

New Hope Academy

Financial Agreement

FEES

Tuition: due 1st of each month \$3,600 per student (1st Sibling: \$1,800/yr./ next siblings \$950/ea.)
(paid annually, quarterly, or monthly)

Registration: due July 1st or upon registration \$200

Books: due August 1st - or upon registration \$ 125/K-3 - \$150/4th - 6th - \$200/7th - 12th

To enroll: Registration - Book fee paid by August 1st - September tuition by September 1st

Early Withdrawal: to obtain records or report cards

1st Semester (Sept. - Dec.): balance of that semester's tuition and 10% of second semester's tuition

2nd Semester (Jan. - June): balance of that semester's tuition

Returned Checks: A \$25 fee will be charged for returned checks; these must be cleared from our books within 15 days, or your child will be considered withdrawn.

Financial Contract

I/We (parents or legal guardians) of _____, clearly understand the following financial details for enrollment in New Hope Academy.

- The school calendar year: Tuesday, September 6, 2016 - Friday, June 11, 2017
- **I understand that tuition is an annual fee**, and I am enrolling my child (children) for the entire school year.
- Monthly installments: \$300/mo./12mos.; or \$360/mo./10 mos.
 - If tuition is not paid within 15 days of due date, we will consider the student withdrawn.
- There is a one-time **Registration Fee:** \$200/ new students.

I/we understand that all fees are non-refundable/non-transferable.

Registration	\$ _____
Tuition	\$ _____
Books	\$ _____
Other	\$ _____
Total	\$ _____

Payment Plan (circle your choice): Annual Bi-Annual Quarterly Monthly

Parent/Guardian

Parent/Guardian

Administrator

Date

New Hope Academy

Parent Agreement

We, the undersigned, as parents / guardians of _____, since we are requesting enrollment in New Hope Academy for our child, understand that this is an opportunity we have chosen. We believe the Bible places primary responsibility for education on the home, and we are asking New Hope Academy to assist us in meeting this responsibility. We also understand, and agree with the following points::

- We agree to participate *regularly* in the support of the school's mission and programs.
- We expect the school to exercise consistent discipline to ensure an appropriate learning environment.
- We understand that children often misunderstand, and / or disagree, with decisions or disciplines made by teachers; they also may take statements made by others out of context. When these things happen, we agree to call for full details, so we may be as positively supportive as possible..
- We agree our children will be prescribed a curriculum, based upon their academic level of achievement, not necessarily based on their calendar age.
- We understand the importance of building a good working relationship with our child's teacher.
- We agree to pray for the staff and the program, cooperate with them in discipline, follow through with any work assignments or papers / projects / report, etc.
- We will see that our child arrives on time and prepared for the day, send written excuses for absences or tardiness, cooperate in training our child to respect school property (and pay for damages or loss of school property, attend parent functions (if at all possible), and assist in promoting the school.
- We understand that, if our child is not in harmony with the school standards or programs, and we cannot - together with the teachers - help them get to a positive place - they will be asked to withdraw.
- ***We agree that attending New Hope Academy is a privilege and not a right.***

Father's Signature

Mother's Signature

Date

Date

New Hope Academy
Consent to Treat a Minor

I parent or guardian of _____ authorize the staff of New Hope Academy to act, in a **life-threatening emergency** requiring immediate decisions, concerning: any x-ray, examination, anesthetic, medical or surgical diagnosis and/or treatment, or hospital care which is deemed advisable, and is to be rendered under the supervision of any physician and/or surgeon under the provisions of the Medical Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or the hospital.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken.

Father's (Guardian's Signature) _____ Date: _____

Mother's (Guardian's Signature) _____ Date: _____

Please specify if allergic to any medication, food, etc. _____

If there are any physical problems or any special instructions, please comment: _____

He/she may be given: (in age / weight appropriate dosages)

Tylenol	Yes ____	No ____
Advil	Yes ____	No ____
Cough Drops	Yes ____	No ____
Pepto-Bismal	Yes ____	No ____
Benedryl	Yes ____	No ____

For cuts & scrapes do you allow the use of Neosporin, along with a band-aid?
Yes ____ No ____

New Hope Academy

Medical Information

Doctor's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

If physician or dentist cannot be reached, what action should be taken by the school? _____

Medical History

In addition to the most recent physical and immunization record

Doctor's Signature _____
Address _____

Date of physical _____

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable. Your cooperation will be greatly appreciated. Thank you.

General Information:

Student's Name: _____ Sex: _____ Birth Place: _____ Birth Date: _____

Past Diseases: (If your child has had any of the following, state age of last occurrence, or on-going)

Asthma _____ Ear infections _____ Pneumonia _____ Chicken Pox _____ Mumps _____
Hay fever/Seasonal Allergies _____ Polio _____ Convulsions _____ Heart disease _____ Asthma _____
Tuberculosis _____ Diabetes _____ Measles _____ Scarlet fever _____ Diphtheria _____ Whooping Cough _____

Recent Disabilities: (Please check all that apply)

4 or more colds yearly _____ Fainting spells _____ Hearing difficulty _____ Frequent Sore Throat (non-Strep) _____
Frequent Abdominal pain _____ Tires easily _____ Poor Vision _____ Frequent Urination _____ Shortness of Breath _____
Frequent Leg Pain _____ Allergies _____ Hernia (rupture) _____ Dizziness _____ Persistent Cough _____
Ringworm _____ Frequent Eye-sties _____ Speech Impediment _____ Frequent Nose bleeds _____

Personal Record: (Please answer the following)

Is he/she shy? _____ Overactive? _____ Bites fingernails? _____ Sucks thumb? _____
Has excessive fears? _____ Temper tantrums? _____ Likes school? _____
Plays well with others? _____ Eats breakfast? _____ Regular Bedtime? _____
Easy to awaken in the morning? Regular rising time? _____

Parent's Signature

Date

PLEASE ATTACH THE MOST CURRENT IMMUNIZATION RECORD

New Hope Academy
STUDENT RECORD RELEASE

To Releasing School Counselor: _____

Date

School Name

Address

City

State

Zip

Dear Counselor:

My child / children have been withdrawn from your school. Please release the academic and health records to the following school. Thank you.

[New Hope Academy](#)
[PO Box 134 - 1369 Hartford Pike, E. Killingly, CT 06243](#)
[860-774-6653 - nhacademy@sbcglobal.net](mailto:nhacademy@sbcglobal.net)

Student's Name
(Last name first)

Age

Grade level at time
of withdrawal

Signature of Requesting Parent

Signature of Receiving Principal

New Hope Academy

Off-Campus Activities / Field Trips

Name of Student: _____ Date: _____

Address: _____ Phone: _____

I consent to have my child participate in field trips away from school. I also authorize New Hope Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for all necessary emergency medical care in case I am not immediately available. Any qualified physician, called by New Hope Academy staff, may treat and do whatever is necessary for the good health and well being of my child.

I also agree to accept all financial responsibility for medical care.

Physician's Name: _____ Phone: _____

Address: _____

Father's Name: _____ Day Phone: _____

Employed By: _____

Mother's Name: _____ Day Phone: _____

Employed By: _____

This form must have all parent's or guardian's signatures. Please indicate if your child is in the custody of one parent _____ both parents _____ guardian _____

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

Insurance Carrier: _____ Policy Number: _____

New Hope Academy

GRIEVANCE POLICY

The objective of this policy is to establish Biblical guidelines for the resolution of disputes and grievances in the operation of NHA. These guidelines are to be followed whenever there is a dispute or grievance concerning any aspect of NHA's operations, between any two parties connected in a direct way to the school. This would include students, parents, staff, volunteers, administration, and board members.

Students/Parents to Teachers:

1. All concerns about the classroom must first be presented to the teacher. Respectful demeanor is required by all parties at all times.
2. If the problem is not resolved, the parents or student may bring the concern to the Principal. If the student brings the concern, he/she must have parental permission in writing.
3. If the problem is still not resolved, the parents may appeal to the Superintendent.

Parents/Patrons to Administration:

1. If a parent or patron has a grievance or dispute about the general operation of the school (apart from the operation in the classroom), they should bring their concerns to the Principal.
2. If the situation is not resolved, they may present the concern to the Superintendent.
3. If still no resolution, they may request a hearing before the Board.

Christian Conciliation:

In keeping with 1 Corinthians 6:1-8 and Matthew 18:15-20, all the above parties affiliated with NHA agree that the Bible commands them to make every effort to live at peace and to resolve disputes privately or within a Christian Church. Therefore, the parties noted within this policy (staff, board members, administration, parents, volunteers, and students) agree that the procedures outlined above will be the sole remedy for any claim or dispute arising out of their association with New Hope Academy. They expressly waive their right to file a civil lawsuit against the school, or one another in any civil court for such disputes.

Rev. William L. Pearl, Superintendent

Rev. Colleen N. Pearl, Principal

Parent / Staff Member / Board Member / Volunteer

Parent / Staff member / Board Member / Volunteer

Student

Date _____