



Student Enrollment Application/Agreement Form

Date: ___ / ___ / 20___

Student Data

Name: Last _____, First _____, Middle _____

Name student prefers _____ Social Security Number _____ - _____ - _____

Grade to enter _____ / School year 20___ - 20___ Sex: M or F DOB: ___ / ___ / ___ Age: ___

**COPIES OF THESE DOCUMENTS ARE NEEDED TO BE ON FILE IN
THE SCHOOL OFFICE:**

1. COPY OF STATE BIRTH CERTIFICATE
2. COPY OF SOCIAL SECURITY CARD
3. SMALL PHOTO OF STUDENT (PLACED IN SPACE PROVIDED)
4. ALL STUDENTS MUST HAVE AN IMMUNIZITON RECORD ON FILE IN THE OFFICE.
5. IMMUNIZATIONS MUST FOLLOW WV LAW FOR SCHOOL ENTRY.
6. PRE-K AND KINDERGARTEN MUST PRESENT CERTIFICATE OF IMMUNIZATION.
7. ALL SEVENTH GRADERS MUST SHOW PROOF OF UPDATED IMMUNIZATION.

Attach
Student
Photo
Here

Student Data (continued)

Please list all schools that this student has previously attended, including preschool, beginning with the most recent.

Year	Grade(s)	Name of School	Complete Address

Has student been retained? _____ If yes, what grade? _____

Has student had any disciplinary difficulty in school? _____ If yes, please explain.

Are there special circumstances regarding the student’s general health or other special challenges? (i.e., physical, emotional, learning, behavior, discipline, etc.?) _____ If yes, please explain.

Has the student received counseling or been tested by a psychiatrist, psychologist, educational consultant, or counselor? ** _____ If yes, please explain.

**** We request a copy of test results as part of the admission application process. Failure to disclose this information during the admission process could result in denial of admission or serve as grounds for dismissal of the student from school.**

Statement to Applicant

*This application does not assure final enrollment but provides information upon which a decision to accept for which enrollment will be based. **The nonrefundable \$100.00 enrollment fee must be paid at the time this application is made.** The fee will be refunded, however, if the child is refused admission. No Application will be counted until the deposit has been paid in full.*

ALL CURRICULUM PURCHASED FOR YOUR CHILD IS BOUGHT AND PAID FOR BY THE NOLAN CHRISTIAN ACADEMY AND IS THEREFORE THE PROPERTY OF THE SCHOOL.

Family Information

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Legal Guardian Both parents Father Mother *Other

*If *Other* is checked, give name and relationship _____

Student lives with _____

Address _____

City/State/Zip _____ County _____

Church home _____

Father's employer & phone _____

Father's cell phone _____ Pager _____

Father's email _____

Mother's employer & phone _____

Mother's cell phone _____ Pager _____

Mother's email _____

Home phone _____ Home email _____

Siblings (include name, age, and school)

***Sole Guardian Instructions: Biological/Custodial Parents must be given access to their children unless there is a court order preventing contact. A copy of this order must be provided to the school along with names of anyone not allowed to pick up the child.**

Emergency Information

List any health problems your child may have – i.e. seizures, diabetes, allergies, operations, etc.

List any ongoing medication your child takes. _____

May we contact your family physician in the event of a medical emergency? (Circle One) YES or NO

Physician's name & telephone _____

Insurance Company: _____ Policy Number: _____

Do you give NCA and persons acting on behalf of NCA consent to transport your child in the event of an emergency? (Circle One) YES or NO

Preferred Hospital: _____

(Note: If unable to transport to this facility, child will be taken to nearest one.)

Permission for Medical/ Dental/ Surgical Treatment:

I _____ give my permission for the Nolan Christian to consent to treatment for (Child's Name) _____ for medical, dental, surgical treatment in the event that I or (Circle one of the following) the mother/father/ or legal guardian cannot be reached in a medical emergency.

(Person giving permission's relationship to child): ___ Mother, ___ Father, ___ Legal Guarding

Signature: _____ Date: _____

In case of an emergency and we cannot reach a parent or guardian, list the names and numbers of four other people who we may contact.

1st Name _____ Phone _____

Address: _____

2nd Name _____ Phone _____

Address: _____

3rd Name _____ Phone _____

Address: _____

4th Name _____ Phone _____

Address: _____

Permission to Apply

I give permission for faculty of Nolan Christian Academy to apply the following initialed items on my child.

__ Ibuprofen – Dosage ____
__ Hand/Body Lotion

__ Tylenol – Dosage ____
__ Bandages/Bandaids

__ Cough Drops
__ Other- _____

*Prescription Drugs will be administered by the parent or with signed written consent and dosage information from the parent or guardian only.

Signature: _____ Date: _____
(Parent or Guardian)

Pick-Up Information

Pick-up information – The following individuals may pick up my child from school per my instructions.

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Are there any arrangements Nolan Christian Academy needs to be aware of regarding your child? (i.e. arrangements for pick-up, etc.?) _____

Permission for Trips

I give permission for my child to go on trips away from the premises of the school, in the company of school staff or appointed persons, weather on foot or by vehicle.

Signature: _____ Date: _____
(Parent or Guardian)

Photo Release

I give permission for Nolan Christian Academy to use pictures of my child in publications including the newspaper, yearbook, and website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed in this application and additional children listed below.

Additional children:

Signature: _____ Date: _____
 (Parent or Guardian)

Technology Acceptable Use Policy

Nolan Christian Academy provides access for students and staff to use state-of-the-art computer technology, electronic mail and the internet. All users must share the responsibility for seeing that our technology facilities are used in an effective, efficient, ethical and lawful manner. It is a privilege to have access to these extraordinary resources and therefore, all users must agree that they will comply with these guidelines.

When using the network:

1. I will follow the rules explained to me by school staff.
2. I will demonstrate appropriate behavior.
3. I will be courteous to others and respect their documents and files.
4. I will use the equipment with care.
5. I will use only the software that my teacher has assigned to me.
6. I will connect only to sites on the internet which have been allowed by the teacher.
7. I understand that the computer systems have been set up for me and may not be changed in any way.
8. I will use only appropriate language, pictures and other data on the computers or network.
9. I will abide by any email instructions given to me by my teacher to protect me and to promote the health of our network.
10. I will follow copyright laws that protect programs, data, books and pictures.
11. I will tell the teacher about problems.
12. I will leave all materials, equipment and parts in the lab or computer area so that the systems will be in good working order for the next year.
13. I will help keep the lab area clean and orderly by recycling unwanted paper, picking up personal items, etc.
14. I will keep all food and liquids away from the computers.
15. I will have a teacher's permission for using the internet, computer or lab.
16. I will use only computers and equipment for which I have been granted permission to use **(office computers contain vital school and church records and are not for student or recreational use unless specific permission has been granted by the Administrator).**

I understand that if I violate these guidelines, my computer and network privileges may be suspended. School discipline and/or appropriate legal action may also be taken against me. This is in accordance with WV State and Mingo County Acceptable Use Policies.

Print full name of student	Student signature	Date
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Print full name of parent/guardian	Parent/guardian signature	Date
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IPM Notification Form –

****Complete ONLY if you wish to be notified.***

West Virginia has adopted an Integrated Pest Management (IPM) Plan for our schools and child care centers. An IPM Plan is a system of controlling pests in which pests are identified, action thresholds are considered, all possible control options are evaluated, action thresholds are considered, and possible control options are evaluated and selected controls are implemented.

The Goal of Integrated Pest Management system is to manage pest and the environment. Integrated Pest management takes into account site-specific factors and takes advantage of all pest management options. Pesticides shall not be applied unless monitoring indicates pests are present.

If your child has allergies or sensitivity to pesticides and you wish to be notified 24 hours prior to any pesticide treatment in our building, please fill out the form below and return it to school or child care center as soon as possible.

****Complete only if you wish to be notified****

School Name: Nolan Christian Academy

Student Name: _____

Sensitivity to: _____

Phone Number Home: _____ Work: _____

Signature: _____ Date: _____

(Parent or Guardian)

For more information about Integrated Pest Management in School or Child Care Centers,

Contact: Phillip’s Termite & Pest Control, Inc.

1-800-726-2260

Tuition & Billing

In order for the school to calculate tuition properly, the following information is needed:

Number of children enrolled in Nolan Christian Academy _____

Choose desired Tuition payments schedule:

Paid in Full (Due by Aug 15th) Monthly (10 months Aug - May) Monthly (12 months Aug - July)

Installment Payment Agreement

I understand that Nolan Christian Academy allows me to make installment payments in order defer my tuition cost, there are no additional fees, or interest charged for this service; therefore it is my duty and responsibility to make sure monthly installments are in full and on time. If for any reason I will not be able to pay on time, I will contact the school immediately and to make necessary arrangements. I will mail in payment for June, July, and August to: NOLAN CHRISTIAN ACADEMY, 30 Nolan St, Williamson, WV 25661.

Signature: _____ Date: _____

(Parent or Guardian)

Note: *No Records will be released until account balance is settled.*

Statement of Cooperation

It is my desire to assist the school in its efforts to help my child grow spiritually, mentally, and physically. I will encourage him/her in Bible study and all other phases of the curriculum. I agree to uphold a high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any assignments or homework. I give permission for my child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the school premises; and hereby absolve the school from any or all liability to me or to my child because of any injury to my child at school or during any school activity. I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline (not corporal punishment) as it deems wise and expedient for the training of my child. Students who fail to comply will lose the privilege of attending Nolan Christian Academy. I understand that the Nolan Christian

Academy is a totally non-profit ministry of the Nolan Freewill Baptist Church and that it operates on the tuition received from the parents/guardians of the children that attend the school. The monies received are used solely for utilities, the upkeep of the building, staff salaries, curriculum, and for the benefit of the students attending the Nolan Christian Academy. I agree to keep my financial obligations with the school current (if monthly by no later than the 15th of each month), and will contact the school office if a balance remains unpaid after the due date. It is also my understanding that the policy of the school is to make no refund on enrollment fees, curriculum fees, or the August tuition. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

Father's signature

Mother's signature

Date

Date

Student/School - Handbook Agreement

I _____ (Students Name) have read the parent student hand book and agree to abide by its rules and guidelines. I understand that if one of its rules or guidelines is broken, that there will be correction and consequences to follow.

Student signature: _____ Date: _____

Parent/School - Handbook Agreement

IN ORDER TO SOLEMNIFY the desire of the undersigned parties to glorify the Lord with their obedience to Him and to promote a clear understanding of the duties and responsibilities of each party, the undersigned parties adopt the following agreement:

I, _____, for and in consideration of my child, _____ being admitted as a student at Nolan Christian Academy, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this Agreement

1. I understand and agree that the Nolan Freewill Baptist Church of Williamson, WV and the Nolan Christian Academy are inseparable ministries.
2. I have read and understand the Parent/Student Handbook and I agree with it completely. I agree that my child and I must abide by all of the policies, rules and regulations of the school, including those listed the Parent/Student Handbook., and I agree to support Nolan Christian Academy with my conduct and prayers.
3. I understand and agree that the instructors and other school officials will guide the education of my child. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him by the instructors and school officials to the best of his/her ability to their satisfaction. I will support the decisions of the instructors and school officials and will never attempt to undermine their authority. I understand and agree that during my child's enrollment, the courses offered and the instructors teaching them may change from time to time in the discretion of the school leadership.
4. I understand and agree that my child has no right to publish and distribute a student newsletter or any other publication. I understand and agree that Nolan Christian Academy has the right, in its sole discretion, to control what is published, circulated, or otherwise distributed at its school to its students or staff; and I will ensure that my child understands this provision.
5. I understand and agree that attending Nolan Christian Academy is a privilege and the school reserves the right to suspend or expel my child from the school in accordance with its official policies as determined by the school. Notwithstanding anything to the contrary contained herein, this Agreement does not bind either party to any specific period of enrollment. I may terminate this Agreement without cause upon seven (7) days written notice. I understand that no rights or presumptions of continued enrollment are conferred or implied by this Agreement or by a number of consecutive Agreements. I further agree that no right to notice of renewal or non-renewal of the Agreement is conferred or implied.
6. I agree to pay all tuition and fees in a timely manner as set forth in Nolan Christian Academy's Financial Information Statement. I understand that monthly tuition payments are due on or before the 15th day of each month. I further understand that if I fail to make a timely payment, my child may be withdrawn from school and I may be subject to late-payment fees and other costs, including any necessary costs of collection in accordance with school policy. **Note: No Records will be released until account balance is settled.**
7. As Nolan Christian Academy is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. I understand that making demands threatening to sue or actually litigating a matter against Nolan Christian Academy clearly violates Biblical teaching and practice and shall constitute sufficient grounds for immediate withdrawal of all my children from enrollment at Nolan Christian Academy. I understand that retaining or instructing an attorney to contact the ministry with regard to a potential claim or dispute will be interpreted as a threat to sue. Accordingly, the parties agree to solve all potential claims, disputes, or causes of action through arbitration using the procedures outlined in the attached procedures.
 - a. I agree to follow the Biblical pattern of Matthew 18:15-17 and Galatians 6:1 and always give a good report. All differences are to be resolved by utilizing Biblical principles – always presenting a united front.
 - b. The parties agree that the methods outlined in this section (§7) shall be the sole remedies for any and all controversies or claims arising out of the enrollment relationship or this Agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.
 - c. I acknowledge that I have read and understand the procedures for arbitration adopted by Nolan Christian Academy and agree to abide by the procedures outlined therein.
 - d. I agree to do everything in my power to avoid involving Nolan Christian Academy in any legal proceedings which may take place or legal requests for documents or testimony of school officials concerning the custody and/or education and upbringing of my child. I understand that if, in spite of my and my attorney's best efforts, any school official is legally compelled to provide testimony or documentation beyond a copy of my child's standard academic records, that my child may be immediately disenrolled from Nolan Christian Academy and that my account may be charged for any and all expenses incurred in complying with such legal process.
8. The parties agree that there are no other agreements or understandings between them relating to the subject matter of this Agreement. This Agreement supercedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement of the parties. Neither this Agreement nor its execution have been induced by any reliance, representations, stipulations,

Nolan Christian Academy – Student Enrollment Application Agreement Form

warranties, agreements, or understandings of any kind other than those expressed herein. If any provision of this agreement is found to be void or avoidable, it shall not affect the validity of any other provision. Both parties shall remain bound by all other provisions.

9. I certify that I will explain the Agreement and its meaning to my child. I will assist the school in every way necessary to ensure my child abides by all the terms of this Agreement.

10. I understand that this Agreement shall not take affect until fully executed by all parties.

IN WITNESS WHEREOF, the parties have executed this Agreement on the _____ day of _____, 20__.

BY: _____ BY: _____
Father Mother

I understand this agreement and its content and agree to abide by its terms and all rules which apply to students.

BY: _____
Student (age 12 and above)

ACCEPTED AND APPROVED

BY: _____
Principal

<p>Check list:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is the application form complete? <input type="checkbox"/> Is small photo attached? <input type="checkbox"/> Are immunization forms up-to-date and in order? <input type="checkbox"/> Birth Certificate and Social Security <input type="checkbox"/> Enrollment Fee

FOR OFFICE USE ONLY

Date of interview with Administrator _____

Enrollment fee: Date paid _____ Check # _____ Cash _____

Curriculum fee: Date paid _____ Check # _____ Cash _____

Health forms received _____ School records requested _____ Date received _____

Birth Certificate _____

Accepted _____ Rejected _____ Waiting list _____ Grade placement _____

Signature of Administrator

Date



REQUEST FOR STUDENT RECORDS

This is an official request on behalf of Nolan Christian Academy, formerly requesting school transcripts of the student listed below. Your prompt and complete cooperation is greatly appreciated.

Transcripts Should Include:

- *Grades and written teacher's comments*
- *Achievement and aptitude test results*
- *Proficiency test results*
- *Psychological and special needs testing reports (i.e. most recent ETR, IEP, 504, Service Plan, if applicable)*
- *Attendance and disciplinary records*
- *Immunizations*

Legal name of Student used in school:

Last: _____ First: _____ Middle: _____

Last 4 of Social Security: _____ Date of Birth: _____

Last School Attended: _____

Last Year of Attendance: _____, and Grade: _____

TRANSCRIPT SHOULD BE FAXED or MAILED TO:

Fax: 304-235-2919 or 304-235-3914

NOLAN CHRISTIAN ACADEMY
30 Nolan Street
Williamson, WV 25661

This is to certify that I authorize the release of a copy of my child's records to Nolan Christian Academy be used as a part of the admissions process.

Printed Name: _____ Date: _____

Signature: _____ Phone: _____

Signature of Parent, Legal Guardian, or Self (if over 18 years of age)

Parents, guardians, or legal-age students may inspect the records transferred or received, and request a hearing to challenge the contents therein. Records transferred by authorization of this release will not be released to another person or out-of-district school or agency other than the one listed above without written notification to the parent, guardian, or legal-age student.

If you should have any questions or concerns please contact the school at once. Phone: 304-235-3914

**Check us out on the web:
www.NolanChristianAcademy.com
Thank You and God Bless!**