



812 Instrument Dr. ~ Rocky Mount, NC 27803

252-443-6560 ~ [www.newlifeacademyrm.com](http://www.newlifeacademyrm.com)

## 2017-2018 STUDENT APPLICATION

### STUDENT INFORMATION

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

#### NAME:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Last grade completed \_\_\_\_\_ Grade Entering \_\_\_\_\_ Last School Attended: \_\_\_\_\_

### TUITION RATES AND INFORMATION FOR ALL GRADES

Registration Fee -- \$50.00 -- Due when application is submitted PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

- ❖ Applications will not be considered if registration fee is not paid (Non-Refundable)

Book Fees: -- \$275.00 Pre -K through 5<sup>th</sup> Grade Due by **July 1, 2017** PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

\$325.00 Middle School 6<sup>th</sup> Grade -8<sup>th</sup> Grade Due by **July 1, 2017** PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

\$350.00 High School 9<sup>th</sup> Grade 12<sup>th</sup> Grade Due by **July 1, 2017** PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

Tuition: -- \$3,000.00 – per student for all grades

- ❖ One-time payment plan: \$3,000.00 due by August 1<sup>st</sup> of current school year.
- ❖ 10 month payment plan: \$300.00 a month (August – May) – Payments are due on the first of each month. A \$25.00 late fee will be charged if payment is received after the 10<sup>th</sup> of the month.

*\*There are two options when making your tuition payment. You may make a one-time payment of \$3,000.00 or you may elect to sign up for Automated Draft. (see financial agreement attached)*

**MOTHER'S INFORMATION**

NAME:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (if different): \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Member Yes \_\_\_\_ No \_\_\_\_ Church Name: \_\_\_\_\_

**FATHER'S INFORMATION**

NAME:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (if different): \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Member Yes \_\_\_\_ No \_\_\_\_ Church Name: \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents)**

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

**NAME OF INDIVIDUALS ELIGIBLE TO PICK UP YOUR STUDENT**

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact # \_\_\_\_\_

**STUDENT ACADEMIC INFORMATION**

Last School Attended \_\_\_\_\_

Most Recent Teacher \_\_\_\_\_

Student's Academic Strengths \_\_\_\_\_

Student's Academic Challenges \_\_\_\_\_

❖ Has student been recommended for testing, been tested, and/or diagnosed for any of the following conditions? Check all that apply

\_\_\_ Academically Gifted

\_\_\_ Hyperactivity

\_\_\_ Orthopedic Impairment

\_\_\_ Attention Deficit

\_\_\_ Learning Disability

\_\_\_ Speech Impairment

\_\_\_ Emotional Disability

\_\_\_ Mental Retardation

\_\_\_ Visual Impairment

\_\_\_ Hearing Impairment

\_\_\_ Neurological Impairment

\_\_\_ Other

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your student ever received special academic help, such as tutoring? Yes/No -- If so, describe:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire your child to attend New Life Christian Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL / EMERGENCY INFORMATION**

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

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact # \_\_\_\_\_ Alternate # \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact # \_\_\_\_\_ Alternate # \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact # \_\_\_\_\_ Alternate # \_\_\_\_\_

My Child's Doctor is: \_\_\_\_\_  
Contact # \_\_\_\_\_

Please list below any medications your child is required to take:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Yes/No      Medicine \_\_\_\_\_  
   Foods \_\_\_\_\_  
   Other \_\_\_\_\_

- ❖ Please provide a copy of your child's immunization record for our files.
- ❖ All rising sixth graders will need a booster immunization.
- ❖ Please update this form if any information changes throughout the year.

## FINANCIAL COMMITMENT AGREEMENT

- ❖ We agree to pay the tuition according to the following arrangements and to conclude all required payments before the last day of school. All tuition is due on the first of the month.
- ❖ We understand by signing this agreement that we are enrolling our student and commit to pay tuition in full.
- ❖ We understand that in the event any payment has not been received within 45 days after due date, your student will not be permitted to begin a new grading period.
- ❖ We understand there will be a \$30.00 fee accessed to our account for any returned check.
- ❖ We understand that there will be a \$25.00 late fee accessed to our account for any payment paid after the 10<sup>th</sup> of each month.
- ❖ We agree to pay any open balance on our account before requesting that transcripts be released.
- ❖ We understand that any tuition and fees from a previous year must be paid in full before July 1<sup>st</sup> of current year to continue at New Life Christian Academy.
- ❖ We understand that there are only two options available for paying tuition payments. We may choose to pay my tuition in whole by August 1<sup>st</sup> of current school year, or we may choose to sign up for automated draft from our checking account or debit/credit card. (please complete forms attached)
- ❖ We understand that per the Parent-Student Handbook we are required to complete 15 hours of volunteer service at New Life Christian Academy. If hours are not completed before the end of school there will be a monetary penalty of \$375 and/or \$25.00 an hour for any remaining hours not worked.
- ❖ We understand that this document is meant to be legally binding and we have read and agree to the statements above.

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

Signature of Parent or Guardian: \_\_\_\_\_