

THE KING'S ACADEMY

Where Christ is King

TKA Online Registration Form

Tuition

\$ 125.00 Application Fee (External Applicants Only)
\$950.00/per each semester course
\$1700.00/per full year course (same subject only)
\$7,600.00 – Full Time (Up to 7 courses)
These fees are non-refundable after registration
****AP courses: \$1,050.00/per each semester course**
\$1800.00/per full year course

Orientation & Proctor Form(s):

Each student will complete a *Learning Management System* orientation prior to beginning coursework as well as completing an assessment proctor form. The parent / guardian will serve as the student's assessment proctor throughout the course(s).

TKA students will be given high school credit for TKAOnline coursework that is taken. All course attempts will be listed on the transcript. If you have any questions, please contact John Raines at 561-686-4244, ext. 311, j.raines@tka.net.

Student's Name: _____ Grade Level: _____

Name of Course(s) (indicate semester 1 or 2)

| | 1 st Semester | 2 nd Semester | Start Date | End Date |
|----------|--------------------------|--------------------------|------------|----------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |

____ (Parent Initials) I acknowledge that I have read and agree to the terms of the online course(s) as stated at www.tkaonline.net including the delay, course change, and withdrawal policies* relating to fees and refunds.

Parent(s) Name(s): _____ **Parent Email:** _____
Parent(s) Signatures(s): _____

Student Contact Phone # _____
Student Email (cannot be AOL address): _____

If registering on campus, please submit payment along with this order form to room 208-11:
The King's Academy
c/o John Raines, Phone: 561-686-4244 ext. 311

For Office Use Only:
Director of Non-Traditional Learning Approval _____
Secondary Principal Approval _____
Academic Counselor Approval (Traditional Students Only) _____
Business Office - Payment Received Date: _____
Check # / Payment Notes: _____