



Westridge Christian/Orchard Academy
 3894 Due West Road Suite100
 Marietta, GA 30064
 PH: 678-290-8591 Fax: 678-290-8597



Independent Studies Application for Enrollment

Student Information

Last Name: _____ First Name: _____ SSN: _____

Birth Date: _____ Sex: M F Grade: _____

How many years have you been homeschooling?

Extra Curricular Activities:



Parent Information

Father: _____

Mother: _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email: _____



Payment Information

Payment Received

One Time non-refundable application fee: \$25.00
 Registration Fee: \$100.00
 Fee for one Student: \$350.00
Total Amount Due: \$475.00

Amount Due: _____
 Amount Paid: _____
 Balance Due: _____

Fee for previous years (per year): \$300.00

Please note if any payment arrangements were made:
 _____ payments of \$ _____/mo

Note: We will allow for a one time review of previous years upon registering for the current school year.

I _____, will ensure that my child/children will complete the necessary work to meet the requirements of Westridge Christian/Orchard Academy for Independent Studies.

Renewable by Aug. 1 of each school year.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date