

APPLICATION FOR ADMISSION  
*Returning Student*





## A MESSAGE FROM YOUR ADMINISTRATOR

1785 McFarland Blvd N  
Tuscaloosa, AL 35406

Office 205.349.4881  
Fax 205.349.3246  
Preschool 205.391.3601

[northriverchristian.com](http://northriverchristian.com)

Dear Parents,

Thank you for considering North River Christian Academy for your child's education. It is our desire to assist you in providing the best Christian education possible at an affordable price. As a ministry of Open Door Baptist Church, we exist to bring honor and glory to God. We believe that the greatest benefit to any student is to begin and develop a personal relationship with Jesus Christ. The right relationship with Christ brings honor to God and immeasurable benefits to the student. It enables the student to have purpose, passion, and propriety in all academic and extra-curricular endeavors.

Please look over what we offer and come talk with me to see if North River might be the right school for you. Some things we are offering for 2012-2013 are:

- college preparatory education at an affordable price
- Christ-centered instruction with caring faculty and staff
- character training in an environment of discipline
- competitive sports program at the junior high and high school level
- certified guidance counselor for student careers and college admissions
- class teacher-student ratio small (1-12)
- cafeteria-style hot lunch program
- chapel services weekly
- choir and music appreciation
- competition in academics and fine arts with other Christian schools

I do look forward to meeting you and your child in the coming days.

In His Service,

*Dan Habrial*

Dan Habrial  
Administrator

# ADMISSIONS PROCESS RETURNING STUDENT

## PLEASE DIRECT ALL APPLICATION MATERIALS TO:

Office of Admissions  
North River Christian Academy  
1785 McFarland Blvd N  
Tuscaloosa, AL 35406

This is a self-managed application. Applicant is responsible for ensuring that all steps in the application process are completed. Your application will be considered for admission upon the receipt of all applicable forms listed in Step 1 and 2.

### STEP 1 - SUBMIT APPLICATION FORM

**Completed Application for Admission** including Parent's Statement of Agreement.

**Registration Fee** - A nonrefundable registration fee must accompany the application. Check should be made out to North River Christian Academy.

### STEP 2 - SUBMIT ADMISSIONS REQUIRED SUPPLEMENTAL FORMS

Admissions Required Supplemental Forms - The following additional forms are necessary to complete your application file. Please fill out all required forms and submit to the school office. Admissions Required Supplemental Forms are attached or may be found online at [www.northriverchristian.com](http://www.northriverchristian.com).

#### **K5 - 6th Grade**

- Financial Policy
- Emergency Card
- Health Record
- Teacher Information Card
- Student Pick-up List
- Original Certificate of Immunization
- Copy of Birth Certificate
- Copy of Medical Insurance Card
- Copy of Student's Social Security Card

#### **7th -12th Grade**

- Financial Policy
- Emergency Card
- Health Record
- Teacher Information Card
- Original Certificate of Immunization
- Copy of Birth Certificate
- Copy of Medical Insurance Card
- Copy of Student's Social Security Card
- Copy of driver's license and insurance  
(if a student driver)

### STEP 3 - ADMISSIONS COMMITTEE REVIEW

Following the submission of the application, registration fee, and all required supplemental forms the applicant will be presented to the Admissions Committee for renewal of admission to NRCA. Parents will be notified when this process is completed.

*Equipping students to glorify God in all they do.*

North River Christian Academy accepts students regardless of race, color, nationality or ethnic background who meet the criteria for admission.  
The school reserves the right to refuse admission to any student who would not be in the best interest of the school.





FATHER

Mr./Dr./Rev. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first last*

Address (if different) \_\_\_\_\_  
*street city state zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

MOTHER

Mrs./Ms./Dr. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first last*

Address (if different) \_\_\_\_\_  
*street city state zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Please tell us about your relationship with Jesus Christ:

Father \_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL INFORMATION

Has applicant had any discipline problems in school? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly explain: \_\_\_\_\_

Has applicant ever been suspended, expelled or withdrawn? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly explain: \_\_\_\_\_

Has applicant ever attended school or participated in a program for students who have special academic needs (including gifted, special education, tutoring)? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

# PARENTS' STATEMENT OF AGREEMENT



*I understand and agree to the following conditions of admission*

APPLICANT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
*first last*

1. Christian education is a cooperative undertaking among the school, parents, and students. Consequently, the educational philosophy, objectives, and policies of the school will receive my support and that of my child at and away from school. The lack of such support may be grounds for not being permitted to reenroll and in extreme cases, for dismissal from school according to school policies.

2. Desiring my child's total education program to be effective, I agree that I will maintain for my child an environment away from school which is compatible with the school, especially in the area of moral standards.

3. While a student at North River Christian Academy, I agree that my child should refrain from swearing, indecent or suggestive language, tobacco possession or use of any kind, alcoholic beverages, drugs, inappropriate public displays of affection, or any sexual behavior including the use of pornography of any type. I agree that any music my child listens to must be appropriate for a Christian school student.

4. I understand that if my child possesses or uses alcoholic beverages, illegal drugs, or tobacco products at or away from school, he or she may be dismissed from school or subjected to other disciplinary measures at the discretion of the administration.

5. I pledge my loyalty to the aims and ideals of North River Christian Academy and will bring any criticisms directly to the faculty and/or administration so that those in authority may properly consider them.

6. If for any reason my child does not meet the academic requirements or cooperate with the disciplinary standards in accordance with the procedures stated in the Student Handbook, I will cooperate with the administration as it handles these situations and will avoid discussion with those not involved, so as to avert a spirit of dissension and division at either my child's expense or the school's.

7. In the event my child becomes ill or has a minor injury while under school supervision, I agree that the school authorities shall first contact the parent or guardian. If the parent/guardian cannot be reached, the school authorities shall contact the next person on the emergency medical card. In the event of a medical emergency or serious injury, I agree to give the school authorities the right to call 911 first before contacting the parent/guardian.

8. I grant permission for photos taken of our family members to be used in school newsletters, advertisements, yearbooks, and other promotional materials.

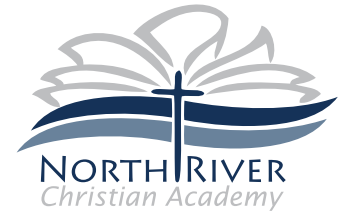
FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE (7th-12th grade) \_\_\_\_\_ DATE \_\_\_\_\_

# FINANCIAL POLICIES

## TUITION/REGISTRATION



### Registration

The registration fee is a non-refundable annual payment. Registration rates range from \$100-\$200 depending on the date of registration. The earlier a student registers, the lower the registration rate.

### Fees

Each student (K5-12th) will be assessed a \$100 annual fee to cover student standardized testing and scoring, ACSI, SACS, and ACEA student association dues, and one yearbook. K5 students and seniors are also charged a graduation fee. Students who are involved in the sports program will be charged a fee for each sport played. Sports fees range from \$100-\$150 depending on how many sports are played.

### Books

Each student (K5-12th) must rent their books from the school. There is a one time non-refundable book fee that ranges between \$175-\$250 depending on the grade of the student. The books are owned by the school and are rented by the student. Book fees are to be paid by the first day of school.

### Tuition

Tuition may be paid in one of the following ways (select one):

- Annually:** Tuition is paid in one payment for the entire year and must be paid by June 1st. This is a 5% savings.
- Monthly:**
  - 12-month:* Tuition is paid in 12 monthly checks postdated the 1st of each month (June 1st-May 1st). Postdated checks must be given to the financial secretary by June 1st. These will be secured and deposited monthly.
  - 10-month:* Tuition is paid in 10 monthly checks postdated the 1st of each month (July 1st-April 1st). Postdated checks must be given to the financial secretary by July 1st. These will be secured and deposited monthly.
- Credit Card:** Tuition is paid in 10 monthly charges to your credit card on the 1st of each month (July 1st-April 1st). A 3% service charge will be added to your bill each month for this convenience.

### Fundraising

To meet the anticipated financial needs of the school, \$300 per family (K5-12th) will need to be fundraised. For the 2012-2013 school year, each family will be offered the option to participate in fundraisers to pay off the costs without any cash outlay to the family or pay an additional \$30 per month tuition if you choose not to participate in fundraisers.

Fundraising may be raised in one of the following ways (select one):

- I choose not to participate in any fundraisers and instead to raise my monthly tuition payment by \$30.
- I choose not to participate in any fundraisers and to pay \$300 in one payment due on September 1st.
- I choose to fundraise \$300 per family. By choosing this option, I agree to participate in fundraisers until I have raised \$300. My monthly statement will include my progress toward earning the \$300. If I do not attain this \$300 amount by April 15th, the difference will be added to my account and will be due on May 1st. Earnings in excess of \$300 will reduce my outstanding tuition balance as long as my account remains current.

### New Student Referral Discount

Parents who choose to pay using the 10-month tuition plan can receive a \$25 discount on their monthly tuition rate for every new student who enrolls at NRCA for the 2012-2013 school year. In order to receive your discount, the new student's parents must indicate on the application form at the time of registration that they have been referred to NRCA by you. A discount will be given for each month that the new student is enrolled at NRCA paying regular rates.

### Financial Aid

North River Christian School has a need-based financial aid program. Financial aid forms are available in the financial office. Although any family may apply, families that are currently enrolled at NRCA will be given first preference. All financial information is kept confidential with the financial committee. The financial committee will review each financial aid application and will determine the financial aid received.

### Extended Care Program

Free care will be provided 20 minutes before and 20 minutes after school. Any student (K5-12th) who arrives on campus before 7:30 a.m. and is on campus after 3:20 p.m. will be charged a flat rate of \$4.00/day. Pre-school students receive free extended care which is included with their tuition from 6:30a.m. - 5:30p.m. Late pick-up fees are charged at the rate of \$5 for each 10 minute increment past 5:30p.m.

### General Information

- Payment is due before services are rendered.
- Tuition is due on the 1st of the month. A late fee of \$25 will be added to accounts not paid by the 10th of the month.
- If accounts are more than 30 days late, services will not be rendered.
- All returned checks will be charged a \$30 fee. After two returned checks, all payments must be made with cash, money order, cashier's check, or credit card.
- Tuition will be pro-rated for students entering school during the course of the year.
- Students who attend any day of a given month will owe full tuition for that month. When a student withdraws during the course of the year, tuition charges will be pro-rated on a monthly basis. The student's account must be paid in full in order for report cards, transcripts, or records to be released.
- All registration and book rental fees are non-refundable.
- Multiple child discounts apply only to immediate family members living in the same household.

## TUITION/REGISTRATION & BOOK RATES

### Registration

February 1st - March 31st	\$100
April 1st - May 31st	\$150
June 1st - enrollment	\$200

### Books

K5	\$175
1st-6th	\$225
7th-12th	\$250

### Tuition

Grade	No. of children	Annual	12-month (June-May)	10-month (July - April)	Pre-paid (by June 1st)
K5-6th grade	1st child	\$3,950	\$330	\$395	\$3,753
	2nd child	\$3,450	\$288	\$345	\$3,278
	3+ child	\$720	\$60	\$72	\$684
7th-12th grade	1st child	\$4,150	\$346	\$415	\$3,943
	2nd child	\$3,650	\$305	\$365	\$3,468
	3+ child	\$720	\$60	\$72	\$684

### Sports Fees

	1st child	2nd child	3rd child
1st sport	\$150	\$150	Free
2nd sport	\$125	\$125	Free
3rd sport	\$100	\$100	Free

Cheerleading is \$100.

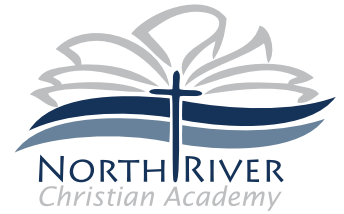
Combined annual sports fees including cheerleading will not exceed \$375 per student.

I have read and understand the financial policies of NRCA and agree to abide by these policies during the duration of time that services are rendered to my family.

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# ELEMENTARY PICK UP LIST 2012-2013



Please list the names of all people you will allow to pick up your child from school. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

If you want someone to pick up your child and they are not on your pick up list, please send a note to school with your child or call the school office. For safety reasons, if we do not recognize your voice on the phone, we will call your place of work and ask for your information.

Until we get to know you, anyone that picks up your child may be asked to show a picture ID. Please be patient with anyone who does not know you and asks for identification. We are trying to ensure the safety and well-being of your child.

STUDENT'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

Name	Relationship	Phone Number	Alternate Phone Number

Please list anyone that MAY NOT pick up your child: \_\_\_\_\_

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# HEALTH FORM 2012-2013



CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

**PHYSICIAN/DENTIST:**

Physician's Name	Address	Phone Number
Dentist's Name	Address	Phone Number

**MEDICATIONS:** List all medications that your child regularly takes and give the reason for each.

Medication	Dosage	Reason(s)

**DISEASES:** Check any diseases that your child has had and give the date

- Chicken pox \_\_\_\_\_
- Measles \_\_\_\_\_
- Diphtheria \_\_\_\_\_
- Tuberculosis \_\_\_\_\_
- Rheumatic Fever \_\_\_\_\_
- Asthma \_\_\_\_\_
- Scarlet Fever \_\_\_\_\_
- Whooping Cough \_\_\_\_\_
- Polio \_\_\_\_\_
- Allergies \_\_\_\_\_
- Mononucleosis \_\_\_\_\_
- Mumps \_\_\_\_\_
- Pneumonia \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**OPERATIONS:** Check any operations that your child has had and give the date

- Appendectomy \_\_\_\_\_
- Tonsillectomy \_\_\_\_\_
- Hernia \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**ALLERGIES:** List all medications (or other substances) that your child is allergic to \_\_\_\_\_  
\_\_\_\_\_

**GENERAL HEALTH INFORMATION:** Check any that apply to your child's medical history

- Frequent Colds
- Bronchitis
- Kidney Disease
- Hearing Deficiency
- Heart Disease
- Convulsions
- Diabetes
- Frequent Sore Throat
- Abscessed Ears
- Stomach Upset
- Vision Deficiency
- Sinusitis
- Epilepsy
- Wear glasses

Does your child have any physical limitations? Yes or No  
If yes, briefly explain \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# BOOK LIST 2012-2013



**Books must be purchased before the first day of class.**

STUDENT NAME(S): \_\_\_\_\_ GRADE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOOK FEES:	Kindergarten 1	\$15	_____
	Kindergarten 2	\$35	_____
	Kindergarten 3	\$50	_____
	Kindergarten 4	\$100	_____
	Kindergarten PreK	\$125	_____
	Kindergarten 5	\$175	_____
	Elementary (1st-6th)	\$225	_____
	Middle/High (7th-12th)	\$250	_____
	<b>Total Due</b>		_____

- Books issued in excellent condition must be returned in at least good condition.
- Books issued in good condition must be returned in at least fair condition.
- Books issued in fair condition must be returned.
- Any non-consumable books not returned must be replaced at “new cost”.

FINANCIAL OFFICE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# EMERGENCY CARD 2012-2013



Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

To Parent or Guardian: To serve your child in case of an accident or sudden illness, please furnish the following:

<i>Name</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
Mother _____	_____	_____

Father _____	_____	_____
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List two neighbors, nearby relatives, or friends who will assume temporary care of your child if you cannot be reached.

Name & Relationship _____	Phone # _____
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Name & Relationship _____	Phone # _____
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## PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING MEDICATION

I hereby give permission for the staff at North River Christian Academy to call 911, if deemed necessary, in case of an emergency when I cannot be reached immediately. The attending physician also has my permission to give emergency medical treatment in my absence. I agree to assume responsibility for all medical costs incurred.

I give my permission for the staff at North River Christian Academy to administer the following medication to my child if deemed necessary (*Check if Yes*):

- Medicine prescribed by a doctor (that must be taken while the child is in the care of the school or preschool)
- Tylenol/acetaminophen or Advil/ibuprofen (for pain and /or fever without phone call to parent)
- First Aid

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency card is current.

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date

# TEACHER INFORMATION CARD 2012-2013



Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

*Father:*  
Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Mother:*  
Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency when parents cannot be reached, contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____