

MISSION

NEW HOPE SDA SCHOOL is a private Christian institution, which promotes Christ-like principles and beliefs. Its mission is to provide quality education to children using Biblical principles to help them to develop physically, mentally, and spiritually.



***We, unanimously***

Wait for you, at the appropriate time, to share your experiences with joy, warmth, and fellowship

Encourage you to be vibrant, and to share your energy as we move our school from good to great

Listen keenly to your valuable input and suggestions

Completes the cycle for another school year with your competence, courageous acts, and Christlike deportment

Overly thank you for your organizational skills and family support

Maximize every fiber of your being to build up our school one step at a time

Endorse the complete package of activities for another productive school year 2016 – 2017

Peace and blessing,

The Administration

**Philosophy**

NHSDAS exists primarily to instill in its students the message of Christ, “Love your neighbor as you love yourself”. We desire to develop in our youth the character of God, leading each student into a close, personal connection with Christ; a better knowledge of God’s word; a desire to share and act upon knowledge received; excellence in intellectual attainment, social ease, and respect and care of the body.

**Vision**

The vision of NHSDAS is to educate students for success in this present life and for eternity.

**Objectives**

* To provide an atmosphere in which students may become personally acquainted with Jesus as their Savior.
* To impart a thorough knowledge of the Bible as the inspired word of God.
* To guide students toward obedience to the Word of God and its principles.
* To promote reverence for God and thoughtfulness to mankind.
* To encourage students to think critically, independently, and creatively.
* To provide course selections that allow students to obtain the building blocks necessary to achieve spiritual, professional, and vocational goals.
* To provide an environment in which students will learn to value a healthful, temperate life style.

**Accreditation & Curriculum**

New Hope SDA School is accredited through the Accrediting Association of the Seventh-Day Adventist Schools, Colleges, and Universities (AAA), in affiliation with the National Council for Private Schools Accreditation. AAA is the denominational accrediting authority for education programs operated under the auspices of the Seventh-day Adventist Church. The school follows government and state regulations concerning minimum days, hours, subjects taught, state testing and curriculum.

ADMISSION POLICIES

Welcome to New Hope SDA School. We deem it a privilege to serve! All children admitted to the school will be expected to adhere to all guidelines - spiritual, academic, and social as outlined in the handbook.

Non-Discriminatory Policy

New Hope SDA School admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students of the school. The school does not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, admission policies, and other school administered programs.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that New Hope SDA School does not deny admission based on race, color, creed, religion, sex, or any other legally protected status.

DISCIPLINE POLICY/CODE OF CONDUCT

The primary purpose of requiring appropriate student behavior and self-discipline is to produce a positive and safe learning atmosphere in which there will be no interruption of the learning environment. All students will assume personal responsibility and consequence for any inappropriate behavior. To accomplish this objective requires a cooperative effort from students, staff, and parents.

All students shall

1. Respect the educational process through the display of appropriate language, attitude, and physical behavior.
2. Respect and honor the rights of other students to learn in an environment free from intimidation or harassment.
3. Maintain satisfactory attendance.
4. Report to class on time.
5. Comply with the dress code.

Consequences for noncompliance with the above expectations shall include, but not be limited to, the list below. The severity or the repetitive nature of a student’s behavior will be given consideration when determining appropriate consequences.

1. Warning
2. Denial of privileges
3. Parent contact
4. School services
5. Referral to Principal for disciplinary action
6. Internal or external suspension

This administration reserves the unquestionable right to expel from school any student whose behavior is excessively aggressive.

I have read the above discipline policy code to be used at the New Hope SDA School and agree to the appropriate code of conduct and manner of discipline to be administered.

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION & FEES**

|  |  |  |
| --- | --- | --- |
| Level | **SDA MEMBERS** | **NON ADVENTIST MEMBERS** |
| Registration | $300.00  ESE:$500.00 | $300.00  ESE:$500.00 |
| **Monthly Tuition** | **$450.00**  **ESE:$800.00** | **$500.00**  **ESE:$850.00** |
| Total Due | $750.00  ESE:$1,300.00 | $800.00  ESE:$1,350.00 |
| **Book fees** | **K-5 $400.00**  **6-8 $600.00** | **K-5 $400.00**  **6-8 $600.00** |
| **Transportation** | **$200.00** | **$200.00** |
| **Uniform** | **$60.00** | **$60.00** |
| **T**esting | **K-5 $100; 6-8 $110.00** | **K-5 $100; 6-8 $110.00** |
| **\*Graduation Fees** | **$100.00** | **$100.00** |
| **\*Fieldtrips Fees** | **$150.00** | **$150.00** |
| **\*Library & Technology** | **K-5 $400.00; 6-8 $450.00**  **ESE:$420.00** | **K-5 $400.00; 6-8 $450.00**  **ESE:$420.00** |
| Tutoring Services | $30 Per Hour  ESE:$50.00 | $30 Per Hour  ESE:$180.00 |
| After Care | $10 a day  ESE:$15.00 | $10 a day  ESE:$15.00 |
| Home and School Dues | $20.00  bimonthly | $20.00  bimonthly |
| Dress Down Days | $2.00 | $2.00 |

**There is a $50 discount for EARLY REGISTRANTS, 20% discount for SECOND CHILD AND 30% DISCOUNT FOR THIRD CHILD from the same family. All fees are non-Refundable.**

**\* Other Fees**

**LATE PAYMENTS PROCEDURES**

A $20.00 late fee will be charged for tuition payments received after the 5th of each month.

Service Charge: A $50.00 fee will be assessed for all returned checks.

The administration reserves the right to suspend from school, students whose accounts are delinquent, that is after the 5th of each month. All payments can be made by certified check, money order, or cash.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUTRITION

Your child’s nutrition is extremely important and essential to productive health, growth, and development as well as their readiness to learn and do well. New Hope SDA School encourages you to provide nutritious food on a daily basis. To contribute to this need, we will be embarking on the Reduce/Free Lunch program inclusive of breakfast, lunch, and afternoon snack. The scheduled time for breakfast will be 7:00 AM to 7:45 AM. Please do not send sodas, Malta drinks, candy, lobsters, crabs, shrimp, or pork products or by-products to be eaten at the school.

DRESS CODE

Uniform is mandatory. If a student has to be out of uniform, a signed explanatory letter is required from his/her parent or guardian. The dress uniform includes a white shirt/blouse with navy blue tie, blue skirt/pants, and solid black shoes with white or blue socks. This is to be worn every Monday morning. There will be a $1.00 fine if incomplete. On PE days the student must wear PE uniform with sneakers. For dress down days, students will be thoroughly informed verbally and parents/guardians will be notified in the Communicare. On other days of the week, yellow, red, and light blue polo uniform shirts may be worn. No jewelry of any type is allowed at school or any school sponsored programs, e.g. earrings, rings, bracelets, chains. Open toe shoes, sandals, or flip flops are not permissible.

I have read and agree to meet my child’s nutritional needs and dress code, and comply as defined above.

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please read carefully before signing!

We hereby request that my/our child/children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be enrolled at New Hope SDA School for the current academic year. It is understood that our child/children will be enrolled for the entire academic year and that New Hope SDA School has obligated itself in regards to the number of faculty, size of faculty, amount and requirements and the nature of its program which is reliant upon such enrollment.

No refund or reduction of any charges will be made due to withdrawal or absence. The fact that the school allows tuition to be paid in even installments does not create a fractional contract or in any way relieves the parent/guardian of the responsibility for the entire year’s tuition fees. New Hope SDA School reserves the right to withhold transcripts and all academic records until all tuition and fees have been paid in full.

**Parent’s/Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Information:**

Date of Entry: \_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Returning Student: Yes/No

Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_

Parents’ Information:

|  |  |
| --- | --- |
| Mother | Father |
| Name: | Name: |
| Address: | Address |
| City, State, Zip: | City, State, Zip: |
| Home Phone:( ) | Home Phone:( ) |
| Work/Cell Phone:( ) | Work/Cell Phone: ( ) |
| Email: | Email: |
| Occupation: | Occupation: |
| Employer: | Employer: |
| DOB: | DOB |

IS EITHER PARENT FORBIDDEN BY COURT ORDER FROM HAVING EQUAL ACCESS TO THE STUDENT OR STUDENT’S RECORDS? YES/NO

***IF yes, please state the name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Emergency Contact:**

|  |  |
| --- | --- |
| **Contact Name:** | **Contact Name:** |
| **Address:** | **Address:** |
| **Phone Number:** | **Phone Number:** |

**Persons Permitted to Remove Child From Campus:**

**\*Note: Your child will not be released without proper identification of authorized person.**

|  |  |
| --- | --- |
| **Contact Name:** | **Contact Name:** |
| **Address:** | **Address:** |
| **Phone Number:** | **Phone Number:** |

**Name of the school/facility your child previously attended.**

**Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:( ) \_\_\_\_\_ - \_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_**

**Attended From: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Reason for Withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) Acknowledgement:**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**

RECOMMENDATION FOR ADMISSION

Please have this recommendation form completed by the following individuals:

1. Your previous Principal or Vice-Principal

2. Your previous Teacher

3. Your Pastor or another professional

**Instructions to Recommender**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admissions at New Hope SDA School. Your answer to the following questions will aid us in processing this application. Please place a check mark in the box that most accurately describes the student’s behavior and attitudes. If you had no opportunity to observe the student with respect to a given characteristic, please place a check in the space at the extreme right of the line - Not Known. Your response will be held as confidential. When you have completed this form, please mail it as soon as possible to the address listed below so we could process this student’s application. Thank you so much for your time and attention.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHARACTERISTIC | Superior | Average | Poor | Not Known |
| Health and Vigor |  |  |  |  |
| Personal Appearance and Neatness |  |  |  |  |
| Influence on Others |  |  |  |  |
| Integrity |  |  |  |  |
| Courtesy and Tact |  |  |  |  |
| Intellectual Ability |  |  |  |  |
| Judgment |  |  |  |  |
| Leadership |  |  |  |  |
| Reliability |  |  |  |  |
| Academic Motivation |  |  |  |  |
| Attitude Toward Authority |  |  |  |  |
| Emotional Stability |  |  |  |  |
| Spiritual Commitment |  |  |  |  |
| Sociability and Friendliness |  |  |  |  |
| Parent’s Financial Stability |  |  |  |  |

How long have you known the applicant and in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any disciplinary action\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on character alone, the applicant is:

*(a) Highly Recommended\_\_\_ (b) Recommended\_\_\_\_(C) Recommended with reservation\_\_\_\_ (D) Not Recommended\_\_\_*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TECHNOLOGY CONTRACT

The iPads and laptops are to be used for educational purposes **only during school hours**. If it is to be used after school, it would have to be with a teacher’s supervision.

IPads and laptops are the property of the school. Each student is responsible for the iPad or laptop he or she is assigned, and it is to be kept in a safe place and position at all times.

If, for any reason, a student is careless and not attentive to the usage and care of the iPad or laptop, he/she will have to pay to repair one or a combination of the following for repairs: -

* + - * 1. **Glass replacement $60**
        2. **LCD replacement $95 OR**
        3. **Total replacement value of $495**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, promise to be careful when using the iPad or laptop, and to use it only for school assigned educational programs.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDATION FOR ADMISSION

Please have this recommendation form completed by the following individuals:

1. Your previous Principal or Vice-Principal

2. Your previous Teacher

3. Your Pastor or another professional

**Instructions to Recommender**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admissions at New Hope SDA School. Your answer to the following questions will aid us in processing this application. Please place a check mark in the box that most accurately describes the student’s behavior and attitudes. If you had no opportunity to observe the student with respect to a given characteristic, please place a check in the space at the extreme right of the line - Not Known. Your response will be held as confidential. When you have completed this form, please mail it as soon as possible to the address listed below so we could process this student’s application. Thank you so much for your time and attention.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHARACTERISTIC | Superior | Average | Poor | Not Known |
| Health and Vigor |  |  |  |  |
| Personal Appearance and Neatness |  |  |  |  |
| Influence on Others |  |  |  |  |
| Integrity |  |  |  |  |
| Courtesy and Tact |  |  |  |  |
| Intellectual Ability |  |  |  |  |
| Judgment |  |  |  |  |
| Leadership |  |  |  |  |
| Reliability |  |  |  |  |
| Academic Motivation |  |  |  |  |
| Attitude Toward Authority |  |  |  |  |
| Emotional Stability |  |  |  |  |
| Spiritual Commitment |  |  |  |  |
| Sociability and Friendliness |  |  |  |  |
| Parent’s Financial Stability |  |  |  |  |

How long have you known the applicant and in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any disciplinary action\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on character alone, the applicant is:

*(a) Highly Recommended\_\_\_ (b) Recommended\_\_\_\_(C) Recommended with reservation\_\_\_\_ (D) Not Recommended\_\_\_*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

In the event my child becomes injured or ill while under school supervision, I give the school permission to take the following steps:

1. Contact a parent of the student and follow their instructions
2. In the event neither parent can be reached, contact the student’s physician and follow his or her instructions.
3. If the student’s physician can not be reached, the school’s authorities will use their own discretion in contacting a properly licensed practicing physician and following his/her instructions.
4. If my child needs medical or surgical treatment which requires a parent’s or guardian’s consent before being supplied, and I cannot be reached by phone, I hereby release New Hope SDA School and New Hope Seventh-day Adventist Church and authorized personnel, from any liability which might arise from the giving of medical treatment or surgical services as soon as reasonably possible after the need arises.
5. I give permission for my child to take part in all school activities, including school sponsored trips from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity/activities.
6. The parent or guardian agrees not to send their child to school if the child is sick or ill.
7. I agree that I will not hold the school or its faculty or any other staff member responsible in case of any accidental injuries that might occur in any play and/or any school-related activity in which the child is/was engaged.

Please fill out the information below so that we may complete your child’s file.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize New Hope SDA School to seek medical treatment for my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of an emergency. I also give authorization for health facility or physician to provide medical treatment as necessary. I assume responsibility for payment for medical services rendered.

Mother’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S INFORMATION

|  |
| --- |
| Please Print  Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_  Phone Number:(\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_  Name of Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Group Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Photo/Video Waiver Form

I am aware that pictures/videos of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may be taken. I am aware that pictures/videos may be posted to a website. They may be used for the sole purpose of illustrating the activities of the school. Photos/videos used may not be sold or reused without the express consent of New Hope Learning Center and or New Hope SDA School.

I have read the foregoing disclaimer and agree to be bound by it.

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

Parent/Guardian Signature Date

REQUEST FOR CUMULATIVE RECORDS

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME DATE OF BIRTH GRADE

The above named student is now enrolled in New Hope SDA School. Please forward cumulative record or similar record folder for our files. Thank you very much.

Please include the following:

1. Official Transcript
2. Competency Test Results
3. Immunization Data
4. Discipline File

Kindly send documents as soon as possible.

PARENT’S CONSENT:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HEREBY GIVE CONSENT TO THE ABOVE MENTIONED SCHOOL TO RELEASE MY CHILD’S SCHOOL RECORDS TO THE NEW HOPE SDA SCHOOL.

PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Checklist:**

**\_\_\_\_\_\_ Proof of Physical Exam**

**\_\_\_\_\_\_ Proof of Immunization (680 Health Form)**

**\_\_\_\_\_\_ Non Discriminatory Policy Signed**

**\_\_\_\_\_\_ Enrollment Agreement and Payment Agreement Signed**

**\_\_\_\_\_\_ Disciplinary Policy Signed**

**\_\_\_\_\_\_ Technology Contract**

**\_\_\_\_\_\_ Nutrition and Dress Code Agreement Signed**

**\_\_\_\_\_\_ Photo/Video Waiver Signed**

**\_\_\_\_\_\_ Registration Fees Paid**

**\_\_\_\_\_\_ First Installment of Tuition Paid**

**\_\_\_\_\_\_ Registration Form Fully Completed**

*Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**TUITION**

**Annual Cost of attending NHSDAS IS $5,000.00 for 2020-2021 School Year.**

Monthly Annual

K-8 New Hope SDA Church Member $450.00 $4,500.00

Non SDA Member $500.00 $5,000.00

**FEES**

**Registration Fee:**

**K-8 $300.00 per child**

A non-refundable fee of $300 is due at the time of enrollment to secure students placement in class. This fee covers the following expenses: testing fees, educational materials, students’ accidental insurance, technology, library, and classroom supplies.

**There is a $50.00 discount for EARLY REGISTRANTS, 20% discount for SECOND CHILD AND 30% DISCOUNT FOR THIRD CHILD from the same family.**

**LATE PAYMENTS PROCEDURES**

A $20.00 late fee will be charged for tuition payments received after the 5th of each month.

Service Charge: A $50.00 fee will be assessed for all returned checks.

**Payment Assistance Available:**

* Step-Up for students [www.stepupforstudents.com](http://www.stepupforstudents.com)
* Non New Hope Member including Step-up for students scholarship recipient have an out of pocket expense.

**Dear Prospective Parents,**

**Private school enrollment is up in all areas of the country. Unfortunately Florida public schools have scored near the bottom in the nation on test scores in previous years.**

**Our school New Hope SDA, which not only provide a safe, nurturing, Christian environment, but also scores higher than the national norm on the national ITBS test. This test is given once a year to assure progress is achieved by each student. NHSDAS students, are not only reading on or above grade level, performed on or above grade level in math, science and social studies but also memorized a great amount of scriptures and educational quotes.**

**We would like to be of assistance to you and invite you to consider our school for your child/children for 2017 - 2018 school year. We are an accredited Christian school with high academic standards. We offer several state funded scholarship programs: Step-Up for Students and the McKay. You can also fill and tracked the online scholarship form at** [**www.stepupforstudents.com**](http://www.stepupforstudents.com) **by entering your social security and zip code. Remember the scholarship program is a first come first serve. Register on time and complete you application as soon as possible. This assures the immediate process of your application and time for correction.**

**Parents please fill out the 2017-2018 application form and return to school along with an up to date school physical and immunization records as soon as possible or contact our school at (954) 587-3842. We are available to provide any assistance.**

**We welcome you and hope that you become a viable part of your child’s/children’s education. God bless you as you maintain what is best for your child/children.**

**Administration**

**NHSDAS**

**Re-registration is ongoing.**

**If you are in need of any assistant, stop by the office between 8:00 A.M. and 3:30 P.M. Monday thru Friday.**

**The first day of school is August 24th 2020.**