

2026 – 2027  
Scholastic year

# Enrollment Application Packet



Est. 1995



## Authorization to Release/Request for Student Records

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Date: \_\_\_\_\_

Previous School(s) Attended: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Student DOB: \_\_\_\_\_

The above-named student has enrolled in our NHHSAs Center for Learning. 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 email address: \_\_\_\_\_. 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:**

\_\_\_\_\_

# NHHSA Enrollment Application

## Applicant Information

Student Name:

Date of birth:

SSN:

Current Grade Level:

Current address:

City:

State:

ZIP Code:

Name of Existing School:

Student Email Address (7<sup>th</sup> grade and up):

Student Cell # (7<sup>th</sup> grade and up):

## 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 Health and 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):

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Does student have a history of depression? Y N
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Does student have a medical condition that we should be aware of for well-being and/or safety reasons? Y N
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*If yes, please describe:*

Has student been diagnosed with any mental disorders? Y N
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*If yes, please describe:*

### Student Academic History

Is student Gifted & Talented? Y N	Is student academically advanced? Y N
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Does student have any academic disabilities? Y N
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*If yes, please explain:*

Does student have any social disabilities that may impede academic progress? Y N
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*If yes, please give brief explanation:*

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## 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 and relationship to student:

Address

Phone

## Authorization To Pick Up

Name/Relationship

Name/Relationship

Name/Relationship

Name/Relationship

Name/Relationship

Name/Relationship

Name/Relationship

Name/Relations

Name/Relationship

Name/Relationship

## Signatures

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

Signature of parent:

Date:

# NHSA Tuition Policy

## Tuition Costs

### MONTHLY TUITION COSTS

- \$530.00 per month for on-campus student (primary student)
- \$480.00 per month for on-campus student (primary student)
- \$350.00 per month, sibling tuition
- \$370.00 per month, hybrid or remote learning programs
- \$150.00 per month enrollment fee
- Military family, no enrollment fee

## Methods of Payment

### METHODS OF PAYMENT

For your convenience, NHSA accepts cash, money orders or cashier's checks, 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 (ACH), or you may request a PayLink be sent by text or email.

PayLink requests and payments made by telephone will incur a 2% convenience fee. There are no additional fees for payments made through ACH or in person with a credit or debit card.

If you are paying by ACH, we require you to complete a form authorizing us to automatically debit your account for tuition due monthly. Because of our bank's requirements regarding ACH payment queues, we are unable to make changes to your ACH withdrawal schedule unless you inform us a minimum of 10 days ahead of the scheduled withdrawal. You will incur a \$45.00 fee if your ACH payment is returned by your bank for any reason. You may also incur late fees as outlined below.

## Discounts

### TUITION SAVINGS

You will receive a 15% discount when you pay 10-months in advance and a 10% discount when you pay 5-months in advance. Both offer you a path to significant savings.

## **Tuition Due Date and Late**

### **TUITION DUE DATE AND LATE FEES**

Tuition is due and payable by the 1st of each month.

There is an initial \$40.00 late fee per student for tuition paid after the 3rd of the month, plus an additional \$10.00 per day thereafter until tuition is paid in full. Enrollment in the ACH method of tuition payment allows for withdrawal of tuition up to the 5<sup>th</sup> of the month without penalty unless your payment is returned unpaid by your bank.

In the event of late tuition payments, NHHSA reserves the right to suspend or dismiss a student at its discretion unless acceptable tuition arrangements are made. Personal or business checks are not accepted for tuition payments made after the 3rd of the month.

ACH payments dishonored by your bank for any reason will constitute as late tuition if the return is made after the 3<sup>rd</sup> of the month, and you may incur late fees in addition to the returned ACH fee mentioned above.

A student is dropped from NHHSA enrollment when tuition remains unpaid after our NOTICE OF INTENT TO DROP is issued. You will receive written notification of this dismissal by digital means, and all of your student's records, including transcripts, will be placed on Financial Hold until the amount of tuition and all fees are satisfied.

## **Tuition Prorates and Refund Policy**

### **TUITION PRORATES AND REFUND POLICY**

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

Registration fees and Tuition fees ARE NOT REFUNDABLE.

## DEFINITIONS AND PARAMETERS

**On-Campus** study is applied to students who work in our facilities three (3) or more days per week. You may request an extended leave of absence for your on-campus student but must continue to pay the on-campus tuition cost if you want your student's seat saved for their return.

**Hybrid** students are allowed to study on our campus up to twice (2) per week. These can be any two days of the week, and the two days can differ from week to week. The two days per week are not cumulative. In other words, if your student does not attend on-campus study on a given week, s/he is not allowed, then, to study on campus for four days the following week.

Studying on campus twice per week is optional for students. It is not a requirement.

**Remote Learning Program** of study is strictly remote. There are no on campus privileges. However, Remote Program students receive assistance and unparalleled attention from our team of skilled professionals to help them complete their programs of study.

**An NHHSA Scholastic Year** consists of ten (10) months of study. This may be *any* ten months and may include or exclude summer months. The on-campus school year begins in early August and goes through May. NHHSA considers June and July as a summer semester.

**An NHHSA Semester** consists of five (5) months of study. This may be any five months and may include or exclude summer months.

**Transfers Between Programs of Study** students transferring from one program of study to another, such as from on-campus study to home study or remote learning, or vice versa, will automatically transfer at the current tuition rate at the time of the transfer. This rule does not apply to students who transfer from one NHHSA campus to another if they remain in the same program of study as a part of their transfer.

## 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, if 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.

## **EXPIRATION AND 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.

NHHSA acknowledges that students who do not complete a grade level in an on-campus school year quickly become at risk students who age-out of their grade levels.

Your signature below acknowledges that this Tuition Policy and any amendments or updates will remain in effect for the entire time your child is enrolled with NHHSA (New Horizons Home School Academy) and includes subsequent, consecutive year enrollments.

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

## **ATTESTATION**

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.

### **SIGNED:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
NHHSA Representative

\_\_\_\_\_  
Date



## NHHSAs STUDENT MEDIA RELEASE

New Horizons Home School Academy (NHHSAs) celebrates the achievements and activities of our students through newsletters, publications, promotional materials, and digital media. From time to time, photographs, video recordings, audio recordings, and written work may be used to highlight school programs and student accomplishments.

Please review and complete the authorization below.

### Student Information

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

Parent/Guardian Name: \_\_\_\_\_

Campus: \_\_\_\_\_

### Media Release Authorization

I grant permission to New Horizons Home School Academy (NHHSAs), its staff, representatives, and affiliated campuses to photograph, video record, or otherwise capture the likeness, voice, or work of my child for educational, informational, and promotional purposes.

These materials may be used in, but are not limited to:

- School newsletters and publications
- School website and online learning platforms
- Social media accounts managed by NHHSAs
- Marketing and promotional materials
- School presentations or informational materials
- Press releases or local media coverage of school events

I understand that my child's name may or may not be included with photographs or recordings, that no compensation will be provided for the use of these materials, and that NHHSAs will use

reasonable care to present students respectfully and appropriately.

This authorization remains valid for the duration of my child's enrollment at NHHSA unless I submit a written request to revoke permission.

**Parent / Guardian Choice**

YES, I give permission for my child's image, voice, and/or schoolwork to be used as described above.

NO, I do NOT give permission for my child's image, voice, or work to be used in school media or promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

**For Office Use**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_