



812 Instrument Dr. ~ Rocky Mount, NC 27803

252-443-6560 ~ www.newlifeacademyrm.com

2019-2020 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 -- **\$75.00** -- 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 5th Grade Due by **July 1, 2019** PAID: _____ DATE: _____

\$325.00 Middle School 6th Grade -8th Grade Due by **July 1, 2019** PAID: _____ DATE: _____

\$350.00 High School 9th Grade 12th Grade Due by **July 1, 2019** PAID: _____ DATE: _____

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

- ❖ One-time payment plan: \$3,000.00 due by August 1st 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 10th 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 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 assessed to our account for any returned check, as well as, a \$25.00 late fee will be assessed for any payment paid after the 10th of the 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 1st 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 1st of current school year, or we may choose to sign up for automated draft from our checking account, through Smart Care. *(When using Smart Care parents are required to use the Bank ACH/Draft feature. If parents choose to use the Debit/Credit card feature any fees associated with the transaction will be applied to their account.)*
- ❖ 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: _____