Waverly Hall Christian Academy
P.O. Box 40, 8365 Hwy 208, Waverly Hall, GA 31831-0040 • Phone (706) 582-2228 • www.whchristian.org

Enrollment Information and Application 2026–2027

Application

New Student Application Fee: $50.00. The fee is required with the application. The application fee is non-refundable.

Tuition

$5,625.00 — Kindergarten through twelfth grade, full-day program (8:00 a.m.–3:00 p.m.).

- Second child discount — 10%
- Third child discount — 20%
- Fourth child discount — 30%
- Military discount — 10%

Monthly payment plans may be arranged.

$6,300.00 — Special needs student (to cover additional services provided). Any tuition not covered by a scholarship is 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 visit mygeorgiapromise.org to see if you qualify.

Matriculation Fee and Technology Fee

The matriculation fee of $400.00 covers the cost of work texts, a rental fee on hardbound books, a student accident policy (a supplemental policy to your current health insurance), 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 and July 1, or at the time of acceptance, and are due annually. Fees are non-refundable.

Tuition and Fees Policy

Tuition and fees may be paid monthly (10, 11, or 12 months). The 10-month plan starts August 1; the 11-month plan starts July 1; the 12-month plan starts June 1. Since the school secures 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, or illness; such requests must be made in writing within 10 working days of withdrawal. A $20.00 late fee will be added if payment is not received by the 10th. Accounts must be cleared before records are released to other schools. There is a $200.00 graduation fee. Returned checks will be charged a $20.00 fee. Delinquent accounts may be turned over to a collection agency and reported to a credit bureau as delinquent. Report cards and student records will not be issued if accounts are past due.

Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208, Waverly Hall, GA 31831-0040 • Phone (706) 582-2228 • www.whchristian.org

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 must be signed. All students will be tested before formal acceptance. Notification of the admission decision will be given 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):** _____

Parent Email: _____

Student(s) Applying

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
- ☐ Plan B — ten (10) monthly payments, beginning August 1
- ☐ Plan C — eleven (11) monthly payments, beginning July 1
- ☐ Plan D — twelve (12) monthly payments, beginning June 1 (subject to the same policy as the 10-month plan)

A 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:** _____

Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208, Waverly Hall, GA 31831-0040 • Phone (706) 582-2228 • www.whchristian.org

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 attach the Special Medical Needs Agreement and any medical plan to help us evaluate whether we can meet those needs.

Special medical needs: _____

Physical or mental impairments or allergies? _____

Does student take prescription medication regularly? If yes, list: _____

Student's Physician: _____ **Phone:** _____

Has student had the following immunizations:

☐ Diphtheria ☐ Smallpox ☐ Polio ☐ Measles

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 an admission decision is made.

Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208, Waverly Hall, GA 31831-0040 • Phone (706) 582-2228 • www.whchristian.org

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 Student Records," after receiving a written request the school system has ten days to send the required information to the requesting school. Records from a 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:

Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208, Waverly Hall, GA 31831-0040 • Phone (706) 582-2228 • www.whchristian.org

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 a 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 described above, 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: