



P.O Box 757
 NORLINA, NC 27563
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 www.norlinachristianschool.org

**RE-ENROLLMENT APPLICATION
 2015-2016**

GENERAL INFORMATION

DATE _____

| | | | | |
|------------|---------------------------------|------------------------|----------------|----------------|
| Student 1: | _____ | _____ - _____ - _____ | ____/____/____ | _____ |
| | Full Name (Last, First, Middle) | Social Security Number | Date of Birth | Grade to Enter |
| Student 2: | _____ | _____ - _____ - _____ | ____/____/____ | _____ |
| | Full Name (Last, First, Middle) | Social Security Number | Date of Birth | Grade to Enter |
| Student 3: | _____ | _____ - _____ - _____ | ____/____/____ | _____ |
| | Full Name (Last, First, Middle) | Social Security Number | Date of Birth | Grade to Enter |
| Student 4: | _____ | _____ - _____ - _____ | ____/____/____ | _____ |
| | Full Name (Last, First, Middle) | Social Security Number | Date of Birth | Grade to Enter |
| Student 5: | _____ | _____ - _____ - _____ | ____/____/____ | _____ |
| | Full Name (Last, First, Middle) | Social Security Number | Date of Birth | Grade to Enter |

Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Business Phone: (____) _____ Email: ** _____

EMERGENCY INFORMATION

Emergency Contact: _____ Phone: _____ Cell: _____
 Student's Physician: _____ Physician's Phone: _____ Hospital Preference: _____

FAMILY/GUARDIAN INFORMATION

Father's Name: _____
 Social Security: _____ Address: _____
 _____ City: _____
 State: _____ Zip: _____
 Employer: _____
 Work Phone: _____ Cell: _____
 Work Email: _____

Mother's Name: _____
 Social Security: _____ Address: _____
 _____ City: _____
 State: _____ Zip: _____
 Employer: _____
 Work Phone: _____ Cell: _____
 Work Email: _____

If Parents are separated, with whom does the student reside? _____ Who is responsible for the bill? _____

PAYMENT PLAN: _____ Full Payment (5% discount if paid upon enrollment) _____ 12 Month (Begins June 5th through May 5th)
 _____ 10 Month (August 5th through May 5th)

Church You Attend? _____ Pastor's Name: _____
 Member? _____ (Y/N) How long? _____ How often do you attend? _____ Weekly _____ Monthly _____ Rarely _____



NORLINA CHRISTIAN SCHOOL ANNUAL STATEMENT OF COOPERATION 2015-2016

I sincerely pledge my loyalty to the aims and policies of NCS as detailed in the Parent/Student Handbook. I agree to bring all questions and concerns directly to the teacher or administration so that they may be properly considered by those in authority. In cooperation with the spirit of the school, I will try to attend the Parent/Teacher Fellowship meetings.

I understand that tuition is an annual charge that may be paid on at an agreed-upon equal payment plan. Report cards may be held if the account becomes delinquent during any grading period unless satisfactory arrangements have been made with the school. All accounts are delinquent over thirty (30) days. Students may be suspended from attending class if the account continues to be delinquent and arrangements have not been made with the school. All monthly payments are first applied to unpaid tuition, then book fees, re-enrollment fees, etc. No refunds will be made for book fees, lab fees, or tuition.

Because fees and tuition do not cover the actual cost of educating a student, I realize that my participation is also needed in prayer, services, and gifts to properly share in my child's training.

I understand that NCS reserves the right to dismiss any student if the student or parents do not fully cooperate with the educational process at NCS. I agree to fully support the disciplinary process of NCS, including but not limited to additional assignments, after school detention time, mandatory parent conferences, and suspensions, as may be required. I understand and agree that, upon the recommendation of administration and approval by the NCS Board, a student may be permanently expelled from NCS with or without cause.

I understand that all students are accepted on a six-week trial basis.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips during the normal school day. I absolve the school from any liability resulting from injury to my child. In the event of accident or serious illness, I understand that the school will try to contact me. If the school is unable to contact me, I authorize the school to make the necessary arrangements for treatment of my child.

| | |
|--|---------------|
| _____ Student's Name (student's signature required for grades 6-12) | _____ Date |
| _____ Student's Name (student's signature required for grades 6-12) | _____ Date |
| _____ Student's Name (student's signature required for grades 6-12) | _____ Date |
| _____ Student's Name (student's signature required for grades 6-12) | _____ Date |
| _____ Father/Guardian's Signature | _____ Date |
| _____ Mother/Guardian's Signature | _____ Date |



LETTER OF INTENT 2015-2016

All families are required to sign a letter of intent after reviewing the attached Tuition and Fees Information for 2015-2016.

By signing the letter of intent I agree to enroll my student/s listed below in the new Tuition & Fees Plan 2015-2016.

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

Father/Guardian's Name

Father/Guardian's Signature

Date

Mother/Guardian's Name

Mother/Guardian's Signature

Date

Norlina Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education, admission policies, tuition, assistance, athletic and other school-administered programs.



TUITION AND FEES INFORMATION 2015-2016

K4 - 8

TUITION PAYMENT PLAN: Fees are included in monthly payments

Plan # 1 – 10 month payment – August through May – 1 monthly payment of \$558.00 and 9 monthly payments of \$556.00

Plan # 2 – 12 month payment – June through May – 1 monthly payment of \$469.00 and 11 monthly payments of \$463.00

Plan # 3 – Full payment – 5% discount with full payment upon enrollment
Total tuition for school term: \$5,562.00 (5% discount: \$5,284.00)

MULTIPLE STUDENT DISCOUNT:

One child...Full Tuition Two Children...Full Tuition Three Children...½ Tuition on Youngest Child

Four Children.....¼ Tuition on Youngest Child Five Children..... NO Tuition on Youngest Child

LATE FEES & Miscellaneous:

A late fee of **\$ 35.00** is assessed each month on any account not paid in full by due date. A RETURN CHECK will result in a **\$ 35.00** charge to the account. REGISTERED LETTER FEE is **\$ 5.50**.

All parents of NORLINA CHRISTIAN SCHOOL students are required to: contribute **25** hours of their time during the school year to help with various projects (PTO, School Improvement, Fund raising). All service work will be scheduled and approved. Non served hours will be billed at \$10.00 each to accounts on last statement date for May.