



Wynfield Christian Academy

Renee K. Walker, CEO
143 Williamson Drive
Macon, Georgia 31210
978-563-9663

Fully Supervised Home Study Program (HSP) Application

Dear Parent/Guardian,

Thank you for your interest in Wynfield Christian Academy (WCA). We look forward to getting to know you and your student. Below is a checklist of admissions information required by WCA. Instructions for digital submission and non-digital submission are on page three of this application. If you have any questions at any point during the admissions process, please contact us.

Sincerely,

Renée K. Walker, CEO
Barbara Raines, Principal

Packet Checklist: Place an X in each blank certifying requirements have been met before mailing.

- _____ 1 Printed copy of application (not needed if emailed with digital signature)
- _____ 2. Release the School Records:
The form is located on homepage under *WCA School Information and Homeschool Resources*; click on the *Request for School Records* link. If homeschooled the previous year, provide a list of courses finished in the last completed grade. Include curriculum name, publisher and the final grade attained by your student. (Ex. Abeka English Grade B; Apologia Chemistry Grade B).
- _____ 3. Copy of student test scores attached.
- _____ 4. Copy of parent/mentor's transcript, degree or diploma. Please inform if already on file.
- _____ 5. It's the parent's responsibility to keep track of extracurricular activities, writing papers, community services, award certificates and books read. Show these documents to the staff member when completing course finals in order for the student to receive credit.
- _____ 6. Tuition for HSP is \$1400.00 or \$140.00 per month for 10 months. Book rental fees are included. Payment is due by the tenth of each month, August through May, regardless of your individual school calendar. Include \$5.00 late fee for any payment made after the 10th of the month. Tuition will be adjusted if enrollment is after August 31st, to insure full tuition is received prior to May 10th of the school year.

Payment to be made:

_____ by Credit Card/PayPal@ www.wynfieldca.org or _____ by check

Mother's _____ Email: _____
Name Last First M.I.

Address: _____

_____ City State Zip Code
Home Phone: _____ Work _____ Cell: _____

Educational Level _____ Occupation: _____

Employer : _____

Please read the following statements. All statements must be answered "yes" for a student to be enrolled.

_____ 1. The student will take a course final per course in the presence of a center staff member.

_____ 2. The student will have a secluded, quiet area of study. Describe area of study.

_____ 3. The student will have access to research encyclopedia or CD-ROM capability.

_____ 4. I understand that a graduate of WCA must have one set of national standardized test scores per school year on file and one SAT/ACT score before high school graduation.

_____ 5. The student must have opportunities to engage in frequent group enrichment and socialization activities. In which homeschool association or co-op are you actively involved? _____

_____ 6. I understand that a student must complete a minimum of 120 clock hours of course activity per course, and maintain a school year of 180 days with each day being a minimum of 4.5 hours.

_____ 7. Which learning style most applies to the student?

_____ Auditory ex. Lectures, audiotapes, etc.

_____ Visual- ex. Videos, and texts, etc.

_____ Kinesthetic/Tactile-ex. Hands on, experiments, manipulatives, etc

Instructions for Digital/Non-Digital Submission

Complete this application online and pay online. Use the Adobe Reader's "Fill & Sign Tools" button to "Work with Certificates" and "sign with certificates" by following Adobe Reader's instructions. Then save a copy of this form to your computer and email a copy to gstuckey@wynfieldca.org with WCA Enrollment in the Subject Line. Any supporting documents such as testing, report cards, previous mentor's documentation, and check payments should be sent by postal mail.

If unable to email the required documentation or sign the application using Adobe Reader's Sign with Certificate tool, or pay online, then use the postal service to send a typed and printed copy of the application with your original signature, along with supporting documents, to Gail Stuckey, 310 Culpepper Road, Perry, GA 31069

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Student's Name _____ Student's Grade _____

Disclaimer and Signature

Ga. Law requires grades to be sent to the state within a specific timeframe. (**Graduating students of WCA must meet deadlines in order to prevent problems receiving an accredited diploma and/or the Hope Scholarship.**) Monetary penalties or loss of college scholarships due to submission of late records may incur if deadlines are not met.

By signing below:

- I certify I am the parent of the student named on this application.
- I understand the Fully Supervised HSP requires advanced approval and some eligibility restrictions do apply.
- I understand the fall semester ends on **Second Friday in December** and all extracurricular activities and documentation for spring semester should be turned in by **May 31st**. **No exceptions will be made.**
- I understand that I have read and am in agreement and compliance with all the information concerning Fully Supervised Home Study Program.
- I understand and agree that if proper documentation is not submitted, WCA cannot grant credit for the program.
- I understand that satisfactory enrollment in the WCA program for one year is required before prior credit can be verified by WCA.
- I understand full tuition will be required regardless of whether my student completes the grade level and/or withdraws early from the program.
- I understand annual graduation fees are non-refundable, and will be billed separately.
- I have read and understood and agree to abide by all policies, requirements, and fees of Wynfield Christian Academy.

I understand this contract will be valid and legally binding through calendar years and/or grade levels as long as the student is enrolled in the WCA program. The required, written withdrawal form must be completed and submitted to staff to end the enrollment period. I understand my digital e-signature, any photocopy or facsimile of this authorization has the same effect as the original. I also understand this authorization shall remain in effect from the date of contract and for all years student is enrolled with WCA.

Parent Signature _____ *Date* _____