



NEW HORIZONS NEW DIRECTIONS PREPARATORY ACADEMY

STUDENT RE-ENROLLMENT APPLICATION

NON-REFUNDABLE APPLICATION FEE - \$100.00 (Waived if submitted by 4/22/22)

& REGISTRATION FEE - \$150.00

Student Name	Grade	Date
Date of Birth (MM/DD/YYYY)	Social Security #	Gender (Circle one) M F
Race (Circle One) Asian African American Caucasian Latino Other		
CHILD RESIDES WITH: (Please check one) <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER _____ <p style="text-align: center;">(Relationship)</p>		
Father/Guardian Name	Phone	Email
Address	City/State	Zip
Employer	Phone	Address
Church Affiliation	Religious Faith	City/State
Mother/Guardian Name	Phone	Email
Address	City/State	Zip
Employer	Phone	Address
Church Affiliation	Religious Faith	City/State
CAREER GOAL:		

EMERGENCY CONTACT

Emergency Contact Name	Phone	Relationship
------------------------	-------	--------------

PREVIOUS SCHOOL INFORMATION

Name	Address City/State/Zip	Phone
Last Grade Attended:	Reason for Leaving	Enrollment Date
IEP Services	Type?	

MEDICAL HISTORY

Primary Physician & Address	Phone	Allergies
Has the student ever been professionally tested for any of the following?	Speech Hearing ADHD Other _____	
Has the student even been diagnosed with any mental health disorder?	Type?	

REFERENCES

Name	Address City/State/Zip	Phone
Name	Address City/State/Zip	Phone
Name	Address City/State/Zip	Phone

2022-2023 Fee Schedule

Enrollment Fees (One-Time):

Application Fee: \$100.00 Registration Fee: \$150.00
(Waived if received by 4/22/22) Matriculation Fee: \$300.00

Tuition (Annual):

PreK-K5: \$4,000
1st-5th Grades: \$4,500
Middle School Grades 6-8: \$4,750
High School Grades 9-12: \$5,000

Tuition (Monthly):

PreK-K5: \$400
1st-5th Grades: \$450
Middle School Grades 6-8: \$475
High School Grades 9-12: \$5,000

OPTION 1:

Registration Fee \$150.00
Matriculation Fee: \$300
One Time Tuition Payment

OPTION 2:

Registration Fee \$150.00
Matriculation Fee: \$300
Tuition Payment due on the 5th of each month

OPTION 3:

Registration \$150.00
Matriculation Fee: \$300
Tuition due on the 1st and 15th

OPTION 4:

Registration Fee \$150.00
Matriculation Fee: \$300
Tuition due every Monday

(Please circle above payment option)

Please initial:

_____ I understand if my payment arrangement is not kept, the student will not receive transcripts, grades, assignment, or any other requested information.

_____ Monthly payment are due by the 5th of each Monday.

_____ If paying weekly, payments are due every Monday. If Monday is a holiday, please pay on the following business day. I acknowledge that if payments are received after the 5th of each month, I will be charged an additional \$50.00 late fee.

_____ I have selected Option _____. If I pay early I understand that I will owe the total remaining balance of the option I chose.

_____ If the student is graduating this year, there will be an additional \$150.00 graduation fee that must be received before receiving a diploma and/or other material.

_____ I understand there is NO REFUND and any balance left unpaid will be sent to a collection agency along with any other fees and interest. I will be responsible for paying collection costs.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT FINANCIAL AGREEMENT

Student Name _____ Grade _____

Please make checks payable to New Horizons New Directions Preparatory Academy (NHND) and include your child's name on the check.

_____ I understand that tuition is charged on an annual basis.

_____ I understand that the annual tuition can be paid using four (4) different payment options and that tuition should be paid by the 5th of each month.

_____ I understand that all payments made after the 5th of the month will incur at \$50 late fee.

_____ I understand there will be no payment reminder or payment coupons by NHND.

_____ I understand there will be a \$35 fee for all returned checks and that after ONE returned check I must make all future payments in cash or money order.

_____ I understand that any student account that is thirty (30) days in arrears, the student will not be allowed on campus (which will result in unexcused absences) until the balance is paid in full.

_____ I understand that if the balance is not paid in full by the end of the first calendar week of the next month, the student will be removed from the roll.

_____ I understand that students with delinquent accounts will not receive his/her student records until all outstanding tuition and fees have been paid.

_____ I understand that delinquent accounts will be turned over to a collection agency for collection of funds upon approval by the Headmaster.

_____ I understand that I, the parent/guardian, am responsible for all reasonable court costs and attorney fees incurred by NHND in the pursuit to collect outstanding tuition and fees.

Registration Fee:

The registration fee for all students at New Horizons New Directions Preparatory Academy is \$100. This fee is due when the student is registered and is non-refundable.

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY MEDICAL INFORMATION

Student Name _____ DOB _____

Allergies _____

Parent/Guardian Name _____ Mobile # _____

In the event the parent/guardian cannot be reached, who should we contact in an emergency?

Contact # 1 _____ Mobile # _____ Relationship _____

Contact # 2 _____ Mobile # _____ Relationship _____

Contact # 3 _____ Mobile # _____ Relationship _____

Physician Name _____ Phone _____

Current Medications (Dose/Frequency) _____

_____ Blood Type _____

Previous Surgery _____

Medical History/ Health Issues (Circle all that apply)

Asthma	Sickle Cell	Migraines	Kidney Disorder	Heart Disease	Cancer
Diabetes	Seizures	Hepatitis	Bronchitis	Blood Disorder	Other _____

I, the parent/guardian of the above named child, hereby authorize the named Healthcare Provider who has attended to my child, furnish to the School Nursing Supervisor and/or School Nursing Staff any medical information and/or copies of records pertaining to my child's medical history and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act (HIPPA) disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance at NHND Preparatory Academy. This authorization expires as of the last day of the school year.

PARENT/GUARDIAN SIGNATURE _____
DATE

AUTHORIZATION TO TRANSPORT

I hereby authorize NHND personnel to take my child to the hospital emergency room for treatment. I understand that I am legally responsible for any financial obligations incurred for the treatment of my child.

Parent/Guardian _____



NEW HORIZONS NEW DIRECTIONS PREPARATORY ACADEMY

PHOTO RELEASE FORM

When parents register their child(ren) at New Horizons New Directions Preparatory Academy they understand that when participating in activities the student “may be photographed for print, video, or electronic imaging.” Parents also understand that the images “may be used in promotional materials, news releases, website, and other published materials.”

It is the policy of NHND Prep to require a photo release form in the event that a child will be identified in a picture being used by the school.

I, being the parent/guardian of _____, hereby consent to the use of photographs, video, or film of my child, and/or other audio recordings made of his/her voice, in whatever manner they desire, including television, radio, print and/or electronic use. Furthermore, I hereby consent that such photographs, films, and/or recordings along with media which contain them shall be their property, with the right to sell, duplicate, reproduce, and make other uses of photographs, video, films and recordings as they see fit, free and clear of any claim whatsoever on my part.

PARENT/GUARDIAN SIGNATURE

DATE