

WHITE ROCK NORTH SCHOOL

RETURNING STUDENT APPLICATION

Date of Application: _____ / _____ / _____

Intended Date of Admission _____ / _____ / _____

SCHOOL YEAR _____

Applicant's Name	DOB	AGE	GENDER	GRADE APPLYING FOR	SECURITY PASSCODE

SECURITY PASSWORD (STUDENT SAFETY PROTOCOL): _____

ACADEMIC PROGRAM (Select One): INFANT PRESCHOOL PRE-KINDERGARTEN KINDERGARTEN GRADE SCHOOL

Academic Hours 8:30 am – 3:30 pm / Extended Care 3:30 to 6:00 pm Hours Child will be on campus _____ am to _____ pm

PARENT INFORMATION

PARENT 1

NAME	CELL#	WORK #	HOME #
EMAIL	EMPLOYER/ POSITION	DL#	ST
ADDRESS	CITY	STATE	ZIP CODE

PARENT 2

NAME	CELL#	WORK #	HOME #
EMAIL	EMPLOYER/ POSITION	DL#	ST
ADDRESS	CITY	STATE	ZIP CODE

MARITAL STATUS:

Married Single Divorced Remarried Partners Widowed

ETHNICITY (optional):

White Hispanic African American Native American Asian/Pacific
 Mid-Eastern Other

Student lives with: _____ If other than parents, please explain: _____
 Do you have legal paperwork, regarding the custody/visitation of student? If yes, please provided an official copy with your child's application.

STUDENT SECURITY & EMERGENCY INFORMATION

Changes to list must be made in writing. Phone calls not accepted. Person(s) other than parents allowed to pick up student (driver's license req.)

NAME	CELL#	WORK #	HOME #
NAME	CELL#	WORK #	HOME #
NAME	CELL#	WORK #	HOME #

Emergency contacts that may pick up student (must present a valid driver's license)

NAME	CELL#	WORK #	HOME #
NAME	CELL#	WORK #	HOME #
NAME	CELL#	WORK #	HOME #

Child's Physician: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

PHYSICIAN PRACTICE NAME	PHYS. NAME	PHYS. PHONE	EMAIL
PHYSICIAN'S ADDRESS	CITY	STATE	ZIP
NAME	CELL#	WORK #	HOME #

PARENT 1 NAME	CELL #	WORK #	HOME #
PARENT 2 NAME	CELL #	WORK #	HOME #
OTHERS TO BE NOTIFIED	RELATIONSHIP	CELL#	OTHER #

Please list any allergies, reactions to medications 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 _____

THE FINE PRINT

PLEASE INITIAL YOUR SELECTED PAYMENT PLAN and AGREEMENTS

____ 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 Payments of \$ _____ through _____ are due on the 1st of each month.

Total School Tuition \$ _____.

I understand that a \$30.00 penalty will be assessed on all payments made after the 5th 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 ENRICHMENT PROGRAM (currently enrolled WRNS students) Monthly payments of \$200.00 are due and payable on the 1st of each month. "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 MY CHECK IS RETURNED I AGREE TO PAY A \$35.00 NSF charge, at the time I pick up the NSF check and will pay by money order.

____ If I ARRIVE AFTER 6:00 PM to pick up my child/children, I agree to pay a late fee of \$10.00 until 6:05, then \$1.00 per minute to the staff member waiting with my child. This agreement pertains to all WRNS students.

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 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 for a full academic year. I understand that my Application Fee, Supply Fee, and first month of tuition are non-refundable. If I fail to pay the remaining balance, after notification, White Rock North School has my permission to charge my credit card on file.

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 Owner.

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, holidays or illness during the school year. Private School students needing extended care are required to enroll in the "Before / After School Enrichment" Program. I understand that on "Teacher In-service" days, students in the Upper School department, not enrolled in Before / After Care may occasionally attend these days for an additional fee, payable on or before the date of attendance.

I realize that the School will be closed on Labor Day, the Thanksgiving holiday, Christmas holiday, New Year's holiday, the Easter holiday, Memorial Day and summer prep days. No reductions in tuition will be given for any of these holidays. The Parent Handbook (available in the school office) will have the exact dates.

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 owner, Amy A Adams, administrators and any other employee from any and all liabilities for injuries and illnesses that might occur from attendance of my child / children at the School or while in the custody of the School.

I understand that my child's tuition payments are due on the 1st of each month provided other arrangements are not made previously and approved in advance. Should my account payment be paid after the 5th, I will be charged a \$30.00 late fee at the time of the payment. I understand that my child's academic schedule will be interrupted, should my tuition lapse more than one week, 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.

_____ Date

_____ Signature of Parent 1/ Financial Guardian

_____ Signature of Parent 2 / Financial Guardian