STATE _____ ZIP CODE _____

HOME PHONE _____ SCHOOL DISTRICT OF RESIDENCE _____

E-MAIL ADDRESS _____

A \$250.00 (**per student**) non- refundable retaining fee is required upon registration. An additional tuition deposit of \$250.00 is required by April 1, 2015. All deposits will be directly applied toward tuition fees.

Copies of the enrollees' birth certificate, immunization record and updated physical are required to be on file with our office prior to the start of the school year.

*Request forms for Public School District services are due by the following dates:

1. Transportation to Non Public Schools due April 1, 2015
2. Special Needs Service Request due June 1, 2015

Parent/Guardian Signature _____

Date _____

Referred By: _____

Saratoga Academy admits students of any race, color and national or ethnic origin.