



# New Hope Christian School

## 2017-2018 Re-Enrollment Application

**Acceptance for the coming academic year will be considered upon all of the following criteria being met:**

- ◆ Being current and keeping current with school fees.
- ◆ Student is currently attending NHCS.
- ◆ All appropriate signatures and enrollment information are on this form.
- ◆ This form must not be altered in any way.

**IMPORTANT: The Re-Enrollment Fee must accompany this application in order for it to be considered complete.**

**The Parent/Guardian Signature below confirms agreement with each of the following statements:**

1. To cooperate fully with NHCS and to abide by its standards and guidelines.
2. That tuition and fee payments will be made according to the financial schedule. Should tuition payments fall two months in arrears, we understand that our child(ren) may not be able to attend until tuition balance is brought current. Any exceptions to this policy can only be considered after a personal appeal is made to the Financial Aid committee (in person or in writing).
3. We hereby invest authority in the school to discipline (non-corporal) our child(ren), if necessary. We further agree that we will cooperate and discipline our child(ren) in the home, if needed.
4. If a problem situation arises, in no case will we complain to others not directly related to the issue. With Christian love and prayer, and following the principle of Matthew 18:15-16, we will share our concerns with the appropriate staff member(s).
5. To cooperate in keeping doctrinal controversy and denominationalism out of the school at all times, "...endeavoring to preserve the unity of the Spirit."
6. Respect the school's right to dismiss any student who does not:
  - (a) respect and observe NHCS's spiritual and/or behavioral standards
  - (b) cooperate in its educational goals
7. Respect the school's right to dismiss any student whose parent(s), as part of the essential parent-contributing body, is/are not in cooperation with NHCS's spiritual or educational goals.
8. In case of an emergency and we cannot be reached, we give NHCS our permission to call our family doctor and/or to seek other medical help as deemed necessary by the staff.
9. To abide with all that is set forth in the Parent-Student Handbook. We are aware that we have access to the handbook on the NHCS website.

**Required for ALL parents AND for 6th-12th grade students**

- ◆ I am in agreement with the school's spiritual goals that each student will be challenged to place his/her trust in the Lord Jesus Christ and to walk in obedience to Him.  
**Parent** Yes  No       **6th-12th grade Student** Yes  No
- ◆ I will seek to uphold the standards of NHCS both off and on campus.  
**Parent** Yes  No       **6th-12th grade Student** Yes  No
- ◆ I re-affirm my agreement with the signed copy of New Hope's Foundational Statements that the school has on file.  
**Parent** Yes  No       **6th-12th grade Student** Yes  No
- ◆ It is my desire to have my child attend NHCS.  
**Parent** Yes  No
- ◆ It is my desire to attend NHCS.  
**6th-12th grade Student** Yes  No
- ◆ I am regular in church attendance at \_\_\_\_\_  
**Parent** Yes  No
- ◆ I am regular in church attendance at \_\_\_\_\_  
**6th-12th grade Student** Yes  No

<b>Student's Signature (REQUIRED for those in 6th-12th grades)</b>	Date	Print Name
<b>Mother's/Guardian's Signature</b>	Date	Print Name
<b>Father's/Guardian's Signature</b>	Date	Print Name

**PLEASE COMPLETE THE REQUIRED INFORMATION ON THE REVERSE OF THIS FORM**

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Date Received	Check #	Reviewed by	Bookkeeping
Received by	Amount	Other:	Follow Up:

## Student and Parent Information

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade entering this fall \_\_\_\_\_

Student's Email \_\_\_\_\_ Student's Cell \_\_\_\_\_

Student's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Father's/Guardian's** Home Address (if different from student's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Mother's/Guardian's** Home Address (if different from student's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

New Hope Christian School uses *One Call Now* to send out important, priority, or emergency announcements...such as inclement weather closures, delayed starts, campus emergency issues, etc.). At what phone number(s) do you want to receive these calls? (Must designate at least one.)

Home Phone?      Yes    No

Mom's cell phone?    Yes    No

Dad's cell phone?    Yes    No

### **FINANCIAL & FAMILY PARTNERSHIP COMMITMENTS**

I have reviewed the **Tuition Fee Schedule for 2017-2018**. Please set up our billing schedule to pay the annual tuition:

- Full payment to receive 3% discount ~ Due by June 30, 2017
- 10-month payment plan (August through May)
- 12-month payment plan (July through June)
- Yes, I would like NHCS to draft my monthly payments by EFT to receive the 2% monthly discount

Regarding the **Family Partnership Commitment**, I/we understand that...

At the beginning of each quarter, we will be charged a **Family Partnership Fee** (see Fee Sheet)

- ◆ If student/students in family are full-time: \$270/quarter
- ◆ If student/students in family are part-time: \$135/quarter

At the end of each quarter, a **Family Partnership Fee Credit** of \$15 per fulfilled hour (up to an annual maximum of 72 hours) will be made to our account. Our family is encouraged to:

- ◆ Begin during the summer months
- ◆ Average 2 hours/week during the school year
- ◆ Have students 14 years of age or older help fulfill the Family Partnership Commitment

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

Date \_\_\_\_\_