

**Heirway Christian Academy  
Re-enrollment Form: 2016 – 2017**

**NAME** \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER & COPY OF CARD (7<sup>TH</sup> – 12<sup>TH</sup> GRADE): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (CITY, STATE, AND ZIP CODE) \_\_\_\_\_

COUNTY: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PREFER TO BE CONTACTED FOR COMMUNICATION PURPOSES BY: E-MAIL, TEXT, OR CELL NUMBER?** \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK : MOTHER \_\_\_\_\_

WORK: FATHER \_\_\_\_\_

CELL: MOTHER \_\_\_\_\_

CELL: FATHER \_\_\_\_\_

If any information concerning Parent Employment, Medical Status, Emergency Contact Numbers, or anything else you feel is pertinent has changed since you completed your Student Application for Admission please call the office to update your file.

**RE-ENROLLMENT FEES: (NON-REFUNDABLE)**

	<b>FEE</b>	<b>IF PAID BY MARCH 23rd</b>
<b>Kindergarten</b>	<b>\$200.00</b>	<b>\$100.00</b>
<b>Elementary</b>	<b>\$325.00 (includes activity fee)</b>	<b>\$175.00 (includes activity fee)</b>
<b>Seventh &amp; Eighth</b>	<b>\$400.00</b>	<b>\$200.00</b>
<b>Ninth-Twelfth</b>	<b>\$500.00</b>	<b>\$250.00</b>

The Application fee is a **non-refundable fee** that covers the cost of a Yearbook and all testing and enrollment documentation (records, etc.) done by the Academy and is to be submitted with each student's application. Also, the \$25.00 activity fee is included in the Elementary fee. No consideration or action on the application (interviews, testing, etc.) will be taken until this fee is paid. This fee is applicable to new enrollments or re-enrollments after a prior withdrawal. A partial refund may be made at the Academy's discretion if the school is unable to accept the applicant.

1. **There will be a \$50.00 fee if a bank draft should be returned due to insufficient funds.**
2. **Changes in assigned draft will result in a \$50.00 fee.**
3. **There will be a \$30.00 fee for returned checks.**

**PLEASE CHECK PAYMENT PLAN:**

\_\_\_\_\_ Pay in Full by June 1st  
 \_\_\_\_\_ Pay in two payments: First semester is due on or before June 1st, Second semester is due on or before November 1st  
 \_\_\_\_\_ Yes, Please draft from the same account \_\_\_\_\_  
 \_\_\_\_\_ \* No, Please draft from a different account \_\_\_\_\_  
 \*If you checked no, please attach a voided check to the Bank Draft Form.

Mark for Kindergarten only: \_\_\_\_\_ Half Day Kindergarten \_\_\_\_\_ Full Day Kindergarten

**FOR OFFICE USE ONLY:**

AMOUNT PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE REC'D \_\_\_\_\_

## STATEMENT OF COOPERATION

Heirway Christian Academy operates as its own entity, not in affiliation with one particular church. We welcome all denominations of Christianity. In making application for my child, I make the following acknowledgement and agreement.

### Please Read Each Statement Before Signing.

1. I have read the Heirway Christian Ministries Tenets of Faith, and I am in harmony with this statement of belief.
2. I have read the informational materials supplied by the Academy. I agree that if my child is subsequently enrolled as a student of this school, I will insist that he/she adhere to the academic standards of the school.
3. I agree to support the administration of the Academy and cooperate with them in the requirements which may be instituted for the good of the school and the students.
4. I invest authority in the school to discipline my child as needed. I understand that this includes paddling when necessary and the right to dismiss the child if he/she does not respect the standard of conduct adopted by the school. Parents will not be notified prior to paddling. A note will be sent home the day of the paddling to parents.
5. I agree to pay the tuition and fees according to the school's current financial policy and to conclude all required payments on or before the last day of school. I understand that in the event of financial hardships I should contact school officials and arrange a means of settlement. I understand that final report card or transfer of records cannot be completed without financial clearance.
6. I understand that assessments will be made to cover damage to school property that may be caused by my child's actions. (This includes breakage of windows, abuse of books, furniture, etc.)
7. I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises (except as specifically listed below), and I agree to relieve the school and any of its employees from any liability in connection with these activities.
8. **I agree to furnish with this application a valid copy of my child's birth certificate and immunization record and to assist in obtaining his/her previous school records.**

I have read the Heirway Christian Academy Statement of Cooperation.

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

Signature of:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_ Relation \_\_\_\_\_

Guardian \_\_\_\_\_ Relation \_\_\_\_\_

# HEIRWAY CHRISTIAN ACADEMY

6758 West Spring Street, Douglasville, GA. 30134  
770-489-4392

## Emergency Medical Form

This form will be on file at the school office. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for \_\_\_\_\_, to participate in all sports and school-Sponsored trips away from the school premises. Students will be accompanied by a staff member and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents, can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their association activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Heirway Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

Name Printed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by: \_\_\_\_\_

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

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy: \_\_\_\_\_

Under the name of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_ Student's home address \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_ Father's pager: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_ Mother's pager: \_\_\_\_\_

In case of an emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_