



New Beginnings Homeschool Christian Academy, LLC.

430 Wayne Rd Savannah, TN 38372

Student Information:

School year enrolling in _____ Todays date _____

Student Name (F, M, L) _____

Student Home Address _____

City _____ State _____ Zip _____ County _____

Student Age _____ Birthdate _____ SSN# _____ - _____ - _____

Race _____ Gender(M/F) _____ Current Grade _____

Last School Attended _____

City _____ State _____ Zip _____ County _____

Parent/Guardian Information:

Mother/Guardian _____

Mother/Guardian Phone # _____

Father/Guardian _____

Father/Guardian Phone # _____

Emergency Contact (outside of the home) Name, Phone #, and relation to

Student _____

Scholastic Information:

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

If yes, please explain _____

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

If yes, please explain _____

How did you hear about NBHCA? _____

Legal Disclaimer

I _____ do hereby acknowledge that I am the parent/ legal guardian of the above listed student. I understand that I am responsible for the overseeing of the above student's education to include but not limited to; paying any and all new/ old fees the student may incur or has incurred, tuition fees, testing fees, late fees, early termination fees, diagnostic testing, A.C.T, S.A.t testing to include any lost or overdue books. Myself, the student nor someone else representing the student will hold NBHCA or any of it's 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 NBHCA can and will impose a fee if deemed necessary. By signing below, I acknowledge that I have read, agree, and understand the fore mentioned material set forth by NBHCA. I also acknowledge that I have read, agree, and understand NBHCA's Policy and Procedures and NBHCA's Truancy Procedures.

(Parent/Guardian Signature).

(Date)

(Parent/Guardian Printed name)

ALL FEES ARE NON REFUNDABLE