

New Hope Christian Academy  
212 West Main Street, Wallace, N.C. 28466 \* (910) 285-5922

For Office Use: Date \_\_\_\_\_  
Date \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Date Recd. \_\_\_\_\_  
Fee \_\_\_\_\_  
Date Appr. \_\_\_\_\_  
By \_\_\_\_\_

**NEW HOPE CHRISTIAN ACADEMY  
RE-ENROLLMENT 2018-2019**

**Student Name**

\_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Grade Entering** \_\_\_\_\_

We agree to support the school in its policy of corporal punishment without Reservation and personally pledge our support to the Scriptural approach to Discipline.

Signature of Father/Guardian

\_\_\_\_\_

Signature of Mother/Guardian

\_\_\_\_\_

We understand the terms of the financial policy and agree to abide by them.

Signature of Father/Guardian

\_\_\_\_\_

Signature of Mother/Guardian

\_\_\_\_\_

**Registration Fee due at the time of Registration**

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