

**New Heights Christian Academy
1700 West 43rd Street
Houston, Texas 77018-1848**

Prior to acceptance, interested parents and children are required to meet with the Principal or Head Master of New Heights Christian Academy for an interview.

Before enrollment is finalized, the following items must be submitted:

1. Last year's report card and or transcript
2. Immunization record
3. Copy of Birth Certificate (copies can be made upon request)
4. Authorization for emergency medical procedure
5. Financial agreement filled out and signed
6. Application Form
7. Registration Fee
8. Pastor's/Youth Director's/Sunday school worker's recommendation

Name of Student _____

Birth Date _____

Address _____

If transferring from another school name of school and grade level upon leaving.

New Student Application Form 2018-2019

LAST NAME	FIRST NAME	M/F	DOB	SOCIAL SECURITY #	ENTERING GRADE

Father's Name

Mother's Name

Home Address

Home Address

City, State, Zip Code

City, State, Zip Code

Home Telephone Number

Home Telephone Number

Cell Phone Number

Cell Phone Number

Email Address

Email Address

Work Telephone Number

Work Telephone Number

Employer/Occupation

Employer/Occupation

Please list below the name, address and phone number of the party responsible for tuition other than yourself

Name

Home Telephone Number

Address

Work Telephone Number

City, State, Zip Code

Relationship to Student(s)

Scholastic and Medical Information Disclosure Form

2018-2019

ALL INFORMATION IS HELD IN STRICTEST CONFIDENCE.

Student Name _____ Grade _____

Circle One

Has your child ever had academic, social or emotional difficulty? Yes No

Has your child ever been referred for academic, social, or emotional testing? Yes No

Has your child ever had accommodations provided in a classroom? Yes No

Has your child ever received speech therapy? Yes No

Has your child ever been in an academically talented or honors program? Yes No

Has your child ever been in an ESL or bilingual program? Yes No

Has your child ever been retained or placed in a grade? Yes No

Has your child ever skipped a grade? Yes No

Has your child ever been in behavioral suspension? Yes No

Has your child ever been asked to leave or not enroll in a school? Yes No

If you answered yes to any of the above questions, please explain:

Does your child have a medical need, including an allergy?

If yes, please describe _____

Name of medication _____

Dosage given _____ Home or school _____

Has your child been referred and/or tested for any special concerns - academic, attention deficit, learning disability, behavioral issues or other? If yes, please describe _____

Has your child ever been on/or is currently taking medication for educational purposes? This includes attention deficit, hyperactivity, learning disability. If yes, please describe _____

Name of medication _____

Dosage given _____ Home or school _____

Has your child needed medication for emotional health in order to function in a school setting? If yes, please describe _____

Name of medication _____

Dosage given _____ Home or school _____

Do you have concerns/believe your child should be tested for any academic, attention deficit, learning disabilities, behavioral issues or other? If yes, explain _____

*Please provide the school office with copies of all diagnosis and test results, which will be kept in a confidential file.

Parent Signature

Date

**AUTHORIZATION FOR EMERGENCY
MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize a representative of New Heights Christian Academy or Oak Forest Baptist Church to give consent for any and all necessary medical care for my child, while said child is in custody of New Heights Christian Academy.

_____ (Name of Child)

_____ (Date)

_____ (Signature of Parent/Guardian)

Physician. _____

Address. _____

Phone Number _____

EMERGENCYPHONE NUMBERS: Home _____

Father's Work# _____

Mother's Work# _____

Nearest Relative's Phone# _____

New Heights Christian Academy
1700 West 43rd Street
Houston, Texas 77018

IMMUNIZATION RECORD

NAME _____ Date of Birth. _____

Condition of Health _____

Date of last physical exam _____

Physician's Name _____ Phone _____

Physician's Address. _____

***NOTE:** Copy of immunization record may be substituted for the following:

Vaccines:

DPTorTD _____

Measles Vaccine. _____, Illness. _____

Mumps Vaccine. _____ Illness. _____

Rubella Vaccine _____ Illness. _____

Other:

Date: 1st _____ Date 2nd _____ Date 3rd _____

Date Booster _____ Date Booster _____

TB Test- Must be current within last 6 months.

HONOR CODE

(A binding contract between student and NHCA)

In signing the Honor Code, I fully recognize that News Heights Christian Academy was founded to be and is committed to being a Christian ministry and that it offers a life-style of commitment to Jesus Christ as personal Savior and Lord. It is therefore my personal commitment to be a person of integrity in my altitude and respect for what NHCA is in it calling to be a Christian School.

1. I PLEDGE to apply myself wholeheartedly to my academic pursuits and to use my mind for the glory of God.
2. I PLEDGE to cultivate good relationships socially with others and to seek to love others as I love myself. I will not lie, I will not steal, I will not curse, and I will not be a talebearer.
3. I PLEDGE to keep my total being under subjection from all immoral and illegal acts and habits, whether on or off campus. To this end I will not take any illegal drugs; I will not commit illicit sexual acts; I will not drink alcoholic beverages of any kind; I will not use tobacco. I will not pollute my mind with unwholesome music, literature, programming, movies or other forms of questionable entertainment. I will not be associated with, or a part of, gang-related activities. My clothing, on or off campus, will be according to NHCA policy since I represent the school whether I am on or off campus. I will not engage in other behavior that is contrary to the rules and regulations of New Heights Christian Academy including body piercing and tattooing.
4. I PLEDGE to attend class punctually, chapel services reverently, and to attend the church of my choice where God is honored and lifted up on a regular basis.
5. I PLEDGE to abide by the rules and regulations which may from time to time be adopted by the school administration. I understand that NHCA is a private school and I therefore have no vested rights in the governing of the school. I accept my attendance at NHCA as a privilege not a right and that the school reserves the right to require withdrawal of a student at any time if in the judgment of the administration such action is deemed necessary to safeguard the ideals of scholarship or the spiritual and moral atmosphere of it as a Christian school.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire HONOR CODE and completes a contract between me and New Heights Christian Academy which is a prerequisite for graduation and becomes a part of my permanent file.

Student's Signature. _____ Date _____

Parent's Signature. _____ Date _____



NEW HEIGHTS CHRISTIAN ACADEMY

1700 West 43rd Street
Houston, Texas 77018-1848

Tuition Installment Agreement

Phone: 713-861-9101
Fax: 713-426-4525
Email: vgrable@newheightschristianacademy.org

Kindergarten- 10th Grade

The undersigned agrees to pay the enrollment fee of \$500.00 upon enrolling their student at New Heights Christian Academy with the understanding that this fee is non-refundable, **NO EXCEPTIONS.**

If you pay early enrollment and decide not to send your child here, you will have **ONE MONTH ONLY** from the date of payment to let us know your child will not be starting school at New Heights Christian Academy in order to receive a refund upon request. **If you move out of town or out of state before school starts then your enrollment fee will be refunded upon request.**

The undersigned promises to pay **New Heights Christian Academy** the principle sum of \$6000.00 for Kindergarten-10th grade. The installments are as follows:

\$600.00 due by the 1st of August.

Please be aware that all December payments will be due before the Christmas break and all May payments will be due by the last day of school.

We will also accept tuition payments weekly or by-monthly if you would like. Let Mrs. Grable know if you would like to make this sort of arrangements

Please note that non-payment of tuition within 3 days will result in your child not attending classes until payment has been made.

The student will receive zeros for all days missed and no makeup will be allowed. There will be a \$25.00 late charge added.

Payments can be mailed to New Heights Christian Academy at 1700 West 43rd Street, Houston, Texas 77018-1848, made in person at the office with cash, check, debit or credit card (by phone, in person, or automatically when payment is due). For automatic payments you must give Mrs. Grable your card number to keep on file. **THERE IS A \$35.00 FEE FOR ALL RETURNED CHECKS!**

I the undersigned agree to the terms and conditions of this agreement on this _____ day of _____, 20____

Parents Signature:

Automatic Draft Set Up

Option #1

One automatic monthly draft taken out on the ____ of every month. (options are 5th, 15th or 25th)

Option #2

Two automatic monthly drafts taken out on the ____ and ____ of every month.

Option #3

Two Bi-Annual payments taken out on the ____ of August and ____ of December.

Card Information

Card # _____

Expiration Date ____ ____ ____

CVV code _____

Zip Code _____

All card numbers will be stored on file for one school year. Card numbers on file can be used throughout the year for items such as tuition phone payments, lunch card purchases, t-shirt/ jacket purchases or field trip payments. Please note that nothing will be drafted from your card without your prior authorization.

All drafts will be made on the date specified on this agreement unless the date falls on a weekend or holiday. Drafts will be taken out on the next Friday following a weekend or holiday.

All returned drafts are subject to a \$35.00 returned draft fee.

Cardholder Signature

Date

Authorization for Pick Up

I do hereby authorize the following individuals to pick up my child.

Name: _____

Address: _____

TXDL: _____

Make and Model Vehicle: _____

Name: _____

Address: _____

TXDL: _____

Make and Model Vehicle: _____

Name: _____

Address: _____

TXDL: _____

Make and Model Vehicle: _____

Name: _____

Address: _____

TXDL: _____

Make and Model Vehicle: _____

Name: _____

Address: _____

TXDL: _____

Make and Model Vehicle: _____

Parents Signature _____

Date: _____