

NEW HOPE ACADEMY "Conquerors"

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• Website: www.newhopeacademyconquerors.com

APPLICATION FORM FOR ADMISSION

Personal INFORMATION: Student

Family Name:

Given Name:

Middle Name:

Preferred Name:

Date of Birth:/...../..... (Day/Month/Year) Sex: Male Female

Has the child applied for admissions to this academy previously? Yes No

Personal INFORMATION: Family

Mother's Family Name:

First Name:

Father's Family Name:

First Name:

Home Address:

(Please note that all correspondence will be sent to this address unless the academy is notified otherwise)

Current Contact Details *(please complete all)*

Home Phone: Email:

Mother's Mobile: Father's Mobile:

SCHOOL HISTORY: STUDENT

At what age did the child start formal schooling?

Please list the last 2 schools attended.

1. School Name:

Address:

Dates: From (Month/Year)/..... To (Month/Year)/..... Grade/Class:

What month did the academic year begin?

2. School Name:

Address:

Dates: From (Month/Year)/..... To (Month/Year)/..... Grade/Class:

What month did the academic year begin?

Please indicate the last grade/class completed in full:

.Date of completion:/...../..... (Day/Month/Year)

Type of curriculum (*if known*)

Please list the child's particular interests/talents, or school activities in which they have been involved?

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Has the child ever been suspended or requested to withdraw from a school? Yes No

If yes, please explain.

Has the child's educational program ever been modified for any of the following reasons?

Behavioural: Yes No Academic: Yes No Gifted/Talented: Yes No

If yes, please explain

Does the child currently receive any special educational assistance? Yes No

If yes, please explain

Has the child ever been tested by a Learning Specialist or Psychologist? Yes No

If yes, please explain, and attach past and current records.

. Does the child have any medical or physical disabilities? Yes No

If this information has not been provided above, please explain.

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PARENT EMPLOYMENT INFORMATION

Name of Company:

Position:

Company address:

Work phone:Work fax:Work email:

TUITION RATE INFORMATION

Payment: by Parent

Parents are ultimately responsible for the payment of academic rates

REQUIRED DOCUMENTATION FOR ADMISSION

- 1. Application Form
- 2. Copy of child's Birth Certificate
- 3. Submit recent photos: for record keeping
- 4. Completed Medical Emergency form
- 5. A copy of the Vaccination Records or form stating you are a non-vaccinator
- 6. Completed NHA Admission form Application Forms
- 7. Any other forms that the academy submits to parent/guardian

APPLICATION

- 1. Application Forms should be submitted by August 1st along with Curriculum Contributions as spaces are limited in many grade levels.
- 2. The Application Form can not be processed until the academy first receives the payment of a one time, non-refundable application fee

AGREEMENT BETWEEN THE ACADEMY & PARENTS/GUARDIANS

To the Administration

I/we desire to enroll
 (Family name) (First/Given name) (Middle name) as a student at New Hope Academy, Portland, Ohio, a ministry of Stiversville New Hope Fellowship). If this application is successful, I/we hereby agree to the following conditions of enrollment:

- 1. I/we agree to understand, accept and support the Philosophy and Mission of the Academy and be bound by the rules governing the Academy, the authority of the Administrator and the Board of Management of the Academy.
- 2. I/we agree that the Academy I reserves the right, following admission, to discontinue the enrolment of a student at any time if it becomes evident that the Academy was misinformed regarding any application documentation or it becomes evident that the Academy does not have the resources to address successfully the individual needs of that student.
- 3. I/we have read and fully understood the terms and conditions listed in the Rate Contributions for the current academic year. I/we agree that for the contribution rates , we are jointly (together) and severally (alone), liable for contribution rates.

4. I/we agree to pay all rates as detailed on fee invoices, websites and admission policies, and I/we understand that the non-contributions on or before the requested date excludes the student from attending New Hope Academy. It is our obligation to ensure the rates are received on time.

5. I/we agree to accept and be bound by the rules governing health and medical requirements for the safety of all students and faculty at the academy. It is our obligation to ensure that evidence of required medical examinations, along with evidence of required immunizations are provided to the Academy within the stipulated period. I/we understand and accept that students may be required to undergo further medical emergency and/or safety precautionary measures during times of disease outbreak, or where medical investigative measures are deemed necessary by Academy policy or the Administration.

6. I/we agree that the Academy has a position in "loco parentis" and as such the teacher can exercise on behalf of parents, such discipline they regard as necessary or expedient for the student in accordance with the guidelines set down in the School's discipline policy.

7. I/we agree the Academy may at its discretion, suspend or terminate a student's enrollment for failure to comply with the conditions of this Agreement, as well as for other serious breaches of the Academy's rules and regulations.

8. I/we agree that the Academy is not liable for any loss or damage to the student's personal belongings.

9. I/we agree to allow my/our children to involve themselves in all of the Academy's activities, including excursions/field trips etc., arranged by the Academy.

10. I/we agree that in the case of an emergency, the academy is permitted to give appropriate medical attention and/or treatment.

11. I/we agree to have our contact details published in the academy directory unless otherwise notified by us in writing to the Academy.

12. I/we agree that student photographs, images and recordings can be used for Academy marketing materials.

13. I/we do hereby undertake to indemnify and save harmless the Academy, management and staff and Stiversville New Hope Fellowship in respect of any liability arising in consequence hereof and further undertake to obtain insurance cover for our said child and when necessary, and in particular in respect of travel and official academy activities, against all risks.

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Signature of Father

Signature of Mother

Date