

2021 – 2022  
Scholastic year

# Enrollment Application Packet

## **NHHSA**

*BRINGING EDUCATION TO LIFE!* <sup>SM</sup>  
10737 Gateway Blvd. W., Suite 220  
El Paso, Texas 79935  
Tel. 915-856-7243  
Fax 915-856-9634  
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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:**

\_\_\_\_\_

# NHSA Enrollment Application

## Applicant Information

Student Name:

Date of birth:

SSN:

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

# NHSA Enrollment Application

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

# NHHSA Enrollment Application

## 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

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## Tuition Costs

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

- \$480.00 per month for on-campus study/first student
- \$410.00 per month for off-campus study/first student
- \$200.00 per month/sibling tuition

Registration fees are charged yearly and are \$100.00 for all on-campus study, and \$150.00 for all off-campus study.

## Initials \_\_\_\_\_

You have qualified for Financial Assistance and will be paying \$\_\_\_\_\_ per month for the study program you have selected.

## Methods of Payment

For your convenience, NHSA accepts cash, personal or business checks, Money Orders, ACH Drafts, and most major credit and debit card. 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 \$5.00 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 by the 10th of the month. 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 payments made and dishonored by your bank. This charge also applies to ACH Drafts that are returned 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 notice is given. Your signature below authorizes NHHSA to draft your checking account, 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 for 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-site 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 of study and a 15% discount to any family who wishes to pay tuition in advance for an entire-scholastic year.

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 in 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.

NHSA 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 NHSA (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

\_\_\_\_\_

NHSA Representative

\_\_\_\_\_

Date



# Application Recap

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Please read and initial each item below:

\_\_\_\_\_ I understand that failure to disclose any behavioral problems for the child I am enrolling could result in suspension of on-campus privileges for this student.

\_\_\_\_\_ I understand that tuition payments are late after the 3<sup>rd</sup> of each month and are therefore subject to late fees and/or suspension of on-campus privileges. I further understand that NHHSA does not send out tuition payment reminders as a part of protocol and that my child could be dropped from enrollment should tuition remain unpaid.

\_\_\_\_\_ I have read the NHHSA Tuition Policy and understand that I may pay tuition online (not valid if you are receiving NHHSA based Tuition Assistance), in person (at our designated offices or by placing tuition in an envelope and dropping it through our door slot), or through ACH Automatic Withdrawal.

\_\_\_\_\_ I understand that I must give a full 30 Day Notice, in writing, if I will be dropping my child from enrollment with NHHSA. I further understand that failure to do so, whether I drop my child without notice or my child is dropped for failure to pay tuition, will result in a Financial Hold on my child's records until tuition payment for the final month of enrollment is made.