

## **APPLICATION FOR ADMISSION**

All information must be completed, and a non-refundable registration fee (\$50) paid before application will be accepted.

| Date:   |                               |  |  |
|---|-------------------------------|--|--|
| STUDENTS  |                               |  |  |
| Student name:   | Birth date:                   |  |  |
| Social Security number:                                       | Age:                          |  |  |
| Last school attended:   |                               |  |  |
|   | Applying for a start date of: |  |  |
| For K4 class, choose 🗆 Full Days OR 🗀 Half Day (8:30 – 11:30) |                               |  |  |
| Student name:   | Birth date:                   |  |  |
| Social Security number:                                       | Age:                          |  |  |
| Last school attended:   |                               |  |  |
| Applying for Grade  | Applying for a start date of: |  |  |
| For K4 class, choose ☐ Full Days OR ☐ Half Day (8:30 – 11:30) |                               |  |  |
| Student name:   | Birth date:                   |  |  |
| Social Security number:                                       | Age:                          |  |  |
| Last school attended:   |                               |  |  |
| Applying for Grade  | Applying for a start date of: |  |  |
|   |                               |  |  |
| Student name:   | Birth date:                   |  |  |
| Social Security number:                                       | Age:                          |  |  |
| Last school attended:   |                               |  |  |
| Applying for Grade  | Applying for a start date of: |  |  |
| School district in which you presently live:                  | <del>-</del>                  |  |  |

789 Gilmore Avenue, North Tonawanda, New York 14120 (716) 433-1652 www.CAWNY.com

| FAMILY DATA  |                |              |             |
|--|----------------|--------------|-------------|
| Name of Father:                                    |                |              |             |
| Employer:  | _ Work teleph  | one number:  |             |
| Home Address:                                      | _ Home teleph  | none number: |             |
| City and Zip:                                      | Email:         |              |             |
| Marital Status: ☐ single ☐ married ☐ divorced      | □ separated 〔  | □ widowed    | □ remarried |
| Name of Mother:                                    |                |              |             |
| Employer:  |                |              |             |
| Home Address:                                      |                |              |             |
| City and Zip:                                      |                |              |             |
| Marital Status: ☐ single ☐ married ☐ divorced      |                |              |             |
| text alerts to be sent to:  SIBLING DATA           |                |              |             |
| Name:  | Date of birth: |              |             |
| School Attending:                                  |                | Grade:       |             |
| Name:  | Date of birth: |              |             |
| School Attending:                                  |                |              |             |
| Name:  | Date of birth: |              |             |
| School Attending:                                  |                |              |             |
| Home church:                                       | Pastor's name: |              |             |
| How did you hear about the Christian Academy of We | stern New York | ς?           |             |
| A family member or friend:                         |                |              |             |
| A preschool, K-8 private school or a church:       |                |              |             |
| ☐ Facebook ☐ Online Search ☐ Other: _              |                | <u>—</u>     |             |

3/20/2024

| Please indicate your reason for selecting the Christian Academy of Western New York: |   |  |
|--|---|--|
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| Please list any special needs your child(ren) may have:                              |   |  |
|  | <del></del>   |  |
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|  | <del></del>   |  |
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|  |   |  |
| Does your child(ren) have an IEP/504?  | If yes, please attach a copy with this application. |  |

## **TUITION**

The Christian Academy of Western New York understands that many families cannot afford to pay their full tuition amount on September 1st. Therefore, we offer our families twelve-month and ten-month payment plans. Here is how those work:

The full tuition amount is simply divided by 12 months, with one-twelfth of the tuition due every month from July through June; OR divided by 10 months, with one-tenth of the tuition due every month from September through June. This is not a comprehensive list of all payment plans. For a complete list and descriptions, please visit our website.

All tuition payments are handled directly through the CAWNY Main Office.

Payments can be brought into the school or mailed to the school. Each month's payment is due by the 1st of that month. However, parents have a 27- to 30-day grace period. A late fee is not assessed until the 1st of the following month. It must be understood that if a family has a past due balance for two (2) consecutive months, their child(ren) will not be allowed to return to the school until the family's account is brought current.

Registration and tuition payments are non-refundable, whether the student voluntarily withdraws or is asked to leave by the school. Under current laws, tuition is not tax deductible.

## STATEMENT OF COOPERATION

I, as the parent, accept the challenge to "train up a child in the way he should go," understanding that it is my responsibility to carry on this training at home, realizing that this Christian Academy will assist me in this training. I understand that the school retains the right to refuse admission to or to remove from enrollment any student whose custodial parent is in a same sex relationship. (Gen 1:27-29; 2:22)

It is understood that my child's attendance at the Christian Academy of Western New York is a privilege and not a right; and that if at any time, his/her conduct, academic progress, or cooperation with the school's authority is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.

I agree to pay tuition according to the arrangements that shall be made and to conclude all required payments on or before the last day of school. I understand that if tuition has not been paid in full, reports cards and/or diploma will be withheld until the tuition is paid in full.

I agree to fully cooperate with the school and the standards it sets for itself to have my child adhere to the rules of conduct.

I understand that assessment will be made to cover damage to or loss of school property, i.e., textbooks, vandalism, etc.

I give permission for my child to take part in all school activities, including sports programs and school-sponsored trips away from the school premises. I absolve the school from any liability in the event my child is injured at school or during any such school activity.

I agree with the school's efforts to train my child in the Bible and will encourage my child in this and in all other aspects of the curriculum.

I understand that students and parents are expected to refrain from discussing the business of school negatively in any public forum, including social media sites; or discussing other students attending the school in any public forum, including social media sites. Doing so could result in immediate consequences.

The parties to the enrollment and re-enrollment agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each together in private or within the Christian church (See Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. (www.peacemakerministries.org) Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood that no refund of registration fee or monthly tuition will be made.

I have read and/or completed all five pages of this application.

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|---------------------------------------|----------|--|
| Father (or Guardian) Signature        | Date     |  |
| Mother (or Guardian) Signature        | <br>Date |  |

The Christian Academy of Western New York gladly admits students of any race, color, national or ethnic origin. All students are given all rights, privileges, exposure to all programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and assistance programs, athletic and other school-administered programs. 12/13/2022