

STUDENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gender:  Male  Female Birthday: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Race (check all that apply):  American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 Asian

White  
 Two or More Races (please list)

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

Ethnicity (check one):  None  Hispanic/Latino

Please describe any developmental challenges or special needs your child may have of which you feel New Heights Academy needs to be aware. Indicate if your child has an Individualized Education Program (IEP), 504 Plan, Success Action Plan (SAP), or any other such assessment.

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

FAMILY INFORMATION

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

Address (if different): \_\_\_\_\_

Primary Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to reach you during the day? \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

Primary Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to reach you during the day? \_\_\_\_\_

Please list all siblings that will also be attending New Heights Academy:

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### EMERGENCY CONTACT

Please list those (other than parent/guardian) who are authorized to care for and pick up the student:

Name	Phone	Relationship to Student

### MEDIA RELEASE

"I grant to New Heights Academy (hereafter "the school") full permission to use any recording, image, photograph, voice, or likeness in connection with the school's student activities and other related efforts. I further understand and grant full permission for such content to be used in publications, electronic media, advertising, trade, and other lawful uses that further the efforts of the school. I understand that my name and my child's name will not appear in connection with any media containing my likeness or my child's likeness that may be used. I am granting this release freely and voluntarily, and am not relying on any inducements, promises, or representations made by the school, its employees, or its agents.

Furthermore, I release the school and its officers, representatives, licensees, employees, successors, assignees and their designees from any and all liability for any rights of action or claims deriving from rights granted to the school herein, including, but not limited to, any privacy rights, proprietary rights, and any rights to compensation. Such rights and permissions granted in this agreement shall extend to successors, assignments, and licensees of the school."

YES       NO

### NON-DISCRIMINATION POLICY

New Heights Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the

basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**FOR STUDENTS ATTENDING OUR BEFORE AND AFTER SCHOOL PROGRAM AND/OR SUMMER CAMP**

**NOTE:** If your child will be attending our Before and After School Program and/or Summer Camp, please fill out the additional information below. If your child will only be attending our day school, please continue to the “Statement of Understanding and Cooperation” section on the following page.

Has your child participated in our Before and After School Program and/or Summer Camp before?      YES    NO

If your child has not participated in any of our programs, but has had other such experience, please describe: \_\_\_\_\_

\_\_\_\_\_

If your child has any interests, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has any fears or dislikes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe your child’s habits, personality, and abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the child’s living situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any additional information that may help us better serve your child: \_\_\_\_\_

\_\_\_\_\_

**Please fill in the times for each day your child will be attending our programs:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL					
AFTER SCHOOL					
SUMMER CAMP					

## STATEMENT OF UNDERSTANDING AND COOPERATION

"I hereby pledge to pay my financial obligation to the school in a timely manner and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.

I appreciate the standards of the school and do not tolerate dishonor to 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 it deems wise and expedient for the training of my student in accordance with the school's disciplinary policy.

I understand that this application does not constitute a contract for enrollment until formally accepted by the school administration and that students are accepted to the school on a probationary period and that the school reserves the right to dismiss any student who, in the administration's sole discretion, has failed to comply with the established regulations and discipline or whose financial obligations are not met.

To the best of my knowledge, the information I have provided on this application is accurate and complete."

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

## IMPORTANT TO REMEMBER

- This form must be filled out completely before it can be processed.
- A (non-refundable) Registration Fee must accompany each Enrollment Form.
- For new day school students, a Release of Records Form must accompany this Enrollment Form.
- An interview with the parents and the student may be required before final acceptance.

Please submit all documentation and fees to: **New Heights Academy**  
**7700 N County Rd 1200E**  
**Charleston, IL 61920**

## OFFICE USE ONLY

Applying for:  Early Childhood/High School  Before and After School  Summer Camp  Other\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

(Non-Refundable) Registration Fee: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Date Sent for Records: \_\_\_\_\_ Date Received Records: \_\_\_\_\_

On file:  Birth Certificate  Immunization  Physical  Vision  Dental