



# New Vision Christian School

## New Student Application

FOR SCHOOL USE ONLY

Date received \_\_\_\_\_

Registration Fee

Birth Certificate

Accepted By: \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Preferred Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Applying for \_\_\_\_\_ School Year \_\_\_\_\_

### Academic History

Current School \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Previous School (s) \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Has the applicant ever been put on probation or suspended from school? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has the applicant ever had to repeat a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Please state the reason for retention \_\_\_\_\_

Has the applicant ever skipped a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Please state the reason for advancement \_\_\_\_\_

Has the applicant been enrolled in advanced programs for the gifted? \_\_\_\_\_

Has the applicant ever been enrolled in any school or programs designed for special learning needs? \_\_\_\_\_ If yes, where at? \_\_\_\_\_

Do they have an IEP? \_\_\_\_\_ If yes, please attach a copy of the IEP to this form.

NOTE: A copy of applicant's immunization record and birth certificate must be received prior to the first day of school.

Mail Application to: New Vision Christian School, 3203 School Street, White Pine 37890



# **New Vision Christian School**

## **2019-2020 School Year**

### **Tuition and Fees**

#### **Tuition Fees**

Total Tuition Cost	\$2,500
Monthly Cost	\$250

#### **Registration Fee**

Application/Insurance Fees	\$50
Book Fees/Materials	\$150
Testing Fees	\$50
<b>TOTAL REGISTRATION FEE</b>	<b>\$250</b>

- **\$20 School Supply fee is not included in above.**
- **We will dismiss on Fridays at 12:00 to allow planning time for teachers. These hours are accounted for by stock-piling extra time throughout the school year. If you need for your child to remain at the school on Friday until 3:00, and extra charge will occur.**



# New Vision Christian School 2019-2020 School Year

## Academic Requirements

1. Applying families must read the schools Statement of Faith and accept that it constitutes the doctrinal beliefs of the school and agree to **have their children taught in accordance with the Statement of Faith**
2. **Parents must understand the school's belief that education is a joint endeavor between parents and teachers. They must commit to having an active roll in their child's education. This is done through maintaining open communication with teachers, daily prayer, and support for this ministry through attendance at events.**
3. **All required documents must be turned in prior to the first day of school.**

### **Kindergarten (Must be 5 years old on or before August 15)**

- Birth Certificate (photocopy accepted)
- Certificate of Immunization (photocopy accepted)
- Court Documentations (if applicable)

### **1st-12th grade**

- Birth Certificate (photocopy accepted)
- Certificate of Immunization (photocopy accepted)
- School Information Form

### **Testing**

We will call or email you to set up testing for you student(s) if required. The test will NOT be given to determine grade level. Your child will remain in their grade level. The testing will be used to determine what books would best help your child to develop their educational needs.