



Simpson County Academy

Christian Values | Academic Excellence | Athletic Achievement
Nick Lee, Headmaster James Crain, Elementary Principal
Todd Mangum, Athletic Director Gina Williams, Counselor

January 31, 2023

It is that time of year again to begin our re-enrollment process. We would like to make you aware that the SCA Board of Directors has agreed upon a new Tuition Schedule for the 2023-2024 school year. The tuition schedule will be included in the enrollment packet.

Monthly tuition is due on the 5th of the month. We will accept cash, check, bank draft or credit/debit payment through the High School office. It is mandatory that we have on file information for a credit or debit card for each family enrolled. If the account is past due, your card on file will be charged for the amount due on the 20th of that month. Should payment fail, your child will not be able to return until the account is current. Please fill out the attached forms with this information. Families that pay in full by August 1 for the entire tuition will not need to turn in these forms.

No online re-enrollment will be available this year. You will need to print re-enrollment packets from our website and either mail them or drop them off. Forms may be mailed to: Simpson Academy, P.O. Box 129, Magee, MS 39111, Attn.: Karen Brown.

If your account is more than 15 days past due, you will not be able to re-enroll your children until the account is current.

All re-enrollment payments will need to be mailed to SCA or returned to Karen Brown in the business office by February 28, 2023. **ALL FORMS MUST BE TURNED IN WITH PAYMENT.** Re-enrollment amount for K3-K4 is \$100 per family and for K5-12th is \$300 per family. In order to secure your spot, the enrollment fees must be paid in full by February 28, 2023. Beginning March 1, 2023, SCA will open enrollment to the public. If you have any questions, call Karen Brown at 601-847-1395. Tuition schedules are available on our web site at www.simpsonacademy.net.

The School Board has adopted a new policy concerning fee payment which can be split into 4 monthly payments beginning in August 2021. This will continue for the 2023-2024 school year.

Allison Shivers
SCA Board President

Please sign below stating you understand the changes in policy made by the SCA Board of Directors and agree to abide by them:

Name: _____

Date: _____

Simpson County Academy
School Year 2023-2024
Enrollment
February 2023

Parent's Name _____

Parent's Address _____

Home Phone _____

Cell: (Mom) _____ (Dad) _____

Work: (Mom) _____ (Dad) _____

Email: (Mom) _____

Email: (Dad) _____

Student's Name	Birthdate	Present Grade	2023-2024 Grade	Male/ Female

For the upcoming school year of 2023-2024 will your child/children play sports? Yes ___ No ___
Mark all sports that apply.

_____ H.S. Football	_____ Jr. High Baseball	_____ 4th/5th/6th Basketball
_____ Jr. High Football	_____ Golf	_____ 4th/5th/6th Football
_____ H.S. Basketball	_____ Softball	_____ Archery (4th-12th)
_____ Jr. High Basketball	_____ Track/Cross Country	_____ Volleyball
_____ H.S. Baseball	_____ Tennis	

Will your child/children ride the bus for the 2023-2024 school year? Yes _____ No _____

How many yearbooks would you like for the 2023-2024 school year? _____

Number of shares of stock owned: _____

How do you want your contract set up: 10 Month _____ or 1 Time Pay _____

Tuition will be due on the 5th of each month.

We accept: cash, bank draft, check or credit card.

If you would like to set up automatic monthly bank draft, please check here _____

Returned check policy: A \$25 fee will be added to any account that has a check or draft returned to SCA.

This information is very important to SCA. Please complete each section. *******This form must be turned in along with your payment in order to be enrolled at Simpson Academy.*******

I understand that the enrollment fee is non-refundable.

Signature Date: _____

Enclosed: Check _____ Cash _____ Amount \$300.00 _____ \$100.00 _____
(K5-12) (K3-K4)

*******Payment and paperwork must be turned in at the same time*******

**SIMPSON COUNTY ACADEMY 2023-2024
TUITION AND FEE SCHEDULE BASED ON 9 SHARES OF STOCK**

K5-12TH GRADE

10 MONTH PLAN	AUGUST-MAY
FIRST CHILD	\$462.00
SECOND CHILD	\$398.00
THIRD CHILD	\$386.00
EACH ADDITIONAL CHILD	\$311.00

FEES FOR THE YEAR ARE AS FOLLOWS

ENROLLMENT FEE	\$300.00 PER FAMILY
REGISTRATION FEE (K5-12TH)	\$500.00 PER FAMILY
BOOK FEE	\$200.00 PER STUDENT
ELEMENTARY ATHLETIC FEE (4TH-6TH)	\$60.00
TECHNOLOGY FEE	\$100.00 PER STUDENT
JR. HIGH/HIGH SCHOOL ATHLETIC FEE (7TH-12TH)	\$160.00
DRUG TESTING FEE (7TH-12TH)	\$40.00
ACT WEEKDAY TESTING FEE (10TH-12TH)	\$60.00
GRADUATION FEE (12TH)	\$130.00
YEARBOOK FEE	\$60.00
BUS FEE	\$110.00 PER STUDENT(PER MONTH, \$5.00 EACH ADDITIONAL STUDENT)

K3-K4 TUITION AND FEES SCHEDULE (10 MONTH)

ENROLLMENT FEE	\$100.00
REGISTRATION FEE	\$500.00
BOOK FEE	\$110.00
TUITION	\$401.00
YEARBOOK FEE	\$60.00

A 5% DISCOUNT WILL BE GIVEN FOR ACCOUNTS PAID IN FULL BY AUGUST 1ST (TUITION ONLY). IF PURCHASING STOCK, PLEASE SEE ATTACHED.

FEES MAY BE SPLIT INTO 4 MONTHLY PAYMENTS RUNNING FROM AUGUST-NOVEMBER.

Bank Draft Authorization Form 2023-2024

Please check one of the following options:

_____ I would like my account to be set for AUTOMATIC MONTHLY BANK DRAFT.

_____ Information is on file, continue bank draft.

Name: _____

Address: _____

Name of Bank: _____

City/State of Bank: _____

Bank Routing Number: _____

Bank Account Number: _____

Date of Automatic Draft: _____ 5th

I hereby authorize Simpson County Academy, Inc. to draw monthly drafts against my bank account.

Signature accepted by bank

Date

A voided check must accompany this form.

Returned Check Policy: A \$25 fee will be added to any account that has a check or draft returned to SCA.

Credit Card Authorization Form

Credit Card Information:

When you provide a debit or credit card, a 3.75% convenience fee will be applied to your account for each transaction.

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Expiration Date: Month: _____ Year: _____

Security Code : _____

Cardholder Signature: _____

Date: ____/____/____