



**CLAIBORNE ACADEMY**  
**6741 HIGHWAY 79**  
**HAYNESVILLE, LOUISIANA 71038**  
**(318) 927-2747 / (318) 927-4519 fax**



Dear Parents and Guardians,

The Claiborne Academy Board of Directors and the faculty and staff would like to thank you and express our appreciation for allowing us to lead and teach your student(s) this year. With the multiple educational options available to the parents and guardians of our community, we are mindful of the trust you have placed in Claiborne Academy. Our unwavering goal is to provide families with an exceptional educational program while offering an affordable tuition and fee schedule. The Claiborne Academy Board of Directors pledges to continue to observe fiscal integrity while allowing the school to meet its ever-increasing educational needs and goals. A review of tuition schedules from other independent schools in this area of Louisiana further demonstrates that a Claiborne Academy education remains an exceptional value for our families.

Please review the enclosed 2023 – 2024 registration forms and complete and return these forms as indicated below.

- **New Student Enrollment Form (Return to School with appropriate documentation listed on the form)**
- **Student Information Sheet (Return to School)**
- **E-rate Survey (Return to School)**
- **Booster Club Form (Return to School)**
- **Bus Rider Information Form (Return to School, if Applicable)**
- **Tuition and Fee Schedule (For Your Records)**

We want to again thank you for your commitment to Claiborne Academy and look forward to meeting your family's educational needs for the 2023-2024 school year.

Sincerely,  
Claiborne Academy Board of Directors  
and Head of School, Sue Barfield, Ed.D.

**What: Claiborne Academy Early Bird Registration**  
**When: March 13 – 17, 2023, 7:30 A.M. – 3:30 P.M.**  
**Where: Claiborne Academy Business Office**  
**\*\*\$50 Family Discount\*\***

\*Accounts must be current through March 1<sup>st</sup> for acceptance of application and registration fees\*  
\*\*Completion of all enrollment forms and payment of registration fees are required for discount\*\*

# ***Claiborne Academy***



## ***New Student Enrollment Forms***

**Student Information**

Grade Applying for: \_\_\_\_\_ School Year Applying for: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Preferred: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

**Family Information**

Father: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parents: Married \_\_\_ Not Married but Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Current School Information**

Current School: \_\_\_\_\_ Grade Enrolled: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

**Student Personal Information**

Has applicant ever been suspended or expelled from a school for a disciplinary reason? If yes, please explain.

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Has applicant ever failed or repeated a grade due to an academic or disciplinary reason?

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Does applicant have any physical, social, or emotional condition which may require special intervention?

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Has applicant ever been referred for any type of educational assessment? If yes, please explain.

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Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE ATTACH COPIES OF THE STUDENT'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD, AND UP-TO-DATE IMMUNIZATION RECORD\*\***

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# CLAIBORNE ACADEMY STUDENT INFORMATION SHEET

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Anticipated Grade for the 2023 - 2024 School Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

There are discussions of a school directory. Please initial if you would like your child's demographics listed in the directory. (It will be the above information only) \_\_\_\_\_

Authorized to pick up child: \_\_\_\_\_

**NOT** authorized to pick up child: \_\_\_\_\_  
(Please provide any court documented papers.)

List any health problems we need to be aware of: \_\_\_\_\_

Is your child on any medications? Yes No If so, please specify: \_\_\_\_\_

Does your child have any allergies? Yes No If so, please specify: \_\_\_\_\_

Is your child up-to-date on school required immunizations? Yes No

You have our permission, in the event of an emergency and in case we are unavailable, to authorize a physician, nurse practitioner, or other medical personnel to interview, examine, evaluate including tests, and if necessary, treat my child, \_\_\_\_\_, as they may deem necessary.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby give permission to **Claiborne Academy and any personnel working on the school's behalf** to photograph and/or videotape my student for educational, promotional, or social media purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Let's Get E-Rate Funds for our School!

THIS WILL HELP OUR SCHOOL GET  
\$\$\$ FOR:

Telecommunications  
Internet Access  
Technology  
Maintenance

\*We need everyone to return this survey in order for it to be considered valid. This information will remain **confidential** and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate\*

**Please complete the attached household  
survey**

# E-Rate Household Survey

2023 - 2024 School Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Circle your household size below, then answer the following questions:**

Household Size (Circle one)	Est. Annual Income (As reported to the IRS)	Monthly Income	If paid twice per month	If paid every two weeks	Weekly Income
<b>1</b>	\$ 26,793.00	\$ 2,248.00	\$ 1,124.00	\$ 1,038.00	\$ 519.00
<b>2</b>	\$ 36,482.00	\$ 3,041.00	\$ 1,521.00	\$ 1,404.00	\$ 702.00
<b>3</b>	\$ 45,991.00	\$ 3,833.00	\$ 1,917.00	\$ 1,769.00	\$ 885.00
<b>4</b>	\$ 55,500.00	\$ 4,625.00	\$ 2,313.00	\$ 2,135.00	\$ 1,068.00
<b>5</b>	\$ 65,009.00	\$ 5,418.00	\$ 2,709.00	\$ 2,501.00	\$ 1,251.00
<b>6</b>	\$ 74,518.00	\$ 6,210.00	\$ 3,105.00	\$ 2,867.00	\$ 1,434.00
<b>7</b>	\$ 84,027.00	\$ 7,003.00	\$ 3,502.00	\$ 3,232.00	\$ 1,616.00
<b>8</b>	\$ 93,536.00	\$ 7,795.00	\$ 3,898.00	\$ 3,598.00	\$ 1,799.00
<b>Each add'l family member add:</b>	\$ 9,509.00	\$ 793.00	\$ 397.00	\$ 366.00	\$ 183.00

- Is your income equal to or less than any of the amounts listed next to the number you circled? **YES** \_\_\_ **NO** \_\_\_
- Are your children eligible for free or reduced lunches, breakfasts, snacks, or milk at their school(s)? **YES** \_\_\_ **NO** \_\_\_
- Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) - food stamps? **YES** \_\_\_ **NO** \_\_\_
- Does your family qualify for medical assistance under Medicaid? **YES** \_\_\_ **NO** \_\_\_
- Is your family receiving Supplementary Security Income (SSI)? **YES** \_\_\_ **NO** \_\_\_
- Does your family receive housing assistance (section 8)? **YES** \_\_\_ **NO** \_\_\_
- Does your family receive home energy assistance (LIHEAP)? **YES** \_\_\_ **NO** \_\_\_

**Please list all students in your household that attend school.**

Name	Grade	School Name

**Certification: I certify that the above information is, to the best of my knowledge, true and complete.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CLAIBORNE ACADEMY BOOSTER CLUB

The Claiborne Academy Booster Club will host three major events for the 2023-2024 school year. Funds raised through these activities are used to support the fiscal operations of our school. The CA Booster Club is responsible for raising and providing a minimum of \$100,000 to the school in order to meet all budgetary needs. These fundraisers also allow the school to keep tuition and fees affordable for our families. In addition, the CA Booster Club supports two family workdays during the summer. These workdays are instrumental in not only keeping our campus looking its best but again in keeping tuition rates manageable by not having to outsource all needed maintenance.

**Each family is required to participate in one of the three major events and in one workday.** We do offer a “pass” for those who choose NOT to participate in any of the listed activities at a fee of \$250.00 for **each** “pass” requested.

Participation in any other school events, such as the Halloween Carnival, classroom parties, or concession stand duties, are separate from the CA Booster Club and are managed by room mothers.

**\*\*Please choose one workday and one event from the options below.**

**Workdays:**

July 15, 2023 \_\_\_\_\_ August 5, 2023 \_\_\_\_\_

\*\*I choose NOT to participate and understand a fee of \$250.00 will be assessed \_\_\_\_\_

**Fundraising Events:**

Annual Auction (November date TBA) \_\_\_\_\_

Money Raffle (March date TBA) \_\_\_\_\_

\*\*I choose NOT to participate and understand a fee of \$250.00 will be assessed \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of student(s) and grade(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I am interested in being on a Booster Club Committee:** \_\_\_\_\_

**2023 – 2024 CLAIBORNE ACADEMY BUS RIDER INFORMATION FORM**

Bus Routes: Homer/Athens or Haynesville/Shongaloo/Sarepta (circle one)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Bus Stop for Homer/Athens Route – First Baptist Church in Homer and Industrial Generators in Athens*

*Bus Stop for Haynesville/Shongaloo/Sarepta – First Baptist Church in Haynesville, Indian Run in Shongaloo and Old Sarepta Baptist Church in Sarepta*

Morning Stop: \_\_\_\_\_

Afternoon Stop: \_\_\_\_\_

Father: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Claiborne Academy**  
**2023 – 2024 Tuition and Fee Schedule**

Pre-K3 and Pre-K4 Registration Fee: **\$170.00**

Kindergarten – 12<sup>th</sup> Grade Registration Fees:

**\$170.00 - Registration**

**\$150.00 - Textbooks**

**\$80.00 - Technology/Testing**

**\$400.00**

**Early Bird Registration Discount in the amount of \$50.00 per family during the week of  
 March 13 – 17, 2023**

**Registration and Required Fees are Non-Refundable**

**We are now accepting post dated checks for the 1<sup>st</sup> of the month (strongly encouraged),  
 credit card payments and Venmo (fees may apply for credit card and Venmo transactions)**

**Pre-K3 and Pre-K4 Tuition (amounts are rounded to nearest dollar)**

	Annual	10 Months	12 Months
1 <sup>st</sup> Child	\$3,342.00	\$334.00	\$278.00
2 <sup>nd</sup> Child	\$2,567.00	\$257.00	\$214.00
3 <sup>rd</sup> Child	\$1,791.00	\$179.00	\$149.00
4 <sup>th</sup> Child	\$1,791.00	\$179.00	\$149.00

**Kindergarten – 12<sup>th</sup> Grade Tuition (amounts are rounded to nearest dollar)**

	Annual	10 Months	12 Months
1 <sup>st</sup> Child	\$4,792.00	\$479.00	\$399.00
2 <sup>nd</sup> Child	\$3,656.00	\$366.00	\$305.00
3 <sup>rd</sup> Child	\$2,517.00	\$252.00	\$210.00
4 <sup>th</sup> Child	\$2,517.00	\$252.00	\$210.00

\*Tuition rates are per child with the oldest child at the 1<sup>st</sup> child rate and each child thereafter is discounted

**Tuition Payment Options**

Options	Payment Dates	Discount
Yearly	Full Payment due July 1	\$200.00
Biannual	Two Equal Payments due July 1 and Jan 2	\$100.00
10 Months	10 Monthly Payments August - May	0
12 Months	12 Monthly Payments August – July	0

**Yearly Bus Fee (Bus fees can be added to the tuition payment plan)**

1 Child	\$700.00
2 Children	\$1,100.00
Family	\$1,200.00

\*CA has 2 bus routes available – Homer/Athens and Haynesville/Sarepta/Shongaloo\*

**Meal Cards (Annual meal cards only can be added to the tuition payment plan)**

Type	Amount	Number of Meals
Annual	\$750.00	167 (\$4.50 per meal)
Semester	\$450.00	84 (\$5.36 per meal)
Monthly	\$120.00	20 (\$6.00 per meal)
Daily	\$6.00	

Claiborne Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, disability, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.