

Word of Life Christian Academy



1500 N. FAIRVIEW AVE. FARMINGTON, NM 87401

PHONE: (505) 326-5595 | FAX: (505) 564-8921 | EMAIL: academy@wordoflifechristian.org
www.wordoflifechristian.org/academy

APPLICATION FOR ENROLLMENT

Child's Legal Name: _____
Last First Middle

☐ Male ☐ Female

Nickname: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Best Contact Cell Phone: _____

Student's Social Security Number: _____ Height: _____ ft _____ in.

Email Address: _____

Race: ☐ Native American ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other: _____

Country of birth: _____ Citizenship: ☐ USA ☐ Canada ☐ Other: _____

Grade Applying for:

☐ Kindergarten ☐ Elementary (1st – 4th) ☐ Middle (5th – 7th) ☐ Jr. High/High School (8th – 12th)

Student
Photo Here

MEDICAL AND FAMILY INFORMATION

Is the Student currently taking any long-term prescription medications? ☐ Yes ☐ No

If yes, please list: _____

Explain any special medical or physical information or instructions that the school should be aware of:

Father's Name: _____ Employer(s): _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer(s): _____

Work Phone: _____ Cell Phone: _____

Please notify in case of emergency (other than parent): _____

Phone: _____ Relationship to Student: _____

Does the Student currently live with biological parents? ☐ Yes ☐ No

If no, please explain the situation as it now exists: _____

Names of Siblings:	Ages:	Grade:	Name of School attending:
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Church Attending: _____ Pastor's Name: _____

Phone Number: _____ Website: _____

FINANCIAL INFORMATION

Word of Life Christian Academy's annual budget is dependent upon student tuition and gifts for operating expenses. All contributions are tax deductible. Tuition payments are not deductible.

WOLCA appreciates your desire for your children to continue their education with us. Please contact the school office with any questions concerning financial information.

REGISTRATION FEES (NON-REFUNDABLE):

\$50.00 per student upon enrollment

PAYMENT PLANS:

PLAN A: 10 MONTH PLAN (BEGINNING AUGUST 12TH AND ENDING MAY 1ST)

	Kindergarten	Elementary (1 st -4 th)	Middle (5 th -7 th)	Jr. High/High (8 th -12 th)
1st Child	\$250	\$250	\$275*	\$275**
2nd Child	\$200	\$200	\$225*	\$225**
3rd Child	\$150	\$150	\$150*	\$150**
4th Child	\$100	\$100	\$100*	\$100**

PLAN B: SINGLE PAYMENT (TOTAL TUITION PAID IN FULL)

Please select which payment plan you will use:

☐ Plan A: 10 Month Plan ☐ Plan B: One Single Payment

Unpaid balances will be assessed a 5% late fee on the 3rd of each month. If unpaid balances are not paid by the 5th of the month, the student will be considered withdrawn, unless prior arrangements have been made through the Principal's Office.

Please complete and return the Academy Office.

Date: _____ Student Name: _____

Print Parent's Name: _____

Parent's Signature: _____

Administrator Signature: _____

**Price includes 6 core subjects, plus Bible class and computers. Each additional subjects will be billed at \$7.00 per PACE or \$48.00 for an elective subject.*

***Price includes up to 7 core subjects plus Bible class and computers. Each additional subjects will be billed at \$7.00 per PACE or \$48.00 for an elective subject.*

IMMUNIZATION AND HEALTH

New Mexico School Entry Immunizations Statute (24-5-3) requires that all children have proof of immunization or exemption prior to school enrollment, or a health card signed by parents. Flu Shot records and (if) available COVID testing documentation.

It will be necessary to bring your student's health reports as stated above to the office prior to the first day of school. No child may be admitted to class until this is completed as required by law.

No staff member will be allowed to administer any medicines without parent authorization in writing by a physician. The medicine must be properly labeled and if we don't receive written authorization, it will be necessary for you to stop by and personally give the medicine. All medicines must be kept and administered at the school office.

NOTE: Teachers cannot be held responsible for carrying out these duties.

STATEMENT OF ACKNOWLEDGEMENT

- I have read and agree with the Immunization Health Policy of WOLCA
- I will provide an up-to-date immunization record to the school office prior the first day of school.
- I will keep my child's immunization up to date, if necessary, throughout the school year.

Parent/Guardian Signature: _____ Date: _____

I waive the rights to immunize my child/children as I see fit.

Parent/Guardian Signature: _____ Date: _____

PARENTAL AGREEMENT

Place your initials by each item showing your agreement to them.

STATEMENT OF FAITH

_____ We have read and understand the Statement of Faith of WOLCA and its ministries. We accept fully the Statement of Faith and subscribe to the same.

CHURCH ATTENDANCE

_____ Understanding the vital importance of the church and its place in Christian Education, we agree to have our child/children in a Bible-believing church each week.

FINANCIAL OBLIGATION

_____ We have read and understand the financial policies and know the cost of enrolling our child/children in WOLCA. We accept the responsibility for registration, curriculum fees, tuition, school uniforms and any extracurricular fees that may be incurred during the school year.

HANDBOOK

_____ We have read the WOLCA Handbook and understand that we are responsible for helping our child/children follow school policies as outlined therein.

AGREEMENT

_____ We hereby place our confidence in the ability of the administration and staff of WOLCA to perform the educational and spiritual training due to my child at their discretion.

_____ We hereby state that we have made a thorough investigation of the curriculum, texts, statement of faith, equipment, methods, testing, counseling, discipline and motives of the school, and do pledges to make them then choice for my child for the coming school year.

_____ We agree to accept all regulations of the school in the applicant's behalf, and give permission for our child's teacher and/or other staff member of the school to make and enforce school regulations in a manner consistent with principles and discipline as set forth in the Scriptures, for the improvement of behavior and the development of the character of our child.

_____ We pledge to build strong relations with our child's supervisors and monitors, and aid in their training of our child through Godly example in the home, supporting the spiritual training of the school, following through any work assignment, seeing that our child reaches school on time, sending written excuses for absences and tardiness, cooperating in training our child to respect school property and attending parent/teacher conferences.

_____ We realize that occasionally children take issue with actions that they do not agree with, and that they are prone to criticize statements out of context. We pledge that should such action occur, we will not support the criticism, that will correct our child, support personnel, and call for full discussion of details at any time we have questions regarding the incident.

- _____ We give permission for our child to take part in all school activities, including school sponsored trips away from the premises.
- _____ We absolve the school and its staff members from any liability to us or our child because of injury to our child at school or during any school activity.
- _____ We consent to allow pictures of our child to be taken to be used for promoting purposes, without claiming any compensation.
- _____ We understand that the school reserves the right to expel our child if we fail to comply with the established regulations and discipline, of our financial obligations.
- _____ We pledge to abide by the belief that Christians are prohibited from bringing civil lawsuits against others, the school or church to resolve personal disputes.
- _____ We commit to pray for the school each day.
- _____ By registering at WOLCA, it is our intention to have our child complete the entire school year.
- _____ It is our understanding that registration, curriculum charges, and fees are non-refundable and non-transferable.
- _____ We agree to pay all fees, including tuition, lunches, after-care, etc. that are incurred throughout the year. If any to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts.
- _____ We authorize WOLCA to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached.
- _____ We hereby release WOLCA from any liability, which might result from such emergency treatment.
- _____ We agree to encourage our child in learning all phases of the curriculum.
- _____ We acknowledge that we have received a copy of the Parental Agreement Form, that we understand its content, and that we agree to follow the guidelines contained therein.
- _____ We have read the entire Parent/Student Handbook.
- _____ We agree to attend the following special meetings: Parent Orientation, Parent/Student Conferences, and End of Quarter Banquets.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Guardian: _____ Date: _____

REQUEST FOR STUDENT RECORDS

Date: _____

To: _____

Last School Attended

Street Address

City

State

Zip Code

Phone Number

Fax Number

Please send records for the Student(s) below:

Name	Grade	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) have enrolled in our school. Please forward all records including the following records:

- ☐ Complete Transcript
- ☐ Immunization Records
- ☐ Test Scores
- ☐ Grades at Time of Withdrawal
- ☐ Enrollment History
- ☐ Attendance History
- ☐ Discipline Record
- ☐ Special Education Reports (if applicable)
- ☐ Court Orders and Other Legal Documents (if applicable)

Please send records immediately to:

Word of Life Christian Academy
PO Box 202
Farmington, NM 87499
Fax: (505) 564-8921
Phone: (505) 326-5595
Email: academy@wordoflifechristian.org

Date of Request: (Office Use Only)

1st: _____

2nd: _____

Contacted Principal: _____

Contacted Administrator: _____