



Shepherd Academy ■ 68 Fairfax Drive ■ Murphy, NC 28906 ■ (828) 837-4276

Enrollment Application

Grade Level: K 1 2 3 4 5 6

Student Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Sex _____

Father's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email _____

Employer _____ Phone _____

Church _____

Mother's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email _____

Employer _____ Phone _____

Church _____

Person(s) responsible for tuition payments and fees _____

Who does the child reside with? (Check all that apply)

() Father () Mother () Step-Father () Step-Mother () Grandparents () Other



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Any current legal documents for this student must be kept on file in the office. It is the sole responsibility of the parent/guardian to provide the school with any update/changes to these documents.

Please list any other children you have enrolled at Shepherd Academy and their grade level

Educational Background

Please list all the schools, including homeschooling, your child has attended.

Name of school	Grade levels attended	Address (Street, City, State, Zip)	Date (Month and Year)
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Please explain your reasoning for leaving the last school _____

Has student applicant had any discipline problems or suspension, expulsion from previous school? () yes () no

If yes, please explain: _____

Does student applicant have any physical, emotional, or mental special needs or handicaps that may affect social development, academic development or physical activities? () yes () no

If yes, please explain: _____

Has student applicant ever participated in any additional testing, such as psychiatric, psychological or educational (Academically Gifted or Exceptional Children)? () yes () no

If yes, please explain and provide documentation of results: _____



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Has student applicant ever been enrolled in A.I.G. or E.C. classes in previous schools? () yes () no

If yes, please explain: _____

Has student applicant been diagnosed as having A.D.D. or A.D.H.D.? () yes () no

If yes, when and by whom? _____

Has student applicant ever received or is currently receiving any therapy? () yes () no

If yes, please select all that apply: () physical () occupational () speech () other: _____

Please tell us how you heard about us: () Friend () Radio () Newspaper () Facebook () Other: _____

Please explain clearly why you wish to send your child to Shepherd Academy.

Please attach the following documentation with this application. Your application will not be processed until all paper work is completed and all documentation is submitted with the non-refundable application fee. As required by the state of North Carolina all students must complete a physical and maintain up to date immunizations prior to entrance.

1. Birth Certificate
2. Immunization Record
3. Physical documentation completed by physician
4. Most recent achievement test results (3rd – 6th grades)
5. Copy of the most recent report card
6. Notarized medical release



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Medical Release

**** This form must be notarized ****

I, _____, hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if the situation warrants it.

I, _____, hereby grant permission for my child, _____, to participate in any and all sports and or extra-curricular activities. I waive, release, absolve, and hold blameless Shepherd of the Mountain Church and Shepherd Academy and their administrators, teachers, supervisors, physical education instructors, managers, persons transporting my child to and from school activities, events and other participants, from any claim arising out of an injury or sickness to my child.

I, _____, authorize the personnel at Shepherd Academy to administer first aid to my child, _____, in the event that he/she is involved in an accident, injury or sickness.

SIGNATURE OF PARENT OR LEGAL GAURDIAN

DRIVERS LICENSE NUMBER

Cherokee County, State of North Carolina

On the ____ day of _____, 20____, before me came _____, to be known to be the individual described within and who executes the above decree.

NOTARY PUBLIC

My Commission Expires: _____



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Contact and Emergency Information

Please list in sequential order those who you would like for us to contact in the event of a sickness or emergency (these are also the persons allowed to pick you your child from Shepherd Academy):

Name of Contact	Relationship to student	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** It is the sole responsibility of the parent or guardian to notify the school of any changes to the list above ***

Emergency Medical Information:

Child's Doctor _____ Office Phone _____

Insurance Provider _____ Policy # _____

Hospital Preference _____

Medical History:

Is your child currently under the care of a doctor? () yes () no If yes, please explain: _____

Does your child take any prescribed medications on a daily basis? () yes () no If yes, please explain: _____

Has your child been previously hospitalized? () yes () no If yes, why? _____

Any previous diseases or severe illnesses? () yes () no If yes, please explain: _____

Is your child allergic to anything? () yes () no If yes, please explain what your child is allergic to, describe their reaction and severity and explain what steps have to be done in the event that your child comes into contact with this allergin: _____

Are there any other special instructions or medical information we should know about? () yes () no If yes, please explain: _____

*** No medication of any kind (prescription or over the counter) will be dispensed without a written prescription from your child's physician. Students of any age are not permitted to have possession of any medication (prescription or over the counter) at any time while on campus. If you have an up to date prescription from your child's physician you must personal give this medication to a staff member for it to be logged in to our office. The prescribed medication (prescription or over the counter) must be in the original container with the label and your child's name printed on the prescription label or your child's name written on the over the counter container.



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Enrollment Agreement

Please read the following and initial each statement and sign the bottom of this form indicating your agreement and understanding of the following policies:

- ___ Students are expected to show respect to the faculty and staff and to show consideration of others at all times.
- ___ The use of illegal or unauthorized drugs on or off campus is prohibited and will lead to expulsion.
- ___ Students are not permitted to leave the school campus without permission from proper school authorities.
- ___ Shepherd Academy is not responsible for the loss of personal property, whether it occurs by theft, fire or any other cause.
- ___ Shepherd Academy reserves the right of dismissal of any student who persistently and willfully neglects his academic work, demonstrates poor citizenship, reflects adversely on the principles of the school or generally fails to cooperate with instructors or administration.
- ___ Students are expected to adhere to the dress code guidelines as described in the student handbook.
- ___ Students should consider it a privilege to attend Shepherd Academy, and therefore, do all in their power to maintain the experience and cleanliness of the campus. Any student known to deface or destroy school property will be assessed the full cost of repairs and be subject to possible disciplinary action up to and including expulsion and dismissal.
- ___ All students enrolled at Shepherd Academy must maintain a birth certificate, yearly school physical, up to date immunization records, and current legal documents, if applicable, in their cumulative folders. It is the sole responsibility of the parent or guardian to provide the school with any changes or updates to legal documents.
- ___ Shepherd Academy admits students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its education policies, admission policies or other school programs.
- ___ A student handbook is furnished to each student. As parents/guardians, and students, we agree to read and adhere to the policies and guidelines set forth in the student handbook.
- ___ Any form of fornication or pornography is a violation of the standards of Shepherd Academy and will lead to expulsion.
- ___ As parents/guardians, we agree that Shepherd Academy may use my child's picture in its promotional literature for school use, via print or online.
- ___ I agree to the financial policies of Shepherd Academy and I understand that payments for tuition and fees will be made by the dates indicated on the financial agreement form I have signed. My account will be billed a late charge of \$25 dollars when payments are more than ten (10) days past due. If my payments is past due more than thirty (30) calendar days my child may be withdrawn from school until my account is in good standing.



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___ As parents/guardians, we are solely responsible for any additional costs associated with school sponsored trips and outings in addition to the monthly or yearly tuition cost.

___ My child is permitted to take part in all school activities, including sponsored field trips. I pardon the school and church from any liability to me or my child in case of accident or injury to my child while on campus or during any school sponsored outing or field trip.

___ As parents/guardians, we are responsible for the cost of the administration and materials for the Stanford Achievement test given in 3rd and 6th grade.

___ As parents, we hereby invest the authority in the faculty and administration concerning the reasonable discipline of our child as necessary. Furthermore, we agree that we will support the faculty and administration at home as needed.

___ As parents/guardians, we give our child permission to have access to online educational material. If your child abuses this privilege in any way they may be banned from having online access or expulsion from the school.

___ I understand that if I or any agent acting in my behalf or on the behalf of my child, bring any illegal action against the school or its agents and such legal action is found in favor of the school or its agents, I will be responsible to pay all legal fees and other expenses related to such action. All disputes shall be settled in binding arbitration.

I understand that by signing the above agreement, I am agreeing to accept and abide by the rules and standards of Shepherd Academy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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Policy Information

Application Policy

- The application must be complete in order to be submitted.
- All documents must be submitted with the completed application in order to be submitted.
- Notification of status for the next school year will be made after March 1st.

Acceptance Policy

- Shepherd Academy reserves the right to accept or deny admission based on the information provided in the completed application packet or interview.
- Notification of acceptance will be made within 10 working days after application process is complete.
- Required documentation/paperwork (current physical and immunization record) must be on file prior to the student being admitted to class.

Testing Policy

- The Stanford Achievement Test is used at Shepherd Academy in grades 3 and 6. Parents will receive more information at least 4 weeks prior to scheduled end of year test. Parents are responsible for the cost of the administration and materials for these test.
- Parents can opt to have their child to participate in the Stanford Achievement Test at all other grade levels, but it is not required.

Financial Policy

- All families are expected to abide by the financial policies detailed in the financial agreement.
- All policies regarding fees, tuition, payment options and dates are detailed in the financial agreement form.
- There will be a \$25 penalty for all returned checks.
- Application fees are non-refundable.

I have read the above policies and agree to abide by these policies and the policies listed in the financial agreement form.

Parent Name (Print)

Parent Name (Print)

Parent Signature

Date

Parent Signature

Date