



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 email office@whchristian.org

Enrollment Information and Application 2024-2025

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.)

Second child discount 10%)

Third child (20%)

Fourth child (30%)

Military Discount (10%)

(Monthly payments may be arranged).

\$6,100.00 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) and (504) Scholarships 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 \$350.00 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 1st and July 1st 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 1st. The 11-month plan starts on July 1st. The 12-month plan starts on June 1st. Since the school has to secure faculty and staff based on student enrollment, any student withdrawing from the school voluntarily or involuntarily will be responsible for at least three months' 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 10th. 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 1st.
- _____ Plan B - Ten (10) monthly payments, beginning on August 1st.
- _____ Plan B - Eleven (11) monthly payments, beginning on July 1st.
- _____ Plan D – Twelve (12) monthly payments beginning June 1st. 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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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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