

New Heights School

2012-2013 Application for Admission / Re-Enrollment

Date of Application:		Entering Grade:		PreK #Days/Week:	
Student Information					
Full Name:	First	Middle	Last	Preferred Name:	
Student Street Address:					
City:			State:		Zip:
Home Phone:		Birth Date:		Age:	
State issuing Birth Certificate:		Social Sec. #:		Height:	
				Weight:	
Family Information					
Applicant lives with: (check any that apply)	<input type="checkbox"/> Both Parents		<input type="checkbox"/> Other:		
	<input type="checkbox"/> Father is deceased	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Father has custody	<input type="checkbox"/> Applicant is adopted	
	<input type="checkbox"/> Mother is deceased	<input type="checkbox"/> Parents are divorced	<input type="checkbox"/> Mother has custody		
Siblings: Name(s)			Age(s):		
Pets:					
Family Issues we should be aware of:					
Home Church:		Church Phone:		Pastor/Youth Pastor Names:	
Church Address:		Applicant regularly attends Sunday School: Yes No		Applicant has accepted Jesus Christ as personal Savior: Yes No	
Other information about child's spiritual development:					
Academic Information					
Applicant's previous (pre)school(s) - New Students Only:					
Last school's address:					
City:			State:		Zip:
Phone:		Fax:		School email:	
Has applicant ever been referred for academic evaluation, either remedial or accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.					
Does applicant currently have a learning disability? __ Yes __ No If yes, please describe:					
Any changes to Parent/Applicant contact information from that submitted on Registration form: (e.g. address, phone #s, email addresses, etc.) Please list on separate page.					
Parent/Student Covenant & Consents:					
I have read and understand the requirements stated in the New Heights School Parent/Student Handbook. I am willing to abide by it and help my child do the same. The New Heights School Parent/Student Handbook is available on the School website and is subject to revision at any time. Any revisions made will be communicated to all families currently enrolled and under NHS Handbook governance.					
I hereby grant New Heights School my permission to use my child's image in any media pertaining to the school but not limited to newsletter, website images, bulletins and news articles. <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____					
I hereby grant New Heights School to publish my child's information (name, address, phone, email) in the School Directory, for distribution only to school families. Exceptions: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____					
Parent Signature: _____ Date: _____					

Notice of Nondiscriminatory Policy:

New Heights School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.

Medical Information:		
Does applicant have a physical health problem of which the school should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify (include prescriptions or limitation of normal activity):		
Has applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the circumstances:		
Physician's Name:	Practice Name:	Phone #:
Physician's Complete Address:		
<input type="checkbox"/> My child has NO medical allergies or conditions and is not taking any medication that would preclude them from regular school activities. <input type="checkbox"/> My child has the following medical allergies or conditions or is taking the following medications:		

Medical Release:	
<p>For the 2012-2013 school year, I, _____, parent/guardian of New Heights School student _____, do hereby authorize and request that any adult staff of New Heights School or Church seek immediate medical attention of a physician or hospital or EMS in emergencies requiring such medical attention; and this authorizes said New Heights staff to designate any physician or hospital or EMS to treat in cases of emergencies such as injury by accident or sickness while in their care. I understand that the cost of such treatment is my responsibility. I further verify that health insurance is provided by:</p>	
Insurance Company Name: _____	
Name of Insured: _____	
Policy Number: _____	Group Number: _____
Insurance Company Address/Phone: _____	
Parent Signature _____	Date _____
Parent Name - Printed _____	
Witness Signature _____	Date _____
Witness Name - Printed _____	

Emergency Contact (other than parent/guardian) & Pick Up Information:			
Emergency Contacts	Name: _____		Relationship to Student: _____
	Cell Phone: _____	Home Phone: _____	Work Phone: _____
	Name: _____		Relationship to Student: _____
	Cell Phone: _____	Home Phone: _____	Work Phone: _____
Authorized to Pick Up	The following are authorized to pick up my child:		
	Name: _____		
	Name: _____		
	Name: _____		

To the best of my knowledge, all of the information provided in this Application form is correct:

Parent Signature _____ Date _____

Parent Name – printed _____

Student's Full Name: _____

Grade in 2012-2013: _____

In consideration of the enrollment contract by New Heights School, I, the undersigned, agree to pay the required fees as outlined on the Financial Information sheet and explained fully in the Parent/Student handbook and the Tuition Refund Plan insurance policy.

I choose ONE of the following payment options for tuition:

- Single Tuition Payment (due by July 1, 2012)
- Two Tuition Payments (due by July 1, 2012 and Jan. 5, 2013). SmartTuition and Tuition Refund Insurance paperwork required.
- Monthly Installments. SmartTuition and Tuition Refund Insurance paperwork required.

I understand that my obligation to pay the fees for the full academic year is unconditional. In view of this obligation, I understand that the Tuition Refund Insurance (TRI) plan is being made available to me, and **participation is required unless** the full annual charges are paid by July 1, 2012, in which case the Tuition Refund Insurance plan is elective.

- I will participate in the Tuition Refund Insurance plan. The premium rate is 3.75% of the annual tuition. I authorize New Heights School to process and collect any claim payment to which I am entitled under TRI and credit it to my account.
- I do not wish to participate in the TRI plan. I understand that no refund or cancellation of yearly fees will be made by New Heights school for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

If the student is withdrawn, TRI will pay benefits (subject to the terms of the policy and the amount insured) to the school, which provides substantial assistance in meeting the financial obligation. The responsible financial party is still obligated to pay the remaining tuition not covered by TRI. See the TRI policy for more detailed information.

Any unpaid fees or balances shall be subject to a \$25.00 charge per instance of insufficient funds, and/or for each month any balance is left unpaid.

I understand that in signing this Enrollment Contract for the coming year, I am agreeing to accept the rules and regulations of New Heights School as stated in the Parent/Student Handbook for 2012-2013, and this shall serve as my covenant form for that handbook.

This contract shall be interpreted in accordance with the laws of the state of South Carolina. My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardian financially responsible for student

Date

Printed Name of Parents or Guardian



**The admission/enrollment process will not be complete until ALL enrollment forms are turned in.
All forms are due May 30, 2012**

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate Copy (new students only) <input type="checkbox"/> DHEC Form 1148 – SC Immunization Record, or equivalent <input type="checkbox"/> Good Health Statement signed by Physician <input type="checkbox"/> Registration Document and Fee | <ul style="list-style-type: none"> <input type="checkbox"/> Smart Tuition Enrollment form (for Monthly & 2-pmt plans) <input type="checkbox"/> This "Application for Admission/Re-Enrollment" Packet <input type="checkbox"/> Parental Custody Documentation (if applicable) <input type="checkbox"/> Records Transfer Form (new-to-NHS rising 1st-6th graders)
– download from www.newheightsschool.us |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NewHeightsSchool

Good Health Statement

I, _____, have examined _____
on _____ (date) and found him/her to be in good health
and able to attend school/preschool. There are no health restrictions which
would preclude this child from normal school/preschool activities.

(Physician's Signature/Stamp)

(Date)

Address:

New Heights School • 5501 Broad River Road • Columbia, SC • 29212

803.798.5138 Fax : 803.772.6786

www.newheightsschool.us