

2010-2011 ENROLLMENT APPLICATION

NORTH NEW SUMMIT SCHOOL
1203 John Pittman Drive
Greenwood, Mississippi 38930

Date _____

_____(PARENTS INITIAL HERE) Entrance into this program is dependent on application, acceptance, space available, results of assessment and/or proof of assessment testing. A recent academic and psychological assessment may be required. After completing and signing the following application and contract, please return this document with a \$250.00 non-refundable enrollment fee.

STUDENT NAME _____ DOB _____ Grade Level _____

SS# _____ PHONE _____ CELL _____

STUDENT'S ADDRESS _____ PREVIOUS SCHOOL _____

FATHER'S NAME _____ SS # _____

FATHER'S ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

EMPLOYER _____ POSITION _____ PHONE _____

MOTHER'S NAME _____ SS # _____

MOTHER'S ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

EMPLOYER _____ POSITION _____ PHONE _____

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH APPLICATION:

- ____ Copy of Birth Certificate
- ____ Copy of Current Health Record/Vaccinations
- ____ Copy of Most Recent Report Card/Assessment, Reflecting Grades
- ____ Recent Substance Abuse Test 7th – 12th Grades)

* HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED? _____ IF YES, PLEASE GIVE REASON ON BACK

* DOES YOUR CHILD HAVE A JUVENILE ARREST RECORD? _____ IF YES, PLEASE EXPLAIN ON BACK

* DOES YOUR CHILD HAVE ANY PHYSICAL OR MEDICAL LIMITATION WE SHOULD BE AWARE OF? _____ IF YES, PLEASE EXPLAIN ON BACK

* IS YOUR CHILD CURRENTLY TAKING PRESCRIBED OR OTC MEDICATIONS? _____ IF YES, PLEASE PROVIDE THE NAME OF THE MEDICATION _____

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Enrollment Terms

TUITION MUST BE PAID IN ONE OF THE FOLLOWING THREE METHODS--INITIAL NEXT TO YOUR PAYMENT PLAN

____ Yes, please enroll my child in North New Summit School for the 2010-2011 school year. I am submitting a non-refundable enrollment fee of \$250 with this application. I authorize North New Summit School to automatically debit my checking account each month for \$425.00 (August 2010 to May 2011) as noted on the attached authorization agreement.

____ Yes, please enroll my child in North New Summit School for the 2010-2011 school year. I am submitting payment in full of \$4,365.00 which entitles me to a 3% discount in tuition (\$4,500 less 3% = \$4,365). Please make all checks/money orders payable to New Learning Resources.

____ Yes, please enroll my child in North New Summit School for the 2010-2011 school year. I authorize North New Summit School to debit my checking account each month for \$375.00 (Aug. 2010 to July 2011) as noted on the attached authorization agreement.

*Failure to make two consecutive payments will result in student dismissal from North New Summit School.

I understand that if my child does not attend North New Summit School, if I withdraw my child, or if my child is suspended or expelled for failure to comply with the rules and regulations of the school, this agreement will remain in effect. Due to curriculum and staffing expenses for each student, all tuition is non-refundable and will be paid in full, even in the event of early withdrawal. I further understand that my child's transcripts and any other records will be withheld by New Summit School, until the required payments have been made.

PARENT / GUARDIAN SIGNATURES REQUIRED

Parent or Legal Guardian Date _____

*****PLEASE NOTE - THIS FORM MUST BE SIGNED AND RETURNED WITH ALL APPLICABLE FEES FOR A CLASS SPACE TO BE RESERVED FOR THE ABOVE NAMED STUDENT

-----North New Summit School (Office use) -----

BY: _____ Date _____
Executive Director and/or Finance Director