



New Beginnings Homeschool Christian Academy LLC

430 Wayne Road. Savannah, TN 38372

Student Information:

School year enrolling in_____ Todays date_____

Student Name(F,M,L)_____

Main Contact Phone #_____

Student Home Address_____

City_____ State_____ Zip Code_____

County_____ Student Age_____

Birth Date____/____/____ Social Security# _____

Race_____ Gender(M/F)_____

Last School Attended_____

City_____ State_____ Current grade_____

Parent/Guardian Information:

Mother/Guardian _____

Mother Phone#_____

Father/Guardian_____

Father Phone#_____

Emergency Contact Name and Phone #_____

Emergency Contact Relation_____

Scholastic Information:

Has student ever been expelled, suspended, dismissed or refused at another school? (Y/N)

If yes, explain _____

Does student have a juvenile or arrest record? (Y/N)

If yes, explain _____

How did you hear about us? _____

Legal Disclaimer

I _____ do hereby acknowledge that I am the parent/legal guardian(s) of the above listed student(s). I understand that I am responsible for the overseeing of the student(s) education to include but not limited to; paying any and all new/old fees the student(s) may incur or has incurred, tuition fees, testing fees, late fees, early termination fees, diagnostic tests, A.C.T, S.A.T. testing to include any lost or overdue books. Myself, the student nor someone else representing the student(s) will not hold NBHCA or any of its employees or associates liable for any legal action taken against myself or the student(s). I understand if any fees are not paid in full or any academic work is not completed the student will be placed in truancy. I understand that New Beginnings Homeschool Christian Academy can and will impose a fee if deemed necessary. By signing below, I acknowledge below I acknowledge that I have read, agree and understand all the fore mentioned material set forth by NBHCA.

(parent/guardian signature)

(date)

ALL FEES ARE NON REFUNDABLE