



# 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 2025-2026

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

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

**TUITION: \$5,500.00** 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).**

**\$6,300.00** 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.

### **GEORGIA PROMISE SCHOLARSHIP:**

WHCA has been approved to accept the Georgia Promise Scholarship. Please check their website to see if you qualify.

<https://mygeorgiapromise.org/>

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

The matriculation fee of \$400.00 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. The technology fee is **\$75.00**. 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 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 10<sup>th</sup>. Accounts must be cleared before records will be released to other schools. There is \$200.00 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 |
|----------------|------------|-----|-----|----------------|
|----------------|------------|-----|-----|----------------|

### 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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## 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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