

**Child's Name:** \_\_\_\_\_

**Application for Grade/Age Level:** \_\_\_\_\_

**Application for Year:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

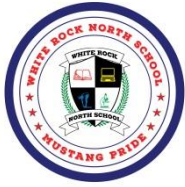
# RETURNING STUDENT APPLICATION

# MUSTANG



# PRIDE

**Achieve. Excel. Exceed.**



## 2016-2017 RETURNING STUDENT APPLICATION

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant's Name	DOB	Age	Gender	Grade in Fall	Security Password

**ACADEMIC PROGRAM:** \_\_\_ INFANT \_\_\_ PRESCHOOL \_\_\_ PRE-KINDERGARTEN \_\_\_ KINDERGARTEN \_\_\_ ELEMENTARY

Academic Hours 8:30 am – 3:30 pm / Extended Care 3:30 to 6:00 pm      Hours child will be on campus \_\_\_:\_\_\_ to \_\_\_:\_\_\_

### ATTENDANCE AGREEMENT

I understand that White Rock North School complies with the state's mandatory attendance code for students in Pre-Kindergarten-6<sup>th</sup> grade. I agree to bring my student to school on time and will support his/her participation in the full school day, 8:30-3:30. I understand this, as in the WRNS Attendance Policy. \_\_\_\_\_

(Parent/Guardian Signature)

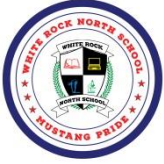
### PARENT INFORMATION

Parent/Guardian 1 Name	Cell	Work	Home/Other
Address	Do you own or rent?	Can you volunteer at WRNS?	Skills to offer
Employer	Occupation	DL #/ State	Email

Parent/Guardian 2 Name	Cell	Work	Home/Other
Address	Do you own or rent?	Can you volunteer at WRNS?	Skills to offer
Employer	Occupation	DL #/ State	Email

MARITAL STATUS: _____	ETHNICITY (optional): _____
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Student lives with: \_\_\_\_\_. If other than parents, please explain: \_\_\_\_\_  
Do you have legal paperwork, regarding visitation of this student? \_\_\_\_\_ If yes, provide a copy with your child's application.



## **EMERGENCY CONTACT & STUDENT PICK-UP INFORMATION**

Parent Name	Cell #	Work #	Address
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### **Emergency Contacts**

((Individuals other than the student's parents/guardians))

Name	Cell #	Work #	Email
Name	Cell #	Work #	Email
Name	Cell #	Work #	Email

### **Person(s) Allowed To Pick Up Student**

Name	Cell #	Work #	Email
Name	Cell #	Work #	Email

### **Physician Information**

Physician Name	Physician Practice Name	Physician Address	Physician Phone #
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Allergies to Medication or Special Health Alerts: \_\_\_\_\_

## **EMERGENCY MEDICAL RELEASE**

In order to meet all legal requirements, I hereby authorize the principal or the staff of White Rock North School to give consent for any and all necessary emergency medical care for my child, \_\_\_\_\_, while said child is in their custody.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

The State of Texas, County of Dallas

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Dallas County, Texas

My Commission Expires



## CONTRACT / FINANCIAL AGREEMENT

### PLEASE INITIAL YOUR SELECTED PAYMENT PLAN

\_\_\_\_\_ **ANNUAL PAYMENT PLAN** Full payment is due on or before (date) \_\_\_\_\_.

Total School Tuition: \$\_\_\_\_\_.

- A \$250.00 discount is included for making an annual payment.
- I understand that if I fail to make full payment by \_\_\_\_\_, this plan will be terminated and the monthly payment plan will become effective.

\_\_\_\_\_ **MONTHLY TUITION PLAN**

Total School Tuition \$\_\_\_\_\_. Payments of \$\_\_\_\_\_ due the 1<sup>st</sup> of each month.

- I understand that a \$15.00 penalty will be assessed on all payments made after the 5<sup>th</sup> of each month.
- I understand that late tuition payments may result in the termination of this contract and the total tuition for the balance of the school year will become due and payable.

\_\_\_\_\_ **BEFORE/AFTER SCHOOL PROGRAM (currently enrolled WRNS students)**

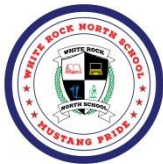
Total Tuition \$\_\_\_\_\_. Payments of \$\_\_\_\_\_ due the 1<sup>st</sup> of each month.

- are due and payable on the 1<sup>st</sup> of each month, through Tuition Express.
- Day care days are included in this charge.
- There is no discount for days absent or holidays.
- White Rock North School, Inc. offers this plan for our private school students with the hours in this program beginning at 7:00 am and ending at 6:00 pm.

**If any check is returned,** I agree to pay a \$38.00 returned check charge, at the time I pick up the NSF check and will pay by cash or money order.

**If I arrive after 6:00 p.m.** to pick up my child/children, I agree to pay a late fee to the staff member staying with my child. A rate of \$10.00 until 6:05pm, then \$1.00 per minute will be charged. This rate will be applied, per child.

The School accepts all students regardless of race, sex, color or religion, but reserves the right to refuse any application for enrollment if the applicant does not meet the academic or behavioral requirements of the School. The School reserves the right to request the applicant's withdrawal from the school if after consultation of all parties concerned, at the sole discretion of the School's administration, the applicant's progress or conduct demonstrates disharmony with the School's policies or standards. It is understood that the School reserves the right to withhold instructional services and/or the transmission of records either to the student and family or to other institutions in the event that monies are owed to the School. I understand that this contract is a 10 month contract. If I fail to pay the remaining balance, after written 30 day notification, White Rock North School has permission to charge my credit card. \_\_\_\_\_(initial)



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**CONTRACT / FINANCIAL AGREEMENT (cont'd)**

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It is recognized that the school reserves the right to dismiss any Student, if and when in the sole discretion of the School, his/her presence in the School, is judged not to be in the best interests of the Student or deemed to be detrimental to the welfare of the School. Parents/Legal Guardians and students are to comply with all reasonable rules and regulations of the School as amended from time to time at the sole discretion of the School's Board of Directors.

The undersigned recognizes that the School enters into substantial financial commitments for instructors, facilities, and supplies in reliance upon its enrollment contracts. If Parents/Legal Guardians elect to withdraw the Student or if the Student is dismissed for any reason other than failure or inability to achieve academic requirements, no refund will be made of tuition paid to the date of withdrawal or dismissal and the entire unpaid balance of tuition for the school year will become immediately due and payable. If a child is dismissed during the school term for failure or inability to meet academic requirements, the tuition for the school year will be prorated to the date of dismissal.

The undersigned agrees that it is a policy of the School to allow **NO REDUCED RATES** for vacation or illness during the school year. Private School students needing extended care are required to enroll in the "Before / After School Enrichment" Program.

I realize that the School will be closed on Labor Day, the Thanksgiving holiday, Christmas holiday, New Year's holiday, the Easter holiday, Spring Break, summer prep days and Memorial Day. No reductions in tuition will be given for any of these holidays. I understand that the School is closed for several teacher In-service days during which students in grade school, not enrolled in Before / After Care may attend "day care" for an additional fee, payable on or before the date of attendance. These dates will be published on the school calendar.

I understand that an Exit Interview / Survey will be conducted when my child leaves the school. I understand that this is a necessary meeting and will make every effort to attend.

I have carefully read and understand all information contained in this agreement and agree to be bound by its terms and provisions. I accept the policies and regulations of White Rock North School, Inc. and release its officers and directors, Mrs. Mary Adams, Mrs. Amy A. Adams and any other employee from any and all liabilities for injuries and illnesses that might occur from attendance of my child at the School or while in the custody of the School.

I understand that my child's tuition payments are due on the 1<sup>st</sup> of each month. Should my account payment be paid after the 5<sup>th</sup>, I understand my account will be charged a \$15.00 late fee at the time tuition is drafted. I understand that my child's academic schedule will be interrupted, should my tuition lapse, but will be reinstated upon payment.

In the event that any action is brought for enforcement of the Contract / Financial Agreement or the collection of any sums due under this Contract / Financial Agreement, Parents / Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the School in addition to any other damages to which the School may be entitled.

Guarantor Name & Address(es) \_\_\_\_\_  
\_\_\_\_\_

Cell Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_

Driver's License \_\_\_\_\_

Social Security \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent 1 / Financial Guardian

\_\_\_\_\_  
Signature of Parent 2 / Financial Guardian

\_\_\_\_\_  
Date



# White Rock North School ATTENDANCE POLICY

White Rock North School requires daily attendance for students in Pre-Kindergarten through Elementary and voluntarily complies with the Texas Education Agency's Compulsory Attendance Code.

### Excerpts from the Texas Education Code re: Attendance

<http://www.statutes.legis.state.tx.us/DocViewer.aspx?K2DocKey=odbc://SOTW/ASUPUBLIC.dbo.vwSOTW/ED/S/ED.25@SOTW&QueryText=attendance&HighlightType=1>

Below: statutes specific to Attendance-related matters:

#### Sec. 25.085. COMPULSORY SCHOOL ATTENDANCE.

(a) A child who is required to attend school under this section shall attend school each school day for the entire period the program of instruction is provided.

(b) Unless specifically exempted by Section 25.086, a child who is at least six years of age, or who is younger than six years of age and has previously been enrolled in first grade, and who has not yet reached the child's 18th birthday shall attend school.

**(c) On enrollment in prekindergarten or kindergarten, a child shall attend school**

#### Sec. 25.094. FAILURE TO ATTEND SCHOOL.

(a) An individual commits an offense if the individual:

(1) is required to attend school under Section 25.085; and

(2) fails to attend school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period.

#### Sec. 25.095. WARNING NOTICES.

(a) A school/school district or open-enrollment charter school shall notify a student's parent in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:

(1) the student's parent is subject to prosecution under Section 25.093; and

(2) the student is subject to prosecution under Section 25.094 or to referral to a juvenile court in a county with a population of less than 100,000 for conduct that violates that section.

(b) A school/school district shall notify a student's parent if the student has been absent from school, without excuse under Section 25.087, on three days or parts of days within a four-week period. The notice must:

(1) inform the parent that:

(A) it is the parent's duty to monitor the student's school attendance and require the student to attend school;

and

(B) the parent is subject to prosecution under Section 25.093; and

(2) request a conference between school officials and the parent to discuss the absences.

(c) The fact that a parent did not receive a notice under Subsection (a) or (b) does not create a defense to prosecution under Section 25.093 or 25.094.

(d) In this section, "parent" includes a person standing in parental relation.

#### Sec. 25.0951. SCHOOL/SCHOOL DISTRICT COMPLAINT OR REFERRAL FOR FAILURE TO ATTEND SCHOOL.

(a) If a student fails to attend school without excuse on 10 or more days or parts of days within a six-month period in the same school year, a school/school district shall within 10 school days of the student's last absence:

(1) file a complaint against the student or the student's parent or both in a county, justice, or municipal court for an offense under Section 25.093 or 25.094, as appropriate, or refer the student to a juvenile court in a county with a population of less than 100,000 for conduct that violates Section 25.094; or

(2) refer the student to a juvenile court for conduct indicating a need for supervision under Section 51.03(b)(2), Family Code.

~~~~~PLEASE SIGN & RETURN THIS DOCUMENT TO THE SCHOOL OFFICE BY Wed., 27 AUG. 2014,~~~~~

I understand that the academic school day at White Rock North School is from 8:30 a.m.~3:30 p.m., Monday through Friday. I understand that my child, \_\_\_\_\_ is required to be in attendance for the entire school day, for the duration of the published school year. I realize that it is my responsibility to bring my child to school for the entire school day and that White Rock North School reports attendance related violations to the Dallas County Truancy Courts.

\_\_\_\_\_  
Parent/Legal Guardian Signature 1

\_\_\_\_\_  
Parent/Legal Guardian Signature 2

\_\_\_\_\_  
Date



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## PERMISSION FORM

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(Please fill in the blanks)

I, ( ) give ( ) do not give my child, \_\_\_\_\_  
permission to be transported and supervised by the WRNS staff:  
( ) on field trips, ( ) to and from school and ( ) to and from home in White Rock North School's  
vehicles.

I, ( ) give ( ) do not give my child, \_\_\_\_\_  
permission to participate in water activities: ( ) splashing pools, ( ) wading pools, ( ) swimming  
pools, ( ) other bodies of water provided by the school, permission to participate in other physical  
activities, i.e.: ( ) skating and ( ) outdoor play.

I give my child permission to utilize the school's computers and internet, under supervision of the  
school staff.

I give permission for my child to participate in all on-site school activities and events, unless I give  
notification otherwise.

\_\_\_\_\_  
Date

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

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## MODELING RELEASE

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I grant White Rock North School and their advertiser, permission to use, publish, reproduce and  
copyright photographs or other likenesses of my child for advertisement purposes. Photographs  
may be included in whole or in part in connection with the school's advertising, such as the  
school's website, social media, magazine ads, news publications and brochures. I consent to all  
advertising and publications by White Rock North School. I further permit the school to distort,  
retouch, alter, blur or create and optional illusion in pictures made in connection herewith. **I  
understand that for security reasons, my child's name WILL NOT be used in connection with  
such ads.**

\_\_\_\_\_  
Date

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