



# Northwest Hills

---

## CHRISTIAN SCHOOL

**8511 HEATH CIRCLE DRIVE  
SAN ANTONIO, TX 78250  
(210) 522-1102**

**APPLICATION FOR ADMISSION**  
Kindergarten through 8<sup>th</sup> grade



## Northwest Hills CHRISTIAN SCHOOL

Northwest Hills Christian School (NWHCS) provides a Christ-centered education for its students. We partner with families to "Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6. We support and promote the role parents play in the lives of their children. Likewise, it is vital that all NWHCS parents be in agreement with the philosophy, principles, and policies of the school.

### **Admission Policies:**

1. Each student must demonstrate acceptable academic progress (acceptable grades and at least 50 % or higher on standardized tests), a satisfactory citizenship record at his or her former school, and a willingness to abide by NWHCS rules and policies.
2. NWHCS does not generally accept students who have significant learning disabilities (defined by NWHCS personnel).
3. Parents must agree to the following in writing:
  - They will commit to learn about and understand NWHCS policies.
  - They will resolve issues and concerns by the Matthew 18 principle. In summary, the Matthew 18 principle requires that parents talk to teachers about student problems before they talk to administrators. If unresolved at that level, the matter is prayerfully and in an orderly fashion moved upward in the school organizational structure. This is the Lord's way of solving people-to-people problems.
  - NWHCS has full discretion in the discipline of its students, within the bounds of the discipline policy.
  - They willingly support NWHCS in prayer and in lending realistic help as requested by the employees of NWHCS.
4. NWHCS reserves the right to accept or refuse to accept students solely on its discretion. However, it is and shall be the policy and practice of the school not to discriminate in the admission of students on the basis of race, color, sex, religion or national origin.
5. Prospective students should be aware that students of NWHCS families have priority during the re-enrollment period over students of prospective families.
6. New students entering 1<sup>st</sup> grade and above will be required to take a developmental academic readiness test. Students with failing grades on tests will be admitted at the discretion of the NWHCS staff and Director.
7. Prospective students entering Pre-K3 should be 3 years old by September 1<sup>st</sup>.
8. Prospective students entering Pre-K4 should be 4 years old by September 1<sup>st</sup>.
9. Prospective students entering Kindergarten should be 5 years old by September 1<sup>st</sup>.
10. Prospective students entering 1<sup>st</sup> – 8<sup>th</sup> grade should have successfully completed the prior grade and provide required documents from prior school.
11. Medical forms must be completed and the immunization record must be documented, including the day, month and year of immunization. The immunization record must be a verified copy or have a doctor's signature. A new Student Emergency Card must be filled out at the start of each school year.
12. The registration fee is non-refundable and must be submitted with application to reserve a space. No space will be reserved unless these fees are paid and any past-due payments are made current.



**Northwest Hills**  
**CHRISTIAN SCHOOL**  
**SCHOOL YEAR 2010-2011**

**Complete all forms and return to NWHCS office or mail to the address on the cover.**

**Grade Entering (Circle One) PK3 PK4 K 1 2 3 4 5 6 7 8**

\_\_\_\_\_ **New Enrollment**                      \_\_\_\_\_ **Re-enrollment**  
\_\_\_\_\_ **AM PM Care**                      \_\_\_\_\_ **Bus Request AM PM Both (circle one)**

**STUDENT'S INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ [ ] Male [ ] Female SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Please check one of the following (optional):

[ ] Anglo [ ] Hispanic [ ] Black [ ] American Indian [ ] Asian [ ] Other \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Circle grades previously attended at this school: PK3, PK4, KINDER, 1, 2, 3, 4, 5, 6, and 7

Previous Grades: [ ] Superior [ ] Above Average [ ] Average [ ] Below Average

Has student failed any grade? [ ] Yes [ ] No What grade? \_\_\_\_\_

How did you hear about NWHCS: \_\_\_\_\_

**FATHER'S INFORMATION**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: \_\_\_\_\_

**MOTHER'S INFORMATION**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: \_\_\_\_\_

Send mail to (circle one): Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Dr./Dr. Rev./Mrs. Other: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced

If the student has a non-custodial parent, please complete the following. If the student also has a legal guardian, please list that information.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

I give permission for the non-custodial parent, \_\_\_\_\_, to pick up student during or after school.

\_\_\_\_\_  
(Signature of Custodial Parent)

List brothers and sisters, their ages, and school(s) they attend:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**EMERGENCY INFORMATION (EMERGENCY CONTACTS OTHER THAN PARENTS)**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PICK UP INFORMATION (PEOPLE AUTHORIZED TO PICK UP CHILDREN FROM SCHOOL)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child attend an outside daycare?  Yes  No

Name of daycare: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for any of the above mentioned authorized people and/or daycare to pick up \_\_\_\_\_ during or after school. I understand this person may need to show picture ID when they arrive.

\_\_\_\_\_  
(Signature of Custodial Parent)

If someone other than the above authorized is to pick up my child, I will contact the school in **advance in writing**, as I understand that children are to be released only to parent or a person designated by parents. This person will need to show ID when they arrive.

**MEDICAL FORM**

**MEDICAL CONTACTS**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please attach a copy of your student's immunization records.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me. I hereby give authority to the school nurse or administrative designee to render care or first aid in case of illness or injury. I will not hold the school, church or staff liable for any accidents or injury to my child while he/she is in their care.

In case of injury or sudden illness, \_\_\_\_\_ will be called.

Name

Phone

**MEDICAL INFORMATION**

List all known allergies to food or medication:

**Allergy**

**Management/Action if Reaction Occurs**

_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments and/or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health History**

Please mark any condition or diagnosis that applies to your child and describe below.

_____ Asthma	_____ Chicken Pox	_____ Concussion
_____ Diabetes	_____ Seizures	_____ Hepatitis
_____ Heart Condition	_____ Measles	_____ Hypoglycemia
_____ Fainting/Dizziness	_____ Anxiety	_____ Bleeding Disorder
_____ Depression	_____ ADD/ADHD	_____ Skin Disorder
_____ Migraine Headache	_____ Respiratory Illness	

\_\_\_\_\_  
\_\_\_\_\_

Please list any history of fractures, surgeries, or any type of implant.

\_\_\_\_\_  
\_\_\_\_\_

## **FINANCIAL COMMITMENT FORM**

This is a legally binding enrollment “contract”. The partnership between NWHCS and our families includes fulfilling our obligations to one another. We cannot provide the desired benefits of a NWHCS education or serve the needs of our NWHCS family without agreement necessary for the financial operation of NWHCS.

Applicable Fees:

- New Student Registration Fee: \$ 200.00; non-refundable; must be submitted with application.
- Re-enrollment Registration Fee: \$ 200.00; non-refundable.
- Space for students may be limited after close of re-enrollment.
- Book Fee: Book Fee varies for each grade. The book fee is non-refundable.

Terms and Conditions:

1. I understand that school hours are 8:30 AM to 3:00 PM for PK-4 through 8<sup>th</sup> grade and 8:15 AM-11:15 AM or 12:00 PM -3:00 PM for PK-3.
2. A late fee of \$1.00 will be assessed for every minute my child is left after 3:20 (11:15 for PK-3).
3. I agree my child may attend field trips in connection with studies as the teacher or director considers necessary.
4. I am aware and agree that in the event of any special problems or occurrences affecting my child, I will be notified. This includes any communicable illness.
5. I am aware that the director and teachers are available for conferences concerning my child.
6. It is understood that all students at NWHCS will be given instruction in the Christian faith.
7. I understand that NWHCS is a ministry under Northwest Hills Baptist Church.
8. The student’s parent(s) or legal guardian(s) assume(s) full responsibility for the manner, safety and protection of the student in going to and from school. Parents of students riding the NWHCS bus will be responsible up until the bus picks students up and after the bus drops students off. The bus driver will ensure the student enters the home before they leave the student. If the student is unable to enter the home, NWHCS bus driver will bring the student back to the school at the end of the route and an additional charge of \$25.00 will be assessed.
9. Enrollment of any student may be terminated for any reason whenever, in the Director’s sole discretion, it is determined that dismissal is in the best interest of the student and/or NWHCS.
10. NWHCS will exclude any student when the tuition account for said student is in arrears of 45 days, unless specific financial arrangements have been made with the Director.
11. Report cards will not be given for any student if account is delinquent.
12. I agree to pay the tuition in advance in accordance with the policy of NWHCS. I also understand that as long as I leave my child enrolled in the school, whether in attendance or not, payment is due and will be so until I give notice to his/her teacher and school office that he/she is to be withdrawn from NWHCS. (A signed withdrawal form must be completed and turned into the office.)
13. I understand failure to fulfill any financial obligations to NWHCS may result in legal action for collection and all school records will be held.
14. I am aware the registration fee is non-refundable.
15. I am aware the book fee is non-refundable.
16. I am aware tuition may not be refundable. (\*See Tuition Refund Policy Provision)

	<b>Registration Fee</b>	<b>Books/Materials Fee</b>	<b>Tuition</b>	<b>New Student Testing Fee</b>
½ Day Pre-K 3 year olds	\$ 200.00	\$ 90.00	\$ 2300.00 year (With an option to pay in 10 monthly installments of \$230.00 per mo.)	N/A
Pre-K 4 year olds	\$ 200.00	\$ 90.00	\$ 2900.00 year (With an option to pay in 10 monthly installments of \$290.00 per mo.)	N/A
Kindergarten-5 <sup>th</sup> Grade	\$ 200.00	\$ 220.00	\$ 2900.00 year (With an option to pay in 10 monthly installments of \$290.00 per mo.)	\$ 25.00
6 <sup>th</sup> -8 <sup>th</sup> Grade	\$ 200.00	\$ 220.00	\$3000.00 year (With an option to pay in 10 monthly installments of \$300.00 per mo.)	\$ 25.00

<b>Additional Fees</b>	<b>AM</b>	<b>PM</b>	<b>Both AM &amp; PM</b>
AM/PM Care	\$ 750.00 per year (With an option to pay in 10 monthly installments of \$75.00 per mo.)	\$ 750.00 per year (With an option to pay in 10 monthly installments of \$75.00 per mo.)	\$ 1000.00 per year (With an option to pay in 10 monthly installments of \$100.00 per mo.)

<b>Sports</b>	<b>Kindergarten-5<sup>th</sup> grade</b>	<b>Junior High (6<sup>th</sup> grade-8<sup>th</sup> grade)</b>
Participation in each sport (Additional fees may be charged for uniform rental or purchase.)	\$ 95.00	\$ 100.00

**\*Tuition Refund Policy Provision:** Understanding that situations arise which may necessitate the withdrawal of a student while at the same time being mindful of the financial responsibilities of NWHCS, certain refund provisions will be made upon the formal withdrawal of a student from NWHCS. All withdrawals must be presented in writing to the school office.

If a student is withdrawn prior to August 1, no tuition liability will be assessed for that student. If a tuition payment has been made for that student, the entire amount will be refunded.

If a student is withdrawn on or after August 1 and prior to his/her first day of school, the tuition liability will be equivalent to 25% of the annual tuition for that student. (Exception for parents with proof of military orders.)

If a student is withdrawn on or after his/her first day of school and prior to the first day of the second semester, the tuition liability will be equivalent to the 50% of the annual tuition for that student. (Exception for parents with proof of military orders.)

If a student is withdrawn at any time during the second semester, the tuition liability will be equivalent to 100% of the annual tuition for that student. (Exception for parents with proof of military orders.)

**Registration Fee:** There will be a \$ 10.00 discount for the 2<sup>nd</sup> child enrolled and \$ 15.00 for each subsequent child.

**Tuition:** The first payment of yearly tuition will be due on or before the first day of school and then each payment thereafter will be due on the first of each month, which will result in ten equal payments August-May. There will be a \$ 15.00 discount in tuition for the 2<sup>nd</sup> child enrolled, and a \$ 20.00 discount for each subsequent child. (Oldest student is considered the 1<sup>st</sup> student.)

**Annual Discounts:**

5 % discount for tuition paid 5 months in advance. Tuition must be paid by August 23<sup>rd</sup> and January 3<sup>rd</sup>.

10 % discount for tuition paid 10 months in advance. Tuition must be paid by August 23<sup>rd</sup>.

**Books:** NWHCS will purchase books for student use. While many books will be given to students during the school year to keep, other books will remain property of NWHCS. NWHCS reserves the right to determine which books will remain property of NWHCS.

**School Supplies:** All students must provide their own school supplies. Students will need to replenish school supplies as needed throughout the year.

**AM/PM Care:** AM care begins at 7:00 AM. PM care ends at 5:00 PM. Parents will be charged a late fee for students picked up after 5:00 PM. Drop-in care is \$ 5 an hour per child. (Minimum charge of \$ 5.00 will be charged.)

**I (We), as the parent(s) or guardian(s) of the student, agree and acknowledge that the tuition balance shall be paid:**

Check one of the following:

Annual Payment: Due on the first day of school August 23<sup>rd</sup>. (10 % discount for funds paid in full on or before the first day of school).

Semester Payment: Due on the first day of school August 23<sup>rd</sup> and January 3<sup>rd</sup>. (5% discount for funds paid in full on or before August 1<sup>st</sup> and January 3<sup>rd</sup>)

10 Monthly payments: Due on the 1<sup>st</sup> day August and on the 1<sup>st</sup> of each subsequent month. Accounts will be considered past due if payment is not received by the 10<sup>th</sup> of the month. A \$30 charge will be assessed for each past due payment. (There will be an additional \$ 35 charge for each item returned insufficient funds.) We do not take "Post Dated Checks."

If NWHCS refers this contract to a collection agency or to an attorney to interpret or to enforce it or if legal services are required with regard to any dispute arising from the student's attendance at NWHCS, then NWHCS collection costs, expenses, and reasonable attorney's fees will be paid by the party executing this contract for the student. The parent(s) or guardian(s) of the student expressly acknowledge that they are not named as additional insured under any liability insurance policies issued to NWHCS. If they volunteer to transport or supervise NWHCS students, the insurance coverage, if any, for their actions or omissions will be solely provided by their own automobile insurance, homeowners insurance, or other liability insurance issued to the parent(s) or guardian(s).

NWHCS agrees and strives to:

1. Supervise the students by showing an attitude of understanding and fairness.
2. Discipline will be consistent, fair, and relevant to the behavior involved.
3. Give clear directions and provide guidance on the child's level of understanding.
4. Redirect students by stating alternatives when behavior is unacceptable.
5. Help students understand why their conduct is unacceptable and what is acceptable and will use God's written word, the Bible, to integrate spiritual truth.
6. To maintain an environment conducive to learning by guiding students to learn appropriate ways to interact with their peers in an educational setting.
7. To help students to develop self-discipline and Christ-like attitudes, habits, and character.
8. To help students to keep a good balance in their intellectual pursuits.
9. Have students out of class for a minimal amount of time, but some circumstances may require a student to be removed for a short period of time.
10. Parents will be notified if misbehavior is frequent or the seriousness of the behavior tends to disrupt the learning climate of the school.

I hereby enter this agreement to enroll my child in Northwest Hills Christian School (NWHCS). I understand the procedures and the discipline policy, and I am in agreement with them as they have been outlined in the student handbook and in this contract. I give my permission for NWHCS to request school records from my child's previous school.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Director Signature) (Date)

**For Office Use Only:**

Date Received: \_\_\_\_\_  
Application Complete: [ ] Missing Items: \_\_\_\_\_  
Registration Fee Received: [ ]  
Test Fee: [ ]  
Book Fee: [ ]  
Test Date: \_\_\_\_\_  
Copy of Birth Certificate: [ ]  
Previous School Records/Report Card: [ ]  
Immunization Record: [ ]  
Computer Usage Policy: [ ]