



Effective June 1, 2026 2026-2027 Fee Schedule

All fees are nonrefundable

Application Fee	\$125.00	New Students Only
Registration Fee	\$125.00	All Students
Curriculum Fee	\$475.00	All Students
Late Registration	\$100.00	April 1st or later
Optional Fee	\$1,200	Per Family

*Foundation Academy Montessori understands that parents make sacrifices to afford the gift of private and Christian education to their students, and we work hard to find innovative ways to keep costs down. To encourage family involvement and keep costs of tuition and fees down for the upcoming school year, all families will be required to contribute 20 hours of time or talent in a school year. If you choose not to participate in Time or Talent, you will be assessed a \$1,200 surcharge to close the gap between educational costs and tuition. **The surcharge is listed as optional fee and is only for families who choose not to contribute time or talent.***

Tuition Payment Schedule

Tuition for the **2026-2027 school year is \$6800 per student.** We understand that each family's financial situation is unique, so we offer flexible payment options to best meet your needs. A **5% discount** will be applied to any account **paid in full by June 1st 2026.** Families who prefer to make **monthly payments** may do so through an **11-month installment plan**, with payments beginning **June 1st 2026** and concluding **May 1st, 2027.** Please note that **January is excluded** from monthly payments to allow for **re-enrollment.**

Students	Tuition	Discount	Total Monthly
1	\$6,800	\$0	\$ 618.18
2	\$13,600	3%	\$1,199.27
3	\$20,400	3%	\$1,798.91

Please keep this page for your records and complete/return the Financial Office Form with your packet.



Tuition Election & Agreement New Students

This form will be used to properly invoice your family, please return to school no later than May 15th or email this completed form as a pdf to brandi@famoaks.com. Any changes in email, election preferences, or questions should be directed to Brandi Anseman, Financial Principal and brandi@famoaks.com or 225-963-6131.

Please list the first and last name of each child attending FAM for the 2026-2027 academic year. Please put an (*) if this child will be a new student.

Child's name	Grade
1. 2. 3. 4.	

Please choose ONE of the following:

- I agree to provide 20 hours of time or talent to FAM during the 2025-2026 school year.
- I choose to pay the fee of \$1,200 in lieu of time and talent, invoiced and paid by Sept 1st.

Please elect your tuition payment preferences:

- One payment of \$6,460 in full due on June 1st.
- Eleven monthly installments. (see tuition fee schedule)

Please neatly print the email address you would like invoices sent.

Parent Name	Email address	Phone Number

Financial Acknowledgment & Agreement

Please initial next to each statement that you are aware of FAM's financial policy and agree to the terms.

Financial Policy	Initial
1. Registration Fees and Curriculum fees will be sent via invoice on June 1st to the email address provided. Fees are nonrefundable.	
2. Late fees of 5% will apply after June 15th .	
3. All tuition monthly payments are due on the 1st of each month beginning June 1, 2026 and concluding May 1, 2027. Past due accounts are subject to a 5% late fee.	
4. Anyone not able to make a tuition payment on time must contact brandi@famoaks.com before the tuition due date to make arrangements.	
5. I have read the full financial policy on the school's website in the handbook at www.famoaks.com and agree to the terms outlined.	

Full signature of guarantor

Date

Email of guarantor

Phone number



FoundationAcademyMontessori Ministries, Inc.

18891 Harrell Averett Lane
Livingston, Louisiana 70754
FAM@Famoaks.com
225.328.0170

Please attach these documents with this completed application:

- **Transcripts, Report Grades, Progress Reports, etc. from the student's last school(s)**
- **Copy of the Birth Certificate**
- **Copy of the Social Security Card**
- **Copy of the Medical Insurance Card (front and back)**

**Regards,
School Administrator
Fam@famoaks.com**



Foundation Academy Montessori Ministries, Inc.

18891 Harrell Averett Lane
Livingston, Louisiana 70754
FAM@Famoaks.com
225.328.0170

Student Application

Academic Year: _____

Date: _____

Student Information

Name: _____
(Last) (First) (Middle) (Suffix)

DOB: _____ Age: _____ Social Security: _____

Primary Telephone: (____) _____ - _____ M / F Ethnicity: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Information

Mother/Guardian: Address(ifdifferentfrom student):	Father/Guardian: Address(ifdifferentfrom student):
Cell Phone #:	Cell Phone #:
Email:	Email:
Employer:	Employer:
Occupation:	Occupation:
Work Phone:	Work Phone:
Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____	

Foundation Academy Montessori Ministries, Inc. does not discriminate against employees, students, or applicants based on race, color, sex, or national origin in the administration of policies and/or procedures.

Emergency Contact Information

The contacts listed below are authorized to pick up my child in the event I am unable to.

Name	Relationship	Home Phone	Cell Phone

Medical Information

Primary Care Physician: _____

Address: _____

Phone: () - _____

Insurance Provider: _____

Policy #: _____ Hospital Preferred: _____

Allergies: _____

Medications taken on a regular basis (if any): _____

Is your child up to date on his/her immunizations? Yes No

We will not be administering medication at school. The ONLY exception to this will be for students that require emergency medications such as an EpiPen®. A parent/guardian can come to the school **to give medication** to their **own** student (the parent/guardian must administer the medication prior to leaving the school). The parent/guardian must complete the Medication form provided by the school.

I understand that Foundation Academy Montessori nor Kelli Brock is liable for any accidents sustained at 18891 Harrell Averett Lane, Livingston, LA or during any school related functions.

I give Kelli Brock and/or staff permission to transport my child to the nearest medical facility in the event of an emergency.

Medical Alert Commitment

Dear Parents/Guardians:

We are in a season filled with intense health concerns. Clear communication is essential. Foundation Academy Montessori Ministries, Inc. uses various communication platforms to reach a vast audience. These platforms include (but are not limited to) Social Media (i.e., Foundation Academy Montessori Ministries, Inc. website), direct text messaging to mobile devices and email.

Communication is a two-way path. Foundation Academy Montessori Ministries, Inc. commits to inform parents/guardians, students, and the local community if critical or emergency situations arise. As a partner with Foundation Academy Montessori, parents/guardians commit to inform Foundation Academy Montessori Ministries, Inc.'s principal immediately if there exists the possibility their family and/or student has been exposed to a contagious environment or person. This enables Foundation Academy Montessori Ministries, Inc. to notify other parents/guardians. This communication enables Foundation Academy Montessori Ministries, Inc. to alter events, procedures, or operations in a timely manner (free from panic and chaos).

As situations occur or change, Foundation Academy Montessori Ministries, Inc. will take the necessary steps to inform parents/guardians. We are committed to providing a campus environment that promotes and implements a healthy atmosphere. This commitment is made to the campus staff, parents/guardians, and students. Emergency health plans and school operation procedures, in the case of an outbreak or elevated situation, ensure a healthy response to such events. These plans and procedures will include (but are not limited to) distant learning, expanded seating arrangements, adjusted hours of operation, and/or adjusted schoolwork projects. In the event extreme measures are necessary, a quarantine may be implemented.

At the foundation of this partnered commitment, Foundation Academy Montessori Ministries, Inc. provides a Health Alert Commitment. This form requires signatures from Foundation Academy Montessori Ministries, Inc. personnel, parents/guardians, and students. This commitment ensures the entire Foundation Academy Montessori Ministries, Inc. community is performing due diligence in practicing healthy precautionary measures necessary to limit the spread of contagious viruses and diseases.

As a partner with Foundation Academy Montessori Ministries, Inc., we commit to inform Foundation Academy Montessori Ministries, Inc. **immediately** if there exists the possibility our family and/or student has been exposed to a contagious environment or person.

Our commitment enables Foundation Academy Montessori Ministries, Inc. to notify other parents/guardians. This communication enables Foundation Academy Montessori Ministries, Inc. to alter events, procedures, or operations in a timely manner (free from panic and chaos).

Student

Parent(s)/Guardian(s)

Foundation Academy Montessori Ministries, Inc. Administrator or Principal

Previous Education

School: _____

Address: _____

Phone: () - Years Attended: _____

School: _____

Address: _____

Phone: () - Years Attended: _____

School: _____

Address: _____

Phone: () - Years Attended: _____

Has your child had any form of testing or counseling that may require special attention and/or limit school activities? _____

Has your child ever been diagnosed or in a 504/IEP program? _____

Has your child been suspended/expelled at his/her previous school? Please explain. _____

Has your child ever been diagnosed with ADD, ADHD or any other learning disability? _____

Do they currently take medication for ADD or ADHD or any other behavioral medication? _____

I approve Foundation Academy Montessori Ministries, Inc. to treat my child with the following topical ointments, if needed:

Antibiotic ointment

Anti-itch ointment

Sunscreen

Transportation Release

I authorize Kelli Brock and/or staff to transport my child for school related activities including, but not limited to, daily school delivery to and from Foundation Academy Montessori Ministries, Inc. (18891 Harrell Averett Lane, Livingston, LA), field trips, and any reason deemed necessary by Kelli Brock. I understand my child will never be left unattended and will be secured by seat belts as in accordance with the law.

I give permission

I do not give permission

Photographic Release

I authorize Foundation Academy Montessori Ministries, Inc. to use and reproduce all audio, video, and photographs which Foundation Academy Montessori Ministries, Inc. takes of my child or any family members produced for school literature or website purposes, without further compensation. All originals and proofs shall constitute as Foundation Academy Montessori Ministries, Inc. property.

I give permission

I do not give permission

Video Release

During instruction, Foundation Academy Montessori Ministries, Inc. will use videos and/or images to add value to a subject's content. These supporting resources have been reviewed and found to be an important tool to aid the adolescent in his/her comprehension and application of presented subjects.

This media will be in various forms (i.e., YouTube®, videos made in-class, Amazon Prime®). This list is not all inclusive. If/When Foundation Academy Montessori Ministries, Inc. believes a topic requires a parent/guardian pre-review, a link and further information will be emailed to the Foundation Academy Montessori Ministries, Inc. email group.

I give permission I do not give permission

Student Questionnaire

1. Describe your child (circle all that apply)

Neat	Studious	Curious	Builder	Helpful	Peaceful	Contemplative
Calm	Gentle	Passive	Artistic	Dreamer	Cheerful	Loves nature
Quiet	Timid	Logical	Organized	Tireless	Reserved	Individualist
Daring	Content	Refined	Attentive	Inquisitive	Social	Headstrong
Lively	Diligent	Sensitive	Responsible	Confident	Enthusiastic	Free spirited
Active	Reflective	Talkative	Methodical	Patient	Intuitive	Amusing

2. What are your child's greatest strengths, both cognitive and social?

3. Please describe any behavior, social and/or cognitive needs of your child that Foundation Academy Montessori Ministries, Inc. should be aware of.

4. Please circle the word that describes your child's:

Attitude towards school?	Poor	Average	Good	Excellent
Social interaction with others?	Poor	Average	Good	Excellent
Respect towards authority?	Poor	Average	Good	Excellent
Response to discipline?	Poor	Average	Good	Excellent

5. What are your expectations of Foundation Academy Montessori Ministries, Inc. for your child?

I affirm the information on this form is true to the best of my knowledge.

Parent/Guardian Signature

Date