

Child's Name: _____
Age or Grade Applying For: _____
Received by: _____ Date: _____
Teacher/Room: _____

“Educating tomorrow’s leaders today.”

APPLICATION BOOKLET

School Year _____ to _____



9727 White Rock Trail
Dallas, Texas 75238
214-348-7410



Accredited by the Southern Association of Colleges and Schools
[www. WhiteRockNorthSchool.com](http://www.WhiteRockNorthSchool.com)

White Rock North School

APPLICATION PROCEDURES

Please note that the following items are needed in order for an applicant to be eligible for admission.

- The completed application form.
- Academic transcripts or progress reports for the last three years.
- References: 1 personal for the child.
- Updated immunization records.
- Completed confidential teacher evaluation form.
- Standardized testing results.
- Any diagnostic test resulting and recommendations made by qualified professionals which will assist in accommodating the academic, social and/or emotional needs of your child.
- Grades K-2nd: Samples of work from current school.
- Grades 3rd on up: Completed essays and student questionnaire.

There is a non-refundable \$50.00 application fee as well as a \$100.00 new student enrollment fee, if the child is invited to enroll.

Notification regarding admission is made within ten days following testing (K & Up) or application (preschool and pre-kindergarten) providing that the enrollment forms are complete, space is available, and the appropriate fees are paid. Testing Fees for Grades 1st-6th - \$200.00 and Kindergarten - \$100.00.

CAMPUS TOURS

Tours of White Rock North School Campus are scheduled by appointment on Monday and Wednesday morning at both 9:15 and 10 AM. Tours may be scheduled by calling the school office at 214-348-7410.

PROSPECTIVE STUDENTS

Applicants entering the Upper School program are encouraged to spend a day on the White Rock North campus. A volunteer "buddy" will be paired with the applicant to make the day enjoyable by escorting him/her to class, performing introductions to other students, faculty members and, acclimating the prospective student into the routine of the classes.

FINANCIAL INFORMATION

Charges / Payments Upon Registration

White Rock North School, Inc.

Date: ____/____/____

Applicant Name: _____

- | | |
|--|-------------|
| <input type="checkbox"/> Application Fee | \$_____ |
| <input type="checkbox"/> New Student Enrollment Fee | \$_____ |
| <input type="checkbox"/> Book and Supply Fee | \$_____ |
| <input type="checkbox"/> Prorated Monthly Tuition
(if applicable) | \$_____ |
|
Total Received Today |
\$_____ |

Paid by:

- Check # _____
- Cash: _____
- Money Order #: _____
- Credit Card Type (for miscellaneous expenses or tuition): _____

Credit Card #: _____ Exp.: _____ Security Code: _____

Name on Credit Card: _____

Card Billing Address: _____ City _____ State: _____ ZipCode _____

Visit our website at www.whiterocknorthschool.com

WHITE ROCK NORTH SCHOOL

APPLICATION FOR ADMISSION

School Year _____ to _____

FOR ADMINISTRATIVE USE ONLY

- | | | |
|---|--|--|
| <input type="checkbox"/> Student Application | <input type="checkbox"/> Security Password | <input type="checkbox"/> References Provided |
| <input type="checkbox"/> Notarized Emergency Form | <input type="checkbox"/> Academic Testing Scheduled | <input type="checkbox"/> Testing Fee Paid |
| <input type="checkbox"/> Application Fee Paid | <input type="checkbox"/> Total Amount Paid w/Application | |
| <input type="checkbox"/> Signed Financial Agreement | <input type="checkbox"/> Updated Immunization | |

OPTIONAL: Picture of Applicant: (Attach to inside cover of booklet.)
Information below to be completed by parent

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: _____

How did you hear about White Rock North School? "D" Magazine The Advocate Magazine Dallas Child
 Dallas Family Magazine Web site Referral (Please give name) _____ Other: _____

Academic Program Options

(Please check all that apply.)

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

INFANT PRESCHOOL PREKINDERGARTEN KINDERGARTEN GRADE SCHOOL

INFANT (7:00 am – 6:00 pm) Prekindergarten (8:30 am – 3:00 pm)

Preschool 2 (8:30 am – 3:00 pm) Kindergarten (8:30 am – 3:30 pm)

Preschool 3 (8:30 am – 3:00 pm) Grades (8:30 am – 3:30 pm)

******Hours Child will be on campus _____ am to _____ pm**

Schools & Addresses Applicant has attended in the past 3 years:

I have received and read the "Parent Handbook" _____

Parent/Guardian Signature

I understand that if my child has been or is diagnosed with any food allergies of any kind, I must provide all meals and snacks. In the event that I provide my child's food, I understand that WRNS is not responsible for its nutritional value or for meeting my child's daily food needs. I understand that WRNS is not a "nut-free" school.

Parent/Guardian Signature

APPLICATION FOR ADMISSION (cont'd)

School Year _____ to _____

PARENT INFORMATION

Parent 1

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: _____

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: _____

Applicant lives with: Both parents _____ parent 1 _____ parent 2 _____
Names & Ages of Siblings: _____

Ethnicity (optional):

____ Caucasian ____ Hispanic ____ Native American ____ African American ____ Asian/Pacific
____ Mid-Eastern Other: Explain please: _____

Student History

Briefly describe the applicant and give details that would assist our staff in becoming acquainted with him/her (personality, appearance, distinguishing birthmarks, etc). _____

Has your child been dismissed, suspended from or denied readmission to any school for any reason? _____
If yes, please explain: _____

EMERGENCY & STUDENT PICK-UP INFORMATION

School Year _____ to _____

Emergency Contact

Persons other than parents, allowed to pick up student:

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

Emergency Contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Person(s) Allowed To Pick Up Student

Name: _____

Phone: _____

Name: _____

Phone: _____

SECURITY PASSWORD
(Please do not leave blank)

Please give information concerning any special needs the student has, such as physical challenges, illnesses, allergies, learning differences, etc.

Financial Information

What individual(s) will be financially responsible for the matriculation fees and tuition payments due through the end of the school year.

Please Print Name _____

Please Print Name _____

Address _____

Address _____

Phone# _____

Phone# _____

Driver's License _____

Driver's License _____

Social Security _____

Social Security _____

Signature of Financially Responsible Party _____

Signature of Financially Responsible Party _____

Acknowledgement

I understand that this Financial Policy is outlined in the Financial Agreement found herein. I understand that withholding or misrepresenting information requested in this application may jeopardize the applicant's admission or enrollment at White Rock North School. My signature below indicates that all information contained in this application is correct and honestly presented.

Signature(s) of Parent(s) or Guardian(s): _____ Date of Signing: ____/____/____

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

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 or Legal Guardian's 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

EMERGENCY CONTACT INFORMATION

ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

Physician: _____
Physician Phone: _____
Physician Address: _____
Parent 1 Name _____ Work #: _____
Parent 2 Name _____ Work #: _____
Home #: _____ Cell # Parent 1: _____ Cell # Parent 2 _____
Others to be Notified: _____ Relationship: _____
Address: _____
Contact Phone #: _____
Allergies to Medication or Special Health Alerts _____

White Rock North School

HEALTH REQUIREMENTS

Please return this form to the school office. This form must be signed by the Physician.

Name of Child: _____

Date of Birth: _____

The State of Texas requires that all school children in preschool 3 through grade school have in their file a statement from their doctor that they are physically able to participate in activities at school.

The patient was seen for a routine physical exam and was found to be in good health.

Physician

Signature _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to the school. Check to indicate the option you select:

*[] **PARENT'S STATEMENT:** My child has an appointment for a physical examination.

*[] **PARENT'S STATEMENT:** My child has been examined by a physician within the last year.

Date: _____

Physician Information (Required)

Name : _____

Address : _____

City, State, Zip : _____

Signature of Parent of Legal Guardian

Date

White Rock North School

PERMISSION FORM

School Year _____ to _____

(Please fill in the blanks)

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 White Rock North School and their advertiser, permission to use, publish, reproduce and
copyright photographs or other likenesses of my child for advertisement purposes. Photographs
may be included in whole or in part in connection with the school's advertising, such as the
school's website, magazine ads, new publications and brochures. I consent to all printed
advertising and publications by White Rock North School. I further permit the school to distort,
retouch, alter, blur or create and optional illusion in pictures made in connection herewith. **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

Signature of Parent/Guardian

White Rock North School

CONTRACT / FINANCIAL AGREEMENT

School Year _____ to _____

In consideration of _____ as a student at White Rock North School for the current school year, I/we agree to the payment of the following (**Please initial each**).

- 1 **Application Fees:** (Non-refundable) **New Students Only** \$150.00 Application /Registration Fee
- 2 **Registration Fee:** (Non-refundable) **Returning Students** (see tuition schedule) Amount: \$ _____
- 3 **Monthly Tuition:** \$ _____ per month through _____

PLEASE INITIAL YOUR SELECTED PAYMENT PLAN

_____ **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 \$ _____ are due on the 1st of each month.

- Total School Tuition \$ _____.
- I understand that a \$15.00 penalty will be assessed on all payments made after the 5th 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 1st 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 check or 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.

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)

White Rock North School

CONTRACT / FINANCIAL AGREEMENT (cont'd)

The information below must be completed before the applicant will be admitted to the classroom. "A new enrollment packet is required every Fall.

- 1) Completed application form for Private School and/or Extended Care:
- 2) Notarized authorization for emergency medical care.
- 3) Updated medical and immunization records signed by a physician.
- 4) Standardized achievement test for all new kindergarten and grade school students (test must be administered by WRNS).
- 5) Contract/financial agreement.
- 6) References: 1 personal regarding your child.
- 7) Previous academic records, if applicable.
- 8) Completed WRNS evaluation form from previous school, if applicable.

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 an Exit Interview / Survey will be conducted when my child / children leave the school. I understand that this is a necessary meeting and will make every effort to attend.

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.

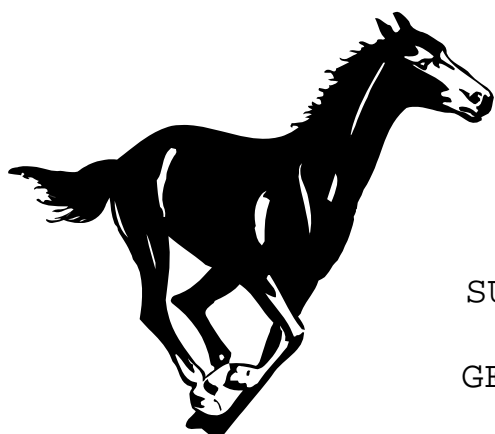
I understand that my child's tuition payments are due on the 1st of each month provided other arrangements are not made previously and approved in advance. Should my account payment be paid after the 5th, I promise to include a \$15.00 late fee at the time of the payment. I understand that my child's 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 Mother / Financial Guardian

Signature of Father / Financial Guardian



The Mustangs
of
White Rock North School

SUPPORT YOUR CHILD'S SCHOOL.....

GET INVOLVED!!

Welcome!!

We encourage all parents to become active participants in their child's school experience.

White Rock North School strives to include all parents in the various school functions that specifically benefit the children in each phase of their development and education. Activities include Open House, Book Fairs, Fund-raisers, Spring Art Exhibit, Science Fair, Teacher Appreciation Day, Kindergarten Thanksgiving Feast, and "The Christmas Caroling", just to name a few.

Upon enrolling you will find volunteer sign-up sheets for parties and celebrations in your child's classroom. Additionally, each parent is encouraged to volunteer their time on one of the many committees that make your child's experience with WRNS enjoyable. What a wonderful way to be involved with your child and his school!

The extracurricular programs available to all of our students are dance and gymnastics. Kung Fu and piano classes are available to grade school students. All of these classes are taught during the time that your child is at school and the level of training they receive is of the highest quality. Inquire about these wonderful programs!

We look forward to seeing you here and making your child's school experience a success!