



WAVERLY HALL CHRISTIAN ACADEMY

8365 GA-208
Waverly Hall, GA 31831

Preparing Tomorrow's Leaders Today

OUR SERVICES

- ✓ Low Teacher to Student Ratio
- ✓ Christian Education
- ✓ Bible Taught Daily
- ✓ Affordable Tuition
- ✓ College Prep. Curriculum
- ✓ Dual Enrollment



GA Special Needs
Scholarship

GA Promise Scholarship

Member of
AACCS and GACS

Accredited by
GAPSAC

CONTACT (706) 582-2228

EMAIL: OFFICE@WHCHRISTIAN.ORG



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 DOCUMENTS FOR WHCA

- Parents will need to provide the following information *at time of enrollment:*
 - _____ Social Security Card
 - _____ Report Card from previous school year
 - _____ Transcript
 - _____ Birth Certificate*
 - _____ Pre-K (birth certificate, passport, or official medical documentation for proof that student is four years of age by September 1 of year of enrollment)
 - _____ Immunization Records on the GA Form (can obtain from Health Department or Physician)**
 - _____ K5 - Eye, Ear and Dental Form (can obtain from Health Department or Physician)**
 - _____ IEP (if applicable)



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Enrollment Information and Application 2026-2027

APPLICATION: (New Student \$50.00)

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

TUITION: \$5,620.00 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 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 \$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.

Waverly Hall Christian Academy does not discriminate based on sex, race, national or ethnic origin in the administration of its educational policies, and other programs.



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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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Supply List 2026 - 2027

K4- 1st

- Bookbag (no wheels)
- 1 pair of headphones (no earbuds)
- 1 - Pencil pouch/box
- 1 - package of crayons
- 1 - tray watercolors
- 2 - boxes Kleenex
- 2- packages of pencils (any count)
- 1- package of colored pencils
- 1 - packages broad tip washable markers
- 1 - three ring binder
- 2 - plastic folders (for homework)
- 2 - packages loose-leaf paper
- 1—pack of watercolor paper
- 1 - bottles foaming hand soap

2nd - 4th

- Bookbag (no wheels)
- Pencil pouch/box
- 1- package of crayons
- 1 - tray watercolors
- 1 - bottle of Elmer's school glue
- 2 - boxes Kleenex
- 2 - packages of #2 pencils
- 1 - package of colored pencils
- 1 - package of washable markers thin tip
- 1 - Three ring binders
- 1- package of cap erasers
- 2 - packages loose-leaf paper
- 1—pack of watercolor paper
- 1 - Student Planner
- 1 - **(Recommended)** Scholastic Elementary Dictionary
https://www.amazon.com/dp/1338230069?ref =cm_sw_r_cp_ud_dp_Q03GW3G88X2YFNZYT8EA_1

5th-6th

- Bookbag (no wheels)
- 2 - packages of pencils
- 2 - packages of colored pencils
- 1 - packages of cap erasers
- 1 - tray watercolors
- 1 - bottle of Elmer's school glue
- 2 - boxes Kleenex
- 1 - package of washable markers thin tip
- 1 - Three ring binders
- 2 - packages loose-leaf paper
- 1 - bottle of hand sanitizer
- 1 - packages construction paper
- 1—pack of watercolor paper
- 1 - Student Planner
- Recommended Miriam-Webster Intermediate Dictionary
https://www.amazon.com/dp/087779698X?ref =cm_sw_r_cp_ud_dp_KER4AWC163JQK8MQB0KR

7th-8th

- Bookbag (no wheels)
- 2 – boxes Kleenex
- 2 – packages of pencils
- 2 – packages of colored pencils
- 1 – packages of cap erasers
- 1 – Three ring binder – (Owens)
- 1 – Three ring binder – (Joiner)
- 2 - extra-large book covers
- 2 – packages loose-leaf paper
- 1 - basic calculator – (If Ti_84 graphing calculator is owned may be used in this grade.)
- 2 – packs graph paper
- 1 - pack Subject Dividers for Binder (Owens)
- 1 – Student Planner
- **Recommended** Merriam-Webster's Dictionary and Thesaurus, Newest Edition, Mass-Market Paperback
https://www.amazon.com/dp/0877792933?ref=cm_sw_r_cp_ud_dp_5JFYEP2JQQHVXP3RXZD6

9th-12th

- Bookbag (no wheels)
- 2 – boxes Kleenex
- 2 – packages of pencils
- 2 – packages of colored pencils
- 1 – packages of cap erasers
- 1 – Three ring binder – (Owens)
- 1 – Three ring binder – (Joiner)
- 1 - Folder that can be placed into 3-ring binder (Owens)
- 3 – extra-large book covers
- 2 – packages loose-leaf paper
- 1 – pack Subject Dividers for Binder (Owens)
- 1 – Ti 83 or Ti-84 graphing calculator (can be purchased new but can also be purchased on eBay much cheaper.)
- 2 – packs graph paper
- 1 – Student Planner
- **Recommended** Merriam-Webster's Dictionary and Thesaurus, Newest Edition, Mass-Market Paperback
https://www.amazon.com/dp/0877792933?ref=cm_sw_r_cp_ud_dp_5JFYEP2JQQHVXP3RXZD6

Spanish I and II

- 1 - Folder that can be placed into 3-ring binder (Owens)



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Electronic Device Use Guidelines

Cell phones are a privilege not a necessity; however, due to recent attacks we understand the concerns of parents to have access to their child or children in the event of an emergency. We also realize cell phones can become a distraction; therefore, cell phone use will be allowed in the event of an emergency and when permitted by those in authority. Students must obtain permission from the teacher to use their cell phones.

Guidelines:

All cell phones must be kept in the student's locker, purse, or book bag. Cellphones are not to be out or turned on at any time during school hours from 8:00 a.m. – 3:00 p.m. Students that stay in before-care or aftercare must get permission from the staff member on duty before using a cell phone. This permission should be granted for emergency needs only or to contact parents for a legitimate need. Parents and students should use the school phone during school hours. Personal Digital Assistants (PDA) and tablets are permitted only if the teacher grants permission in his or her class. **Games may not be played on these devices during school hours**, these devices are for educational use only. The sound feature on these devices must be shut off so that no class is disturbed by electronic or other sounds. No student is permitted to post any pictures from the school on any social network or public forum without permission from the school and all parents of students in the pictures taken. Failure to adhere to these guidelines could result in disciplinary action by the school. There is to be no communication between students on campus through the use of electronic devices during school hours. In the event phones are used without authorization the first offense will be a warning, the second offense will be a demerit, and the third offense will result in turning the phone into the office every morning (the student or parent will be able to retrieve the phone at the end of the school day).

Student Signature _____ Date _____

Parent Signature _____ Date _____



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Internet Photograph Release Form

I hereby grant permission to **WAVERLY HALL CHRISTIAN ACADEMY** to use my photograph(s), or the photograph(s) of my child, on the school's website or in other official school printed publications without further consideration. I further acknowledge the right of **WAVERLY HALL CHRISTIAN ACADEMY** to edit, crop or treat the photograph(s) at its discretion. I understand that should **WAVERLY HALL CHRISTIAN ACADEMY** choose to not use my photograph(s) at this time, that it is not waiving its right to use my photograph(s) at some time in the future.

I understand that should my photograph(s), or the photograph(s) of my child, be used on **WAVERLY HALL CHRISTIAN ACADEMY's** website that it will be available for download. I do hereby agree to indemnify, to release, and to hold **WAVERLY HALL CHRISTIAN ACADEMY** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages that may arise from the dissemination of my photograph(s), whether via the internet or in print, which I now have or which may arise in the future.

WAVERLY HALL CHRISTIAN ACADEMY reserves the right to use photographs without notice.

Print Name: _____

Address: _____

Telephone. _____ Date: _____

Signature: _____ Email: _____

For individuals under the age of eighteen (18), the signature of a parent or legal guardian is required.

I, as parent or legal guardian of (Name of Minor), do hereby grant permission to **WAVERLY HALL CHRISTIAN ACADEMY** to use the photograph of _____
(Name of Minor) as outlined above.

Name of Minor:

- Please identify minor by first name only
- Please do not identify minor by name

• **Signature of Parent or Legal Guardian:** _____ **Date:** _____



Waverly Hall Christian Academy Student Medical Form

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1. Student Information

Student's Name: _____ Birthday: _____ Male ___ Female ___

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor/Clinic: _____ Phone: _____ Dentist/Clinic: _____

The following information is needed to plan an appropriate program for your child, and to handle any emergencies. You may use the back of this form if you have any additional information. It is vital to your child's safety during the school day that if your child has a life-threatening health condition that may require medical services to be performed at school, you immediately notify your school's principal. The necessary forms will be provided, and a time will be arranged for you to meet.

2. Medical History (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma (breathing problems) | <input type="checkbox"/> Bleeding problems |
| <input type="checkbox"/> Vision Issues (glasses/contacts) | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Seizures or convulsions |
| <input type="checkbox"/> Heart Problems. | <input type="checkbox"/> Hearing (hearing aids yes/no) | <input type="checkbox"/> Frequent nosebleeds |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> ADD/ADHD. | <input type="checkbox"/> Urine/bowel problems |

3. Allergies

- Bees Food Plants Drugs Animals Insects Other

Please describe the allergy and your child's reaction: _____

Emergency treatment needed? no yes If yes, what treatment is needed?

Medication _____ Epi Pen no yes Provided to school no yes

Call 911

4. Medication

Is medication taken for any health problem? no yes Describe _____

Taken at Home School _____

Is your child's physical activity limited in any way? no yes (how) _____

Parent Signature _____ Date: _____ Present Grade Level: _____



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I _____ (parent/guardian) give permission to WAVERLY HALL CHRISTIAN ACADEMY to administer the following over-the-counter medications and or their generic equivalent to my child.

_____ (child name) if the administrative personnel deems it necessary. Dosages will be administered according to directions on the packages unless a physician directs otherwise.

Pain and Fever

- Tylenol (Acetaminophen).
- Advil (Ibuprofen)
- Asprin
- Aleve (Naproxen Sodium)
- Midol/Pamprin
- Other _____
- Other _____

Digestive/Allergy

- Imodium AD (loperamide/simethicone).
- Kaopectate
- Pepto-Bismol
- Calamine Lotion
- Benadryl and or Benadryl Spray
- Decongestant (pseudoephedrine)
- Other _____

Other Medication

- First Aid Ointment
- Tums
- Antibiotic Cream
- Cough Drops
- Throat Lozenges
- Aloe Vera Ointment
- Other _____

My child is allergic to the following medications: _____

My child is allergic to the following Foods, Plants, and Pests _____
(insects): _____

My child takes the medications listed below on a regular basis (please include both prescription and non-prescription medicines).

Medicine

Usual Dosage

_____. _____

NO MEDICATION WILL BE DISPENSED WITHOUT PARENT/GUARDIAN SIGNATURE

Signature of parent/guardian _____ Date: _____

Phone Number: (home) _____ (cell) _____ (work) _____



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Medication Authorization Form

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www.whchristian.org email office@whchristian.org **Student**

Information

Student's Name: _____ D.O.B. _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Dose: _____ Time/Frequency: _____

Doctor/Clinic: _____ Phone: _____ Dentist/Clinic: _____

Route: Oral Topical Inhaled Injection. Other Current Grade Level _____

Date to start: _____ Date to stop: _____ Expiration _____

Additional Instructions/Comments: _____

For Prescription Medication

Prescribing Health Care Provider: _____ Phone Number: _____ I

authorize WAVERLY HALL CHRISTIAN ACADEMY to administer medication(s) named above to my child in the manner stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/Guardian printed name _____ Date Signed: _____

Parent/Guardian signature: _____

RETURN OR DISPOSAL OF MEDICATION

Return Date: _____ Parent Signature: _____

Disposal Date: _____ Staff Signature: _____

_____ Witness to Disposal: _____



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Medical Authorization Form

Please complete the information below for each medicine not listed on the **Health and Safety Form**

Child's full name _____

DOB: _____

Name of medication: _____

Purpose of medication: _____

Prescription number, if any: _____

Time medication is to be given: _____

Amount of medication to be given: _____

Dates to be given: _____

Physician _____ Phone # _____ Hospital _____

PARENT'S SIGNATURE DATE _____

FOR SCHOOL USE

	Date	Medication	Time Given	Amount	Adverse Reaction	Administered By
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe: _____

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). 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 10th. 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
Date

Parent or Guardian

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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Waverly Hall Christian Academy

Academic Calendar 2025-2026

AUGUST 2025

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
					1	2	
3	4	5	6	7	8	9	Aug 4 Faculty Returns
							Aug 7 Students Return
10	11	12	13	14	15	16	Aug 13 Chapel
							Aug 22 Hot Lunch
17	18	19	20	21	22	23	Aug 27 Chapel
							Aug 29 Social
24	25	26	27	28	29	30	
31							

SEPTEMBER 2025

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
	1	2	3	4	5	6	Sep 01 Labor Day No School
							Sept 10 Chapel
7	8	9	10	11	12	13	Sept 12 Hot Lunch
							Sept 24 Chapel
14	15	16	17	18	19	20	Sept 26 Social
21	22	23	24	25	26	27	
28	29	30					

OCTOBER 2025

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
			1	2	3	4	Oct 3 Hot Lunch
							Oct 8 Chapel
5	6	7	8	9	10	11	Oct 9-10 Fall Break
							Oct 13 Columbus Day No School
12	13	14	15	16	17	18	Oct 17 Hot Lunch
							Oct 20-24 Spirit Week
19	20	21	22	23	24	25	Oct 22 Chapel
							Oct 24 Fall Cookout 6pm Noon Dismissal
26	27	28	29	30	31		Oct 24 Food Drive Begins
							Oct 24 1st Quarter Ends
							Oct 29 Report Cards

Waverly Hall Christian Academy

Academic Calendar

2025-2026

NOVEMBER 2025

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
						1	Nov 5 Chapel
							Nov 7 Hot Lunch
2	3	4	5	6	7	8	Nov 10 Virtual Day (Online Learning)
							Nov 11 Veterans Day No School
9	10	11	12	13	14	15	Nov 19 Chapel
							Nov 21 Food Drive Ends
16	17	18	19	20	21	22	Nov 21 Thanksgiving Lunch 10:00 am Dismissal Follows
							Nov 24-28 Thanksgiving Break No School
23	24	25	26	27	28	29	
30							

DECEMBER 2025

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
	1	2	3	4	5	6	Dec 3 Chapel
							Dec 6 Christmas Parade Tentative
7	8	9	10	11	12	13	Dec 5 Donuts with Grownups
							Dec 17 Chapel
14	15	16	17	18	19	20	Dec 19 Christmas Party/Movie
							Dec 19 2 nd Quarter Ends
21	22	23	24	25	26	27	Dec 22-02 Christmas Break No School
28	29	30	31				

JANUARY 2026

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
				1	2	3	Jan 01 New Year's Day
							Jan 02 Last Day Christmas Break
4	5	6	7	8	9	10	Jan 5 Students Return
							Jan 7 Report Cards
11	12	13	14	15	16	17	Jan 9 Hot Lunch
							Jan 16 Virtual Day (Online Learning)
18	19	20	21	22	23	24	Jan 19 Martin Luther King Day No School
							Jan 22 100 th Day of School
							Jan 23 Social
25	26	27	28	29	30	31	Jan 28 Chapel

Waverly Hall Christian Academy

Academic Calendar

2025-2026

MAY 2026

SUN	MO	TUE	WE	THU	FRI	SAT	NOTES:
					1	2	
							May 1 Field Day
3	4	5	6	7	8	9	May 6 Chapel
							May 6 Senior Lunch
10	11	12	13	14	15	16	May 8 Awards Day 10:00 a.m. Dismissal Follows
							May 11-15 Finals Week (Grades 8-12)
17	18	19	20	21	22	23	May 14 Graduation Practice 10:00 a.m.
							May 15 Graduation 11:00 a.m.
24	25	26	27	28	29	30	
31							