



# Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208 Waverly Hall, GA 31831-0040

Phone (706) 582-2228 \* Fax (706) 582-2229

[www.whchristian.org](http://www.whchristian.org) email [office@whchristian.org](mailto:office@whchristian.org)

## Enrollment Information and Application 2022-2023

### **APPLICATION: (New Student \$50.00)**

The \$50.00 is required with the application. (**APPLICATION FEE IS NON-REFUNDABLE**)

**TUITION: \$5,250.00** Kindergarten through twelfth grades full day program (8:00 a.m. – 3:00 p.m.)

Military Discount (10%)

Second child discount 10%)

Third child (20%)

**(Monthly payments may be arranged).**

**\$5,900.00** Special needs student (To cover additional services provided.) Any tuition not covered by the scholarship will be the parent's responsibility. Monthly plans are available.

### **SPECIAL NEEDS SCHOLARSHIPS:**

WHCA has been approved to accept students seeking the Special Needs Scholarship (SB10) from the Department of Education. Please be aware that the parent is ultimately responsible for all tuition.

### **MATRICULATION AND TECHNOLOGY FEE:**

The matriculation fee of \$300.00 and a \$50.00 technology fee covers the cost of work texts, a rental fee on hardbound books, a student accident policy (a supplemental policy to your current health insurance), and an associational fee paid on your behalf, and the cost of other instructional and technology related items. Fees are due between June 1<sup>st</sup> and July 1<sup>st</sup> or at the time of acceptance. The fees are due annually. (**FEES ARE NON-REFUNDABLE**)

### **TUITION AND FEES**

Tuition and fees may be paid on a monthly basis (10, 11 or 12 months). The 10-month plan starts on August 1<sup>st</sup>. The 11-month plan starts on July 1<sup>st</sup>. the 12-month plan starts on June 1<sup>st</sup>. Since the school must secure faculty and staff based on student enrollment, any student withdrawing from the school voluntarily or involuntarily will be responsible for at least three month's tuition for the current school year. Exceptions may be granted with board approval in special circumstances such as moving, job loss, sickness, etc. Such request must be made in writing within ten working days after withdrawal. A \$20.00 late fee will be added if not paid by 10<sup>th</sup>. Accounts must be cleared before records will be released to other schools. There is \$250.00 graduation fee. Returned checks will be charged a \$20.00 fee. Delinquent accounts may be turned over to a collection agency and then reported to a credit bureau as being delinquent. Reports cards or student records will not be issued if accounts are past due.

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## Application for Admission

### Must Be Submitted with Completed Application

- \_\_\_\_\_ \$50.00 Application Fee (Non- refundable)
- \_\_\_\_\_ Standardized Testing Results
- \_\_\_\_\_ Report Card and Transcripts
- \_\_\_\_\_ Discipline Records (If any)
- \_\_\_\_\_ IEP (Individual Education Plan) for Special Needs Student
- \_\_\_\_\_ Special Medical Needs Agreement (If required)

### Submit After Acceptance

- \_\_\_\_\_ Social Security Card (Copy)
- \_\_\_\_\_ Birth Certificate (Copy)
- \_\_\_\_\_ Immunization Records (Copy)
- \_\_\_\_\_ Immigration Papers (Foreign Students)

### ACCEPTANCE PROCESS:

Upon receipt of the items above, an interview will be scheduled with the parents and child(ren). Parent and Student Handbooks must be read by parents and child(ren) and the Admission Agreement signed. All students will be tested before formal acceptance. Notification of admission decision will be verbally or in written form.

### APPLICATION DATA: (PLEASE PRINT)

Parent or Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Church attended: \_\_\_\_\_ Member (Y/N) \_\_\_\_\_

Student's Name	Birth Date	Sex	SS#	Grade Entering
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### Indicate payment option you are choosing:

- \_\_\_\_\_ Plan A - All tuition and fees paid in full by August 1<sup>st</sup>.
- \_\_\_\_\_ Plan B - Ten (10) monthly payments, beginning on August 1<sup>st</sup>.
- \_\_\_\_\_ Plan B - Eleven (11) monthly payments, beginning on July 1<sup>st</sup>.
- \_\_\_\_\_ Plan D – Twelve (12) monthly payments beginning June 1<sup>st</sup>. Subject to the same policy as the 10-month plan.

Deposit of \$50.00 (for each child) is required to put student(s) on the waiting list.

*The signature indicates acceptance and understanding of the terms above.*

Date Submitted: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Signed: \_\_\_\_\_  
\_\_\_\_\_  
(Parent or Legal Guardian) Date: \_\_\_\_\_

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## **STUDENT INFORMATION:**

Name \_\_\_\_\_ School presently attending \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Grades Achieved: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has Student Ever Failed A Subject? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_ Has

Student Ever Had Disciplinary Difficulty at School? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Are there any Special Medical Needs? \_\_\_\_\_ If so, please complete and attached the Special Medical Needs Agreement and any medical plan to help evaluate if we can meet those needs.

Does Student Have Any Physical or Mental Impairments or Allergies? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_ Does

Student Take Any Prescription Medications on A Regular Basis? \_\_\_\_\_ If Yes, List \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Has Student Had the Following Immunizations? \_\_\_\_\_ Diphtheria \_\_\_\_\_ Smallpox \_\_\_\_\_ Polio \_\_\_\_\_ Measles

Are there any behavioral issues (diagnosed or undiagnosed)? \_\_\_\_\_

## **FAMILY INFORMATION:** *(Please Print)*

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Carrier \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Carrier \_\_\_\_\_ Email \_\_\_\_\_

Secondary Emergency Telephone and Name \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married, \_\_\_\_\_ Separated, \_\_\_\_\_ Divorced, \_\_\_\_\_ Widow(er)

## **RELIGIOUS INFORMATION:**

Church Attending \_\_\_\_\_ Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Is the father a Christian? \_\_\_\_\_ Is the mother a Christian? \_\_\_\_\_ Has Student

Ever Made a Profession of Faith in Christ? \_\_\_\_\_

**Note: An interview and testing may also be scheduled with each child before making an admission decision.**

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## Parent Agreement and Contract

I have read and understood the standards of conduct as stated in the Parent and Student Handbook of the Waverly Hall Christian Academy and agree that my child will abide by them both at and away from school functions. I agree to fully support the school in its enforcement of the standards of conduct.

Understanding that Waverly Hall Christian Academy ("WHCA") exists for the purpose of providing academic excellence in a manner which glorifies God and is founded on the teachings and example of Jesus Christ, I, individually and as parent/guardian, confirm my desire to have my child so educated and agree to abide by the policies and procedures of WHCA.

WHCA is committed to following the scriptural instructions for resolving disputes. Therefore, any claim, controversy or dispute arising from or relating to the policies and procedures of WHCA contained and set forth in the Parent Student Handbook of WHCA, or the breach thereof, shall be settled by mediation and, if mediation is unsuccessful, by arbitration in accordance with CPR Rules of Procedure for Dispute Resolution (the complete text of which is available at [WMApeace.com](http://WMApeace.com)). The undersigned agree that these methods shall be the sole remedy for any controversy, claim or dispute arising out of or relating to said policies and procedures, and expressly waive his/her right to file a lawsuit in any civil court for such controversy, claim or dispute, except to enforce an arbitration decision. For the purpose of these policies and procedures, the parties agree to be bound by the Federal Arbitration Act (9 USC §§ 1-16). The terms of this paragraph shall continue to govern any dispute that may arise during or relating to my child's enrollment/participation with WHCA, even after such enrollment/participation is terminated for any reason.

If I choose to violate this trust and enter litigation against the school or any of its officers or employees, and if such litigation is resolved in favor of the school, I understand that I will be held responsible for payment of all legal cost.

I agree by signing below that according to the 1990 Op. Attorney Gen. no. 90-29 and (code JR) 160-5-1-.14 titled "Transfer of Student Records", student's records can be withheld until all obligations have been met by the student, parent or legal guardians.

A **\$20.00 late fee** will be added if accounts are not paid by the 10<sup>th</sup>. Students may be asked to withdraw if their account is not current by the end of the month. **Delinquent accounts may be turned over to a collection agency and then reported to a credit bureau as being delinquent.** WHCA operates a daycare that is required to be licensed and regulated by the State of Georgia. However, our academy is not licensed and is not required to be licensed by the State of Georgia and thus is not regulated by the State of Georgia.

Signing this contract indicates that you are in full agreement with the policies stated in the Parent and Student Handbook. You also agree to abide by the terms outlined in this application. Please note that our contracts and handbooks change yearly. By signing this, you acknowledge abiding by these policies and the policies that may change in the future. Copies of new application and handbooks may be obtained from our website.

Occasionally, photos will be taken of the students at WHCA for advertisement, our website, and Facebook. Please inform the school in writing if you do not want you child photos to be used.

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Parent or Guardian Date

**NOTE:** Both father and mothers are required to sign the Parent Agreement form except in cases of a single parent home.

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## STUDENT RECORD RELEASE

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

### To Releasing School Counselor:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax (**Required**)

Dear Counselor:

My child has been withdrawn from your school. Please release their academic, discipline and health records to Waverly **Hall Christian Academy**. Please mail or fax the records. According to Code 160- 5-1-.14 titled "Transfer of Students Records", after receiving a written request, the school system has ten days to send the required information to the requesting school. Records from Georgia public school cannot be withheld for monies owed. Thank you for your help in this matter.

**Mailing Information:** Waverly Hall Christian Academy  
P.O. Box 40  
Waverly Hall, GA 31831

**Faxing Instructions:** Please call 1.706.582.2228

\_\_\_\_\_  
Student's Name (*Last Name First*)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade Withdrawn From

\_\_\_\_\_  
Signature of Requesting Parent/Guardian

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## Transportation Permission

I (we) give the following child permission to be transported on field trips and other school activities in either the school's vehicle or in personal vehicles driven by staff or volunteer drivers.

Student's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

## Medical Release

The undersigned further consents to the administration of first aid and /or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment, as heretofore described, the undersigned agrees to hold harmless and indemnify said academy, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Parent or Guardian: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

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

## Physician's Information

Physician's Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

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

Office Telephone: \_\_\_\_\_ **(Required)**

Remarks: \_\_\_\_\_

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