

2024 – 2025
Scholastic year

Enrollment Application Packet

NHHSA

BRINGING EDUCATION TO LIFE! SM
10737 Gateway Blvd. W., Suite 220
El Paso, Texas 79935
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www.nhhsa.com



Est. 1995



New Horizons Home School & Academy

10737 Gateway Blvd. W., Suite 220 • El Paso, Texas 79935 • Tel. 915-856-7243 • Fax 915-856-9634

Authorization to Release/Request for Student Records

Date: _____

Previous School Attended: _____

School Address: _____

City, State, Zip: _____

Student Name: _____ Grade: _____

Student DOB: _____

The above-named student enrolled at New Horizons Home School Academy. Please forward Official Transcripts, grades in progress, disciplinary records, immunization and attendance records, and any other confidential records you may have on the above-named student to the address given above. Parental signature below authorizes the release of these records.

I (we) the undersigned parent(s) or legal guardian(s) do hereby authorize and consent to the transfer of all permanent student records and all information of an educational, psychological, medical or other pertaining to my child to New Horizons School Academy

Signature of parent/guardian

Date

First Request:

Second Request:

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Applicant Information

Student Name:

Date of birth:

SSN:

Current Grade Level:

Current address:

City:

State:

ZIP Code:

Name of Existing School:

Parent Information (Mother)

Mother's Name:

Address (if different from student):

City:

State:

ZIP Code:

Home Telephone:

Cell #:

Work #:

Employer:

Email Address:

Parent Information (Father)

Father's Name:

Address (if different from student):

City:

State:

ZIP Code:

Home Telephone:

Cell #:

Work #:

Employer:

Email Address:

Student Medical Information

Primary Care Physician:

Address (including City, State, ZIP):

Telephone Number:

Does student currently take medications? Y N

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List Current Medications (add additional paper if necessary):

Does student have a history of depression? Y N

Does student have a medical condition that we should be aware of for well-being and/or safety reasons? Y N

If yes, please describe:

Has student been diagnosed with any mental disorders? Y N

If yes, please describe:

Student Academic History

Is student Gifted & Talented? Y N

Is student academically advanced? Y N

Does student have any academic disabilities? Y N

If yes, please explain:

Does student have any social disabilities that may impede academic progress? Y N

If yes, please give brief explanation:

Disciplinary Disclosures

Does student have any discipline or behavior problems? Y N

If yes, please describe briefly:

Has student ever been suspended or expelled? Y N

If yes, please give year & brief explanation:

Has student ever been diagnosed with ODD? Y N

If yes, please give year & brief explanation:

Emergency Contact Information

Name

Address

Phone

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Authorization To Pick Up

Name/Relationship	Name/Relationship
Name/Relationship	Name/Relationship
Name/Relationship	Name/Relationship
Name/Relationship	Name/Relationship
Name/Relationship	Name/Relationship

Signatures

I affirm that the information I have herein provided is true and correct. I understand that any failure on my part to disclose student's discipline and/or behavior problems may be cause for student's immediate on-site classroom participation.

Signature of parent:	Date:
Signature of parent (optional):	Date:

NHSA Tuition Policy

Tuition Costs

New Horizons Home School Academy (NHSA) tuition fees are as follows:

- \$530.00 per month for on-campus study/first student
- \$370.00 per month for off-campus study/first student
- \$250.00 per month/sibling tuition

Registration fees are charged yearly and are \$100.00 for each student being enrolled.

Financial assistance is available for those who qualify.

Methods of Payment

For your convenience, NHSA accepts cash, personal or business checks, Money Orders, ACH Drafts (our preferred method of payment), Apple Pay, and most major credit and debit cards. Payments may be made in person during our normal working hours, by automatic withdrawal, by dropping the payment through the payment slot on our door, by phone or online. For ACH Drafts, you may request in writing that your bank account be drafted automatically each month for ease of payment. NHSA has a form you may complete for this purpose, and it is available upon request.

Late Fees & Penalties

Tuition is due and payable by the 1st of each month. There is an initial \$40.00 late fee per student when tuition is not paid by the 3rd of the month, plus an additional \$10.00 per day thereafter until tuition is paid in full. Furthermore, NHSA reserves the right to suspend or dismiss a student at its discretion unless acceptable tuition arrangements are made. Personal or business checks will not be accepted for tuition payments made after the 3rd of the month. A student is dropped from NHSA enrollment when tuition remains unpaid after our NOTICE OF INTENT TO DROP is issued. You will receive written notification of this dismissal by either digital means or regular mail.

Returned Check Charges

There is a \$45.00 returned check charge for any check or ACH (considered by NHHSA to be e-checks) payments made and dishonored by your bank. Additionally, tuition late fees and penalties will apply as per above. NHHSA reserves the right to require payment in the form of Cash or Money Order from any parent(s) and/or family who has one or more incidents of dishonored checks or ACH Drafts on file.

Refund Policy

Registration fees and Tuition fees ARE NOT REFUNDABLE.

30 Day Notice for Student Withdrawal

NHHSA requires a full and written 30-day notice of your intent to withdraw your student from our school. In the absence of this notice, NHHSA has the incontrovertible right to expect that tuition will be paid until such time that notice is given. Your signature below authorizes NHHSA to draft your checking account or credit or debit card for the final month's tuition payment should the student named in this Tuition Policy be dropped by you without this notice. Furthermore, in the event that this final tuition payment does not clear your financial institution, NHHSA will place a financial hold on the student's academic records until such time when all tuition arrears and late fees have been paid in full.

Tuition Pro-Rates

Tuition fees are never pro-rated based on holidays, absent days, vacation days, or any other reason. There are no tuition pro-rates.

Expiration & Renewal

Although the scholastic year is ten (10) months in length, NHHSA may, at its sole discretion, require your child to continue in summer studies at your expense should he/she fail to complete his or her grade level within the allotted time or should his/her absences or tardies (for on-campus students) exceed ten (10) in any one given semester.

We provide a 10% discount to any family who wishes to pay tuition in advance for a semester (a five-month period) of study and a 15% discount to any family who wishes to pay tuition in advance for an entire-scholastic year (defined as a ten-month period).

Should you have any questions regarding this policy, or if any portion herein is unclear to you, please feel free to ask prior to signing this agreement. Your signature below acknowledges that you understand the terms of this policy, agree to abide by these terms, and have received a copy of this policy.

NHHS A reserves the right to amend this policy at any time without prior notice to you.

This Tuition Policy, and your signature below, will remain in effect for the entire time your child is enrolled with NHHS A (New Horizons Home School Academy) and includes subsequent year enrollments when and where they occur.

Your signature below affirms that you have read and understood this Tuition Policy in its entirety, are agreeing to and will abide by its provisions, and have received a copy of it for your records.

Signatures:

Parent

Date

Printed Name

NHHS A Representative

Date



Homeschooling Parent Attestation

NHHSa is a homeschooling service provider. You, the parent, have the right to homeschool your child either directly and independently or with the help of services such as NHHSa provides. NHHSa is a strong proponent of the benefits of homeschooling, especially as it pertains to a student-centered approach to education, customized curriculum that adheres to state laws and is curated to your child's specific needs, and a self-paced method of study. Rather than an administration or governing body making decisions as to what is best for your child, NHHSa recognizes you, the parent, as an integral and indispensable part of your child's academic success.

As a homeschooling parent, we ask that you attest to an understanding of the following. Please initial each:

_____ That you have selected NHHSa as the homeschooling service provider for your student(s).

_____ That you understand that, whether you have selected the NHHSa on-campus study model, our unique hybrid method of homeschooling, or our remote learning program of study, you are nonetheless a homeschooling parent who has selected the study program you feel best suits the needs of your child(ren).

_____ That you understand that NHHSa upholds certain Core Values, Guidelines, Standards, Admission Policies, Code of Conduct, and Dress Code, that are published and made available to you and titled *Introducing You To NHHSa Learning*, *The Student Handbook*, or through our website address www.nhhsa.com, and that NHHSa has provided you with clear statements through one or all of these means of our services and our costs.

_____ That you understand that your child's education is a collaborative effort and, as with any other school, your participation is not only encouraged but also required by NHHSa. Please do not ignore our communications by text, email, or telephone calls. This alone could be a cause for NHHSa to drop your student from enrollment.

Your signature below attests to your understanding of this form and to your receipt of the publication *Introducing You to NHSA Learning. The Student Handbook* will be found in your student's binder or uploaded work (when your student is a remote learner).

Parent/Guardian Signature

Date

Printed Name

NHSA Representative