

**WHITE ROCK NORTH SCHOOL**

**RETURNING STUDENTS ONLY**

**APPLICATION FOR ADMISSION**

School Year \_\_\_\_\_ to \_\_\_\_\_

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Intended Date of Admission \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Applicant's Gender: Male Female

Applicant's Current Grade: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

**SECURITY PASSWORD \_\_\_\_\_ DO NOT LEAVE BLANK**

**Academic Program**

Hours listed indicate academic schedule; hours of available care 7:00 am – 6:00 pm

Check the appropriate selection: \_\_\_\_\_ INFANT \_\_\_\_\_ PRESCHOOL \_\_\_\_\_ PRE-KINDERGARTEN \_\_\_\_\_ KINDERGARTEN \_\_\_\_\_ GRADE SCHOOL

Kindergarten/Grades (8:30 am – 3:30 pm) Extended care 3:30 to 6:00 pm

Kinder/Grades: Hours Child will be on campus \_\_\_\_\_ am to \_\_\_\_\_ pm

**PARENT INFORMATION**

**Parent 1**

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you \_\_\_\_\_ rent \_\_\_\_\_ lease \_\_\_\_\_ own your dwelling?

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Parent 2**

Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you \_\_\_\_\_ rent \_\_\_\_\_ lease \_\_\_\_\_ own your dwelling?

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Beeper/Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Ethnicity (optional):**

\_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ African American \_\_\_\_ Asian/Pacific \_\_\_\_ Mid-Eastern \_\_\_\_ Other

White Rock North School admits students without regard to race, sex, color, or religion in the administration of its admission and education policies, financial aid programs, employment practices, and other school administered programs.

**EMERGENCY CONTACT & STUDENT PICK-UP INFORMATION**

**Persons other than parents, allowed to pick up student:**

(These persons must present a driver's license upon arrival & know the security password listed above.)

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

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

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

Signature(s) of Parent(s) or Guardian(s): \_\_\_\_\_ Date of Signing: \_\_\_\_\_

**PERMISSION FORM**

I, ( ) give ( ) do not give my child, \_\_\_\_\_ permission to be transported and supervised by the WRNS staff: ( ) on field trips, ( ) to and from school and ( ) to and from home in White Rock North School's vehicles.

I, ( ) give ( ) do not give my child, \_\_\_\_\_ permission to participate in water activities: ( ) splashing pools, ( ) wading pools, ( ) swimming pools, ( ) other bodies of water provided by the school, permission to participate in other physical activities, i.e.: ( ) skating and ( ) outdoor play.

I give permission for my child to participate in all on-site school activities and events, unless I give notification otherwise.

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

**MODELING RELEASE:** I grant WRNS and their advertiser, permission to use, publish, reproduce and copyright photographs of my child for advertisement purposes, in whole or in part in connection with school advertising. I understand that for security reasons, my child's name will not be used in connection with such ads, unless my permission is given.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

In order to meet all legal requirements, I hereby authorize the Administrators of White Rock North School to give consent for any and all necessary emergency medical care for my child \_\_\_\_\_, while said child is in their custody.

\_\_\_\_\_  
Parent Signature

The State of Texas, County of Dallas

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for Dallas County, Texas

\_\_\_\_\_  
My Commission Expires

**WHITE ROCK NORTH SCHOOL 20\_\_-20\_\_  
CONTRACT / FINANCIAL AGREEMENT**

In consideration of \_\_\_\_\_ as a student of WRNS for the current school year, I/we agree to the following:

**PLEASE INITIAL YOUR SELECTED PAYMENT PLAN and AGREEMENTS**

\_\_\_\_\_ **ANNUAL PAYMENT PLAN** Full payment is due on or before (date)\_\_\_\_\_. Total School Tuition: \$\_\_\_\_\_.

- A \$250.00 discount is included for making an annual payment.
- I understand that if I fail to make full payment by \_\_\_\_\_, this plan will be terminated and the monthly payment plan will become effective.

\_\_\_\_\_ **MONTHLY TUITION PLAN** Payments of \$\_\_\_\_\_ through \_\_\_\_\_ are due on the 1<sup>st</sup> of each month.

- Total School Tuition \$\_\_\_\_\_.
- I understand that a \$15.00 penalty will be assessed on all payments made after the 5<sup>th</sup> of each month.
- I understand that late tuition payments may result in the termination of this contract and the total tuition for the balance of the school year will become due and payable.

\_\_\_\_\_ **BEFORE/AFTER SCHOOL ENRICHMENT PROGRAM (currently enrolled WRNS students)** Monthly payments of \$175.00 are due and payable on the 1<sup>st</sup> of each month.

- Day care days are included in this charge.
- There is no discount for days absent or holidays.
- White Rock North School, Inc. offers this plan for our private school students with the hours in this program beginning at 7:00 am and ending at 6:00 pm.

\_\_\_\_\_ **IF MY CHECK IS RETURNED I AGREE TO PAY A** \$28.00 returned check charge, at the time I pick up the NSF check and will pay by money order.

\_\_\_\_\_ **If I ARRIVE AFTER 6:00 PM to pick up my child/children, I agree to pay a late fee of \$1.00 per minute to the counselor or other remaining staff member waiting with my child. This agreement also pertains to the Corner Cottage.**

The School accepts all students regardless of race, sex, color or religion but reserves the right to refuse any application for enrollment if the applicant does not meet the academic requirements of the School. The School reserves the right to request the applicant's withdrawal from the school if after consultation of all parties concerned, at the sole discretion of the School's administration, the applicant's progress or conduct demonstrates disharmony with the School's policies or standards. It is understood that the School reserves the right to withhold instructional services and/or the transmission of records either to the student and family or to other institutions in the event that monies are owed to the School. I understand that this contract is a 10 month contract. If I fail to pay the remaining balance, after notification, White Rock North School has my permission to charge my credit card. \_\_\_\_\_ (initial)

It is recognized that the school reserves the right to dismiss any Student, if and when in the sole discretion of the School, his/her presence in the School, is judged not to be in the best interests of the Student or deemed to be detrimental to the welfare of the School. Parents/Legal Guardians and students are to comply with all reasonable rules and regulations of the School as amended from time to time at the sole discretion of the School's Board of Directors.

The undersigned recognizes that the School enters into substantial financial commitments for instructors, facilities, and supplies in reliance upon its enrollment contracts. If Parents/Legal Guardians elect to withdraw the Student or if the Student is dismissed for any reason other than failure or inability to achieve academic requirements, no refund will be made of tuition paid to the date of withdrawal or dismissal and the entire unpaid balance of tuition for the school year will become immediately due and payable. If a child is dismissed during the school term for failure or inability to meet academic requirements, the tuition for the school year will be prorated to the date of dismissal.

The undersigned agrees that it is a policy of the School to allow **NO REDUCED RATES** for vacation or illness during the school year. Private School students needing extended care are required to enroll in the "Before / After School Enrichment" Program.

I realize that the School will be closed on Labor Day, the Thanksgiving holiday, Christmas holiday, New Year's holiday, the Easter holiday, Memorial Day and summer prep days. No reductions in tuition will be given for any of these holidays. The Parent Handbook (available in the school office) will have the exact dates. I understand that on "Teacher In-service" days, students in the upper school department, not enrolled in Before / After Care may attend these days classes for an additional fee, payable on or before the date of attendance. These dates to be announced.

I understand that I must submit in writing a letter of withdrawal within 2 weeks of leaving White Rock North School. If a notice is not given, you will be responsible for the remaining months on your signed contract.

I have carefully read and understand all information contained in this agreement and agree to be bound by its terms and provisions. I accept the policies and regulations of White Rock North School, Inc. and release its owner, Mrs. Mary F. Adams, administrators and any other employee from any and all liabilities for injuries and illnesses that might occur from attendance of my child / children at the School or while in the custody of the School.

I understand that my child's tuition payments are due on the 1<sup>st</sup> of each month provided other arrangements are not made previously and approved in advance. Should my account payment be paid after the 5<sup>th</sup>, I promise to include a \$15.00 late fee at the time of the payment. I understand that my child's academic schedule will be interrupted, should my tuition lapse more than one week, but will be reinstated upon payment. If I use my credit card, a service fee of 3% will be assessed.

In the event that any action is brought for enforcement of the Contract / Financial Agreement or the collection of any sums due under this Contract / Financial Agreement, Parents / Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the School in addition to any other damages to which the School may be entitled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent 1/ Financial Guardian

\_\_\_\_\_  
Signature of Parent 2 / Financial Guardian

