



For New Student Only
**New Life Christian Academy
& Preparatory School**
“Purpose, Promise and Possibilities”

We are thrilled that you have chosen New Life Academy. Your child's education and spiritual development is of the upmost importance to us! Please complete the information below and return it to the main office. We are looking forward to an incredible year!

APPLICATION FOR ADMISSION

The application packet includes the following information

- A completed application packet
- An official copy of the student's transcript (high school)
- Current report card
- A Pastor recommendation letter
- Copy of Birth Certificate
- Copy of Social Security Card

*Student cannot be admitted until the application packet is complete.

New Life Christian Academy

1420 Hoke Loop Road
Fayetteville, NC 28314
Phone: 910-868-9640
Fax: 910-868-3300

Website: newlifechristianacademy.org
Email: newlifeca@yahoo.com

New Life Christian Academy & Preparatory School

STUDENT REGISTRATION FORM

DATE: _____

Personal Information

NAME:

First: _____ Middle: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Social Security Number _____ Birthplace _____

Last grade completed _____ Grade Entering _____ Last School Attended: _____

School Address _____

School Phone Number (____) _____ Church Attending: _____

Medical Information

Family Physician: _____ Phone Number: _____

Does the Student have any physical defects or allergies? _____

Explain: _____

Has student received immunizations? _____

Parent Information

MOTHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

FATHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

EMERGENCY CONTACTS (other than parents)

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

New Life Christian Academy & Preparatory School

APPLICATION

STUDENT INFORMATION:

Student's Full Name _____
(Last) (First) (Middle)
Date of Birth: _____ Age: _____ Gender: _____ Birthplace: _____
Grade Level: _____ Last School Attended: _____

PARENT INFORMATION

Parent or Guardian: _____
Address: _____ City _____ State _____ Zip _____
Mailing Address: (if different): _____
Mother Phone: Home # _____ Cell # _____ Work # _____
Father Phone: Home # _____ Cell # _____ Work # _____
Parent Email Address: _____

Does student have any physical or emotional disabilities: Yes/No -- If so, describe:

Has the student been diagnosed with a learning disability or attention deficit: Yes/No -- If so, describe:

Has your student ever been suspended from school? Yes/No -- if so, describe:

How were you referred to New Life Christian Academy? _____

Will Before/Afterschool care be required? Yes/No

List other children in the family, oldest to youngest:

Name: _____ Date of Birth: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Grade: _____ School: _____

EMERGENCY CONTACT

In case of illness or emergency, I want the following people contacted in this order:

1. Name: _____ Relation _____ Contact # _____

2. Name: _____ Relation _____ Contact # _____

3. Name: _____ Relation _____ Contact # _____

My Child's Doctor is: _____ Contact: _____

Any medical conditions/allergies, if any: _____

CHURCH INFORMATION:

Church Attending _____ Pastor _____
Address: _____ Phone: _____

ACKNOWLEDGEMENT:

My signature indicates the following:

- The information provided is accurate and correct
- I am aware that there is no refund of the application fee
- I have received the New Life Christian Academy Handbook for Students & Parents and agree to support the school policies and procedures.
- My child has permission to participate in all school activities, photo opportunities, athletics and school related field trips.
- I am aware that if my child is accepted as a student to New Life Christian Academy he/she will receive instruction based on Biblical principles.
- New Life Christian Academy does not discriminate against any child based on race, religion, ethnicity, or color.

Signature of Parent or Guardian _____ Date: _____

“A Place of Purpose, Promise and Possibilities”

New Life Christian Academy & Preparatory School

STUDENT INFORMATION VERIFICATION FORM

STUDENT

Pupil No. _____

SSN _____

Legal Last Name _____

Legal First Name. _____

Preferred First Name. _____

Middle Name _____

Third Initial. _____ Gender _____

Birthdate _____ Age _____

Ethnicity/Race. _____

Home Phone No. _____ Unl? (Y/N) _____

ADMISSION INFORMATION (FOR OFFICE USE ONLY)

Reason _____

Date. _____ Grade _____

Status. _____

IMMIGRATION/MISCELLANEOUS

Country of Birth _____

Citizen of _____

Language _____

PROPERTY ADDRESS

Street # & Name _____

City. _____

APT# _____

State _____ Zip Code _____

MAILING ADDRESS Same as property address ____ Y/N

PREVIOUS SCHOOL/DISTRICT

Previous School District _____

Previous School _____

Address _____

Immigration Status _____

Entry Date _____ Expiration Date _____

PARENT/GUARDIAN INFORMATION

Custody _____ Living with _____ Court access _____

1. Relationship _____ 2. _____

Last Name _____

First Name _____

Living with Student _____ Y/N _____ Y/N

Same as Student Addr? _____ Y/N _____ Y/N

Address _____

Correspondence Language _____

Speaks English. _____ Y/N _____ Y/N

Willing to Volunteer _____ Y/N _____ Y/N

DOD Civilian _____ Y/N _____ Y/N

Place of Employment _____

PARENT/GUARDIAN INFORMATION

Available at Work _____ Y/N

Home Phone No. _____ UNL? _____ Y/N

Cell Phone No. _____

FAX #. _____

E-Mail Address _____

Additional Information _____

EMERGENCY CONTACTS

1. Last Name _____

2. _____

First Name _____

Relationship _____

Address

Home Phone No. _____ UNL? _____ Y/N

E-Mail Address _____

Workplace _____

Work Phone _____

Cell Phone _____

Can pick up student _____ Y/N

_____ Y/N

MEDICAL

Doctor's Name _____ Phone _____ Dentist _____ Phone _____

Preferred Hospital _____

Allergies _____

Life Threatening? _____ Y/N Other _____

Health Factors _____

SIBLINGS

Name _____

Relationship _____

Age _____

Grade _____

Gender _____ M/F _____ M/F _____ MF

TRANSPORTATION

BUS# _____

MEMO:

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No__ Yes__ If yes, what? _____

2. Is child currently under a doctor's care? No__ Yes__ If yes, for what reason? _____

3. Is the child on any continuous medication? No__ Yes__ If yes, what? _____

4. Any previous hospitalizations or operations? No__ Yes__ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No__ Yes__ ; diabetes No__ Yes__ ; convulsions No__ Yes__ ; heart trouble No__ Yes__ ; asthma No__ Yes__ .
If others, what/when? _____

6. Does the child have any physical disabilities: No__ Yes__ If yes, please describe:
Any mental disabilities? No__ Yes__ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Ext _____

Neurological System _____ Skin _____

Results of Tuberculin Test, if given:

Type _____ date _____ Normal__ Abnormal__ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No__ Yes__ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

New Life Christian Academy & Preparatory School

TRAVEL AND ACTIVITY AUTHORIZATION

- ☐ Blanket permission for this activity
- ☐ Special 1-time permission only
- ☐ Blanket permission for all given activities

I, _____ parent/guardian of _____

give my permission to NEW LIFE CHRISTIAN ACADEMY for my child to participate in the following activities:

Trips in the van/automobile (facility or parent-owned)
VARIOUS ACTIVITIES THROUGHOUT THE SCHOOL YEAR

Field trips away from the facility
SAME AS ABOVE

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____

In addition, if the facility has planned activities outside the fenced area of the facility,

- ☐ I will allow my child to play outside the fenced area; or
- ☐ I will not allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____

File in child's folder

New Life Christian Academy & Preparatory School

1420 Hooke Loop Rd. Fayetteville, NC 28314

910.868.9640 Fax: 910.868.3300

OFFICIAL REQUEST FOR STUDENT RECORDS

Please send records to: **New Life Christian Academy & Preparatory School**
1420 Hooke Loop Rd. Fayetteville, NC 28314

Phone: 910-868-9640 Fax: 910-868-3300

Date: _____

Name of Student: _____

Student's Date of Birth: _____ Grade: _____

Last School Attended: _____

Address of School: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the above school to release the following records as indicated:

- Academic Records/ Complete Transcript
- Immunization Record, Birth Certificate, Social Security Card
- Standardized Test Score
- Attendance Profiles/Discipline Record
- Grades at the withdrawal including: 504 plans, current IEP, current Re-Evaluation and initial Placement Reports. Please send a copy of the psychological report.

Reason for release: ENROLLMENT

Signature of Parent/Guardian

Date

Signature of Receiving Principal or Counselor

Date

New Life Christian Academy & Preparatory School

SPECIAL NEEDS SERVICES

We are pleased to welcome you to the New Life Family! Thank you for providing this confidential information. It will help us make the best possible classroom placement for your child at New Life Academy

Name of Student: _____ Grade: _____

Last School Attended: _____ Phone # _____

Address of School: _____

Has your child participated in any of the following services? Check all that apply.

- ☐ Academically Gifted
- ☐ Resource Program of Learning disabilities
Active IEP required
- ☐ Self-Contained Special Education Class
Active IEP Required
- ☐ Special Reading Services
- ☐ Speech Therapy
- ☐ English as a Second Language
- ☐ Counseling Program

Dates of Service:

Has your child been receiving any other services? _____

Has your child ever been tested by a school psychologist? _____

Are there any special custody regulations regarding your child? _____
(If you answered yes please provide a copy of your custody agreement)

Are there any special medical problems? _____

Is your child currently taking any medications? _____

Is there any other essential information the school should know? _____

Parent Signature _____ Date _____

New Life Christian Academy & Preparatory School

CONFIDENTIAL SCHOOL HEALTH FORM

Student's Name: _____ School: _____
 Homeroom Teacher: _____ Grade: _____ Date of Birth: _____
 Parent/Guardian's Name: _____ Home Number: _____
 Cellular Number: _____ Work Number: _____ Other Number: _____
 Parent/Guardian's Name: _____ Home Number: _____
 Cellular Number: _____ Work Number: _____ Other Number: _____
 Student's Home Address: _____ City: _____ NC ZIP: _____

Parent/Guardian: In order to best meet your child's needs please provide the following physician diagnosed health information. Place a check in the appropriate block below.

My Child Has:

- | | |
|--|--|
| <input type="checkbox"/> No known health concerns
<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Allergies (Severe) List: _____
<input type="checkbox"/> Asthma
<input type="checkbox"/> Autistic Disorders (ASD) including Asperger's Syndrome, PDD
<input type="checkbox"/> Blood Disorders not listed elsewhere: Chronic Anemia, Thalassemia
<input type="checkbox"/> Cancer, including Leukemia
<input type="checkbox"/> Cardiac Condition
<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Chromosomal Conditions (Genetic): including Down Syndrome, Fragile X, Trisomy 18
<input type="checkbox"/> Chronic Encopresis
<input type="checkbox"/> Chronic infectious diseases: including: Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Syphilis, Tuberculosis, etc.
<input type="checkbox"/> Concussion
<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Diabetes Type I
<input type="checkbox"/> Diabetes Type II
<input type="checkbox"/> Eating Disorder: Anorexia or Bulimia
<input type="checkbox"/> Emotional/Behavior and/or Psychiatric Disorder other than ADD/ADHD
<input type="checkbox"/> Other Neuromuscular
Mobility: ___ Ambulatory or ___ Non-Ambulatory | <input type="checkbox"/> Endocrine/Metabolic Conditions: Not otherwise listed
<input type="checkbox"/> Fetal Alcohol Syndrome
<input type="checkbox"/> Gastrointestinal Disorder: Crohn's, Celiac disease, IBS, gluten intolerant, etc.
<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Hydrocephalus
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Hypo/Hyperthyroidism
<input type="checkbox"/> Integumentary (skin)
<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Obesity (> 95% BMI)
<input type="checkbox"/> Orthopedic Disability (Permanent)
<input type="checkbox"/> Renal/Adrenal/Kidney conditions including Addison's
<input type="checkbox"/> Rheumatological conditions including Lupus, JRA, etc.
<input type="checkbox"/> Seizure Disorder/Epilepsy
<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Sickle Cell Trait (only)
<input type="checkbox"/> Spina Bifida (myelomeningocele)
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Visually Impaired (uncorrectable)
<input type="checkbox"/> Other Neurological Condition: _____ |
|--|--|

Short description of your child's health problem and how the health problem may affect your child's school work:

If child receives special education services, list area of exceptionality: _____

Does your child have a 504 Plan? ☐ Yes ☐ No

Has your child experienced a head injury of any kind (e.g., concussion) in the past year? ☐ Yes ☐ No

ALLERGIES

- Has your child received medical attention requiring an injection following a bee sting, ingestion of food, medication, or exposure to latex (i.e., gloves)? ☐ Yes ☐ No Date of last allergic reaction: _____
- Was your child prescribed any allergy kit? ☐ Yes ☐ No If yes, name of medication: _____
- Does your child require emergency medication at school? ☐ Yes ☐ No

CURRENT MEDICATIONS: Please list all medications your child is currently taking.	DOSE/AMOUNT TAKEN	WILL MEDICATION BE NEEDED AT SCHOOL?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If your child needs medication during school hours:

1. Pick up a CCS Physician's School Medication Form at the school office. This form is to be completed by both the child's physician and the parent/guardian.
2. Prescription medications may be administered at school and must be in a pharmacy-labeled prescription bottle that matches the CCS Physician's School Medication Form.
3. A CCS Over-the-Counter Medication Form must accompany all over-the-counter medications and may not exceed (5) five school days.
4. Parent/Guardian **must** transport all medications to the school office and sign them in with the medication clerk.
Do not send medications with your child.
5. Medications that need to be kept with the child must have a CCS Emergency Self-Medication Authorization Form completed by a physician. **The student's parent/guardian shall provide the school backup emergency medication that shall be kept at the student's school in the event of an asthma or anaphylaxis emergency.**

In case of emergency, parent/guardian will be called first. If the school is unable to reach parent/guardian he/she should call:

1st Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

2nd Emergency Contact: _____ Home Number: _____

Cellular Number: _____ Work Number: _____ Other Number: _____

Primary Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

Specialist Physician: _____ Office Number: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

If unable to reach a parent/guardian or an emergency contact person in case of accident or serious illness, I authorize the sharing of information pertinent to my child's current condition between school nurse/staff and physician. I authorize the school to call the physician or make whatever arrangements deemed necessary.

Parent/Guardian Signature: _____ **Date:** _____

STUDENT RACE AND ETHNICITY COLLECTION FORM

Directions: Please complete Sections 1, 2, and 3.

Section 1:

Student's Name _____ Student # _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____

Section 2:

Student's Ethnicity: You must select one (1) from the following choices (circle one only):

a. Hispanic/Latino

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."

Or

b. Not Hispanic/Latino

Section 3:

Student's Race: You must **select one (1) or more** races from the following five racial groups. (Circle all that apply):

a. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

b. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

c. Black or African American. A person having origins in any of the Black racial groups of Africa.

d. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.

e. White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

New Life Christian Academy & Preparatory School
INCLEMENT WEATHER INFORMATION

CHILDS NAME: _____

If School is dismissed early due to inclement weather, I would like for my child to

_____ Be picked up as usual (same persons who normally pick-up)

_____ Be picked up by: _____ Phone# _____

My child is aware of the procedures to follow if school is dismissed early

Parent/ Guardian signature: _____

Daytime Phone#: _____



New Life Christian Academy & Preparatory School

PHOTOGRAPHIC/VIDEOTAPING PARENTAL PERMISSION

New Life Christian academy uses photographs, slides, videos, or illustrations of students for many purposes. Some examples include, but are not limited to, newsletters, annual reports, brochures, presentations, videos, news stories produced by the school onto our website and other news media, or in other similar forms of communication.

This form allows you as a parent or guardian to choose whether or not your child may be in a video, photograph, or other illustration uses by New Life or other media sources.

Check one:

- ☐ I **give permission** to New life Christian Academy and preparatory school or other news media to make photographs, slides, videos, or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.
- ☐ I **do not** give permission for my child to be included in presentations by New Life Christian Academy and Preparatory School or other news media.

Parent/Guardian Signature _____ Date: _____

Student's Name _____ Students School NLCA

Student's Grade: _____ Teacher: _____

New Life Christian Academy & Preparatory School

PASTOR RECOMMENDATION

This form is to be completed by the pastor of the applicant and returned to the New Life Christian Academy main office.

Name of Applicant: _____ **Grade:** _____

The parents of the above student have requested New Life Christian Academy to consider their son/daughter for admission. Your assistance is essential in evaluating the applicant. We appreciate your assistance in helping us become better acquainted with this student by providing current information.

1. Has the child and/or parents of the child made a public profession of faith in Jesus Christ?
2. Are the child and/or parents active in your church? Do they attend Sunday worship times, Wednesday activities and other church function with regularity?
3. Does the child and/or parents display the attitudes you would expect of a Christian?

RECOMMENDATION

We would appreciate a forthright statement addressing your recommendation or any concerns regarding this applicant's admission to New Life Christian Academy.

Pastors Name _____ Recommending Church: _____

Church Address: _____ Phone: _____

Denomination: _____

Pastor's Signature: _____ **Date:** _____

This recommendation is for use of the New Life Christian Academy Admissions Office and will only be viewed by the NLCA Administration.



Purpose, Promise and Possibilities

New Life Christian Academy & Preparatory School

CONTRACT FOR STUDENT ENROLLMENT



CONTRACT

By signing below, I/we understand and agree to the terms and conditions set forth in this agreement with "New Life Christian Academy" or "school," for enrollment of the below named child(ren), hereinafter referred to as "student," of which I/we am (are) the parent(s) or legal guardian(s).

Terms Defined:

"Parent" – or legal guardian; and that person or persons who claims the child or student(s) as a dependent(s) on their most recent income tax return; and who (one or both) is the school stockholder or account holder of record.

"Family" – one or more students who share a common parent; and who appear as a dependent(s) on the most recent income tax return(s) of said parent; and who are regularly domiciled at the same location.

Registration Conditions and Fees: **Parent(s) initials here: _____**

(All fees are on an annual basis unless otherwise stated)

- ☐ Registration is required each year to assure placement of the student(s) for the next school year, subject to maximum enrollment levels which may vary by class.
- ☐ Registration is not permitted for any student on any account that is delinquent. Such registration will be allowed upon receipt of payment in full for the remainder of the current school year, and subject to other restrictions as provided herein.
- ☐ Registration is not complete until all registration fees are received and this enrollment contract is signed by all parties.
- ☐ Registration must be completed according to the schedule provided by the school office, but no later than 5th .
- ☐ Registration fee payments that are returned due to "non-sufficient funds (NSF)" or otherwise not received by the school shall result in immediate cancellation of the registration(s) associated with such non-payment.
- ☐ Registration Fee is \$50.00 per student, subject to a maximum of \$150.00 in total registration fees per family.

Other Fees: various fees pertaining to certain grades, extracurricular activities, field trip fees, sports participation assessments by the school athletic department, student vehicle parking fee, specific fees pertaining to graduating seniors, and lunchroom or meal plan fees, if applicable, will be assessed during the course of the school year, which may or may not originate directly through the school business office, but unpaid amounts will accrue to the parent's account.

Annual Tuition Fees: **Parent(s) initials here: _____ **

Shown below by respective grade, all tuition fees for the year are due and payable at the start of each school year under one of the following plans, except as otherwise provided herein. Place a check mark to indicate your choice of plans.

_____ 1. The 1st Payment is due No later than the first day of school. And the remaining payment due no later than the 5th of the month starting in September. The total amount in ten (10) equal monthly payments due no later than the first day of each succeeding month such that the final installment is received in full no later than June 2, 2023. Under this plan, the school reserves the right: (a.) to require the submission of a credit application by the parent(s) for approval by the school, and (b.) to specify that the method of payment be a pre-authorized transaction by use of automatic monthly credit or debit card transaction(s).

_____ 2. Payment of the total annual tuition, due and received by the school no later than August 5th made as a single lump sum payment of the amount due less five percent (5%). If the single lump sum payment is not received by the school (or is returned due to "NSF" or is otherwise not collectible) by May 31, 2023, then it shall be deemed that this option has been waived by the parent, who thereby agrees: (a.) to the monthly plan described above, in which case the monthly payments are due retroactive to July 1st and monthly late fees will be assessed as provided herein, or (b.) to forfeit the five percent (5%) discount and be subject to late fees as provided herein.

Any credit or debit card transactions will incur a \$2.00 fee.

New Life Christian Academy Tuition

Application Fee \$50.00
Grade Monthly Tuition ~Annual Tuition
Three-year-old program \$539.00~ \$6,468.00
PreK-4 program \$539.00~ \$6,468.00
Kindergarten thru 8th grades \$672.00~ \$6,700.00
9th thru 12th grades \$672.00~ \$6,700.00

Student(s) to be enrolled: Completed student data sheet for each student below must also be attached to this contract.

---- Please print legibly ----

Full Name: _____	Soc. Sec. #: _____	Grade Entering: _____	Annual Tuition \$: _____
Full Name: _____	Soc. Sec. #: _____	Grade Entering: _____	Annual Tuition: \$ _____
Full Name: _____	Soc. Sec. #: _____	Grade Entering: _____	Annual Tuition: \$ _____
Full Name: _____	Soc. Sec. #: _____	Grade Entering: _____	Annual Tuition: \$ _____

(Attach an additional page, if necessary)

TOTAL Annual Tuition: \$ _____

Conditions: **Parent(s) initials here: _____ **

- ☐ Tuition fees and payments as described above are irrespective of the student(s) attendance record, school holidays, and planned or unplanned school closings regardless of cause.
- ☐ Tuition payments that are 30 or more days delinquent will be cause for:
 - (a.) the school to give written notice to the parent(s) that if the status of their account is not made current within 10 days of receipt of said notice, the student(s) will be removed from enrollment and not allowed to attend school until the delinquent account is current, and at the school's sole discretion, immediate payment of all remaining amounts due under this contract are received, and
 - (b.) modifying the terms of the next year's enrollment contract with the parent to require all fees, including the total annual tuition, be paid in full at the time of registration for the upcoming year.
- ☐ THE OBLIGATION TO PAY TUITION AND FEES UNDER THIS CONTRACT ARE NOT REDUCED OR ABSOLVED BY THE WITHDRAWAL OF THE STUDENT FROM ENROLLMENT FOR ANY REASON OR CAUSE, NOR BY REMOVAL OF THE STUDENT BY THE SCHOOL DUE TO DISCIPLINARY REASONS OR FOR NON-PAYMENT OF TUITION. ANY RELEASE OR MODIFICATION OF THIS CONTRACT WILL BE: (a.) IN ACCORDANCE WITH EXISTING NEW LIFE CHRISTIAN ACADEMY BOARD OF DIRECTORS POLICY, AND (b.) AT THE BOARD'S SOLE DISCRETION.

Non-payments and late payments: **Parent(s) initials here: _____**

- ☐ For any account that is 30 or more days delinquent, the school, at its sole discretion, shall declare all remaining amounts due under this contract immediately due and payable.
- ☐ For acceptance of any payment toward the balance of any delinquent account, the school will require such payment be made by cashier's check, money order, or cash.
- ☐ Any account that is 90 or more days delinquent may be turned over to the school's attorney for collection.
- ☐ For any account that becomes delinquent, the parent(s) agrees to bear any and all costs of collection, including, but not limited to, reasonable attorney's fees and court costs, over and above all other sums then due.
- ☐ A late fee of \$25.00 will be assessed on a monthly basis to each account that is tenth (10) or more days delinquent.
- ☐ A \$35.00 fee will be assessed for each payment (check, draft, or other transaction) that is returned due to "non-sufficient funds (NSF)" or is otherwise not collectible.
- ☐ Delinquent tuition payment(s) may subject accounts to additional stipulations as provided herein.
- ☐ The school reserves the right to refuse payment on behalf of any account if made by party(s) other than the parent(s) responsible for the account.
- ☐ Graduating seniors will not be allowed to participate in graduation ceremonies if their parent's account is not in good standing by May , 2023.

Other Conditions: **Parent(s) initials here: _____**

The undersigned parent(s):

- ☐ Promise that they and the student(s) will comply with the rules and regulations as outlined in the current Parent /Student Handbook and as it may be modified from time to time and further agree that these rules and regulations are hereby incorporated by reference into this contract as though enumerated herein. The Parent/Student Handbook is available from the school office or may be downloaded from the school website at: www.falseriveracademy.org
- ☐ Hereby grants express consent to the school, or any agent acting in its behalf, to secure and provide any emergency medical attention that may be necessary at the discretion of the school for the above named student(s) when there is insufficient time to contact the parent or when the undersigned cannot be contacted immediately by phone, and further agrees to accept complete financial responsibility for any and all medical expenses incurred on behalf of the student(s).
- ☐ Promise to immediately inform the school of any change in their: (a.) telephone and/or cell phone numbers, or other means of emergency contact, (b.) mailing address, physical address, and email address, etc., and (c.) child custody responsibilities or other arrangements that make it unclear which parent is responsible for the account.
- ☐ Hereby grants to the school permission and release, for media and promotional purposes, use of photographs and other images of the above listed student(s), whether intentional or incidental, in ordinary promotional materials, videos, internet website content, school publications, newspapers, etc.
- ☐ Agrees to accept and promptly respond to any mail received from the school on which they appear as addressee.
- ☐ Understands and agrees that no student will receive grades or have transcripts released unless their account is paid in full.

1. TERMS AND CONDITIONS: Please read and initial each section.

- _____ (a) If any tuition payment is not paid by the 5th of the month in which it is due, a \$25.00 late fee will be charged.
- _____ (b) If any tuition or fee owed remains unpaid by the 10th day of the month, then NLCA will notify PARENTS or GUARDIANS that said student(s) will be withdrawn unless all tuition and late fees due and owing are paid by the last day of the month.
- _____ (c) A \$35.00 service fee will be charged for any check returned by a bank for insufficient funds or for any other reason.
- _____ (d) Any additional expenses such as resource fees, activities, hot lunches, extended care or other charges not included in the fees quoted must be paid for separately by PARENTS or GUARDIANS.
- _____ (e) All tuition payments, fees, late fees and any other amounts to be paid by PARENTS or GUARDIANS to NLCA must be turned into the school office, or mailed directly to the school address.
- _____ (f) Failure to pay any portion of remaining balance of tuition, curriculum/party, late fees, extended care or lunch fees in full will result in necessary efforts of collection from the responsible party. All documents, financial statements, student records and evaluations are to be retained until balance is paid in full and contract is fulfilled. If any legal action is necessary to enforce the terms of this Contract, the prevailing party shall be entitled to reasonable attorney fees, court costs, and interest, in addition to any other relief to which such party may be entitled.
- _____ (g) NLCA believes that a positive and constructive working relationship between NLCA and PARENTS or GUARDIANS is essential to the accomplishment of NLCA's educational mission. Accordingly, NLCA reserves the right to terminate this contract without written notice, if NLCA determines in its sole discretion that the actions of PARENTS or GUARDIANS OR STUDENTS make such a positive and constructive relationship impossible or otherwise seriously interfere with NLCA's accomplishment of its educational purposes.
- _____ (h) PARENTS or GUARDIANS agree to cooperate with the NLCA administration: (1) in seeing that the STUDENT regularly attends classes on time and has transportation from the NLCA premises at the close of each school day; (2) in assisting the STUDENT to learn and advance in the educational process; (3) in solving school-related problems, and (4) in aiding the teachers in providing the STUDENT with a Christian education. Failure to cooperate in these ways may seriously impair the learning process of the student, and may result in expulsion of the student.
- _____ (i) The administrators of NLCA and the teachers serving under them shall have full discretion in the administration of appropriate discipline of the STUDENT. NLCA reserves the right to adopt/amend rules and regulations, from time to time, and the STUDENT enrolled shall comply fully with the rules and regulations in force as stated or amended. PARENTS or GUARDIANS understand that it is required that all PARENTS or GUARDIANS be familiar with the Student Handbook available on the NLCA website (www.newlifechristianacademync.org).
- _____ (j) PARENTS or GUARDIANS agree that PARENTS or GUARDIANS and the STUDENT will abide by the terms, provisions, obligations and requirements of the Student Handbook which is available on the NLCA website and is provided to parents at our parent orientation.
- _____ (k) It is understood that NLCA does not carry school insurance and PARENTS or GUARDIANS are fully responsible for providing insurance for the STUDENT. This includes any and all expenses incurred as a result of an injury, illness or in the need of immediate medical attention.
- _____ (l) Probation: Students newly enrolled at NLCA are considered Probationary for a term of 60 days. If at any time during the probationary period the Administration determines the STUDENT does not meet the behavioral or academic standard of NLCA, as described in the Parent/Student Handbook, the STUDENT may be dismissed immediately. There will be no refund of any monies paid to the date of dismissal.

2. REFUND POLICY: Please read and initial each section.

NLCA has financial and contractual arrangements with faculty, staff, vendors, etc., which are made in the spring before the beginning of the school year. These obligations require that we have a financial commitment for the entire school year from PARENTS or GUARDIANS before the school year begins.

Administration must be notified in writing two weeks in advance of any student who moves or withdraws.

- _____ (m) No fee (Registration Fee, Curriculum, or Party Fee) shall be refunded or transferred.
- _____ (n) No portion of the tuition shall be refunded or transferred for a student who is either dismissed for disciplinary reasons or withdraws.

To be eligible to receive a refund, Administration must be notified in writing two weeks in advance and meet the qualifications below.

- _____ (o) Tuition is neither refundable nor transferable except in the case where the PARENTS or GUARDIANS have pre-paid annual tuition AND the student moves a 50 mile distance from NLCA, preventing a reasonable commute to the school. Proof of new residence must be provided. In this case, NLCA will refund an amount equal to 80% of the remaining tuition, excluding the month in which the student withdraws.
- _____ (p) WITHDRAWAL FEE \$500 per student K-12th grade.
You are enrolling your child for the entire year; therefore budgets and teacher contracts are set accordingly. The early withdrawal of a student will create an opening, which NLCA may not be able to fill with a viable candidate. The withdrawal fee is \$500 which is due at the time of withdrawal. Official transcripts, report cards, and records will not be released or sent to other schools with any outstanding balance including the withdrawal fee.

3. SPECIAL CONDITIONS FOR ACCEPTANCE:

IN AGREEMENT WHEREOF, the parties hereto have signed this Contract on the _____ day of _____, 20____.

PARENTS OR GUARDIANS

NEW LIFE CHRISTIAN ACADEMY

By: _____

Signature

Title: NLCA School Administrator