

Mission Hills School



APPLICATION FOR ADMISSION

(To be completed by student's parents or guardian)

Applying for grade _____ Fall/Spring 20_____

Date of Application _____ / _____ / 20_____

Student's Full Name: _____
Last First Middle Name

Student's Primary Address: _____
Street City State Zip

Student's Home Phone: (_____) _____ SSN: _____

Date of Birth: _____ / _____ / _____ Gender: _____ M _____ F

Ethnicity: (pick from these options)

- | | | |
|---|--|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino/Mexican |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> East Indian (India) |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Persian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Current School: _____ Current Grade: _____

Current School Address: _____
Street City State Zip

Current School Phone: (_____) _____ - _____

FAMILY INFORMATION | PARENT 1

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | PARENT 2

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | STEP-PARENT OR LEGAL GUARDIAN (if applicable)

Name: _____
Last First

Occupation: _____ Employer: _____

Home Phone: (_____) _____ - _____ Employer Address: _____

Day Phone: (_____) _____ - _____ _____

Cell Phone: (_____) _____ - _____ _____

Email Address: _____

Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | OTHER

Student lives with (pick from these options):

- | | | |
|---|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother & Step-Father | <input type="checkbox"/> Father & Step-Mother | <input type="checkbox"/> Both Parents in Different Households
(Court Documents required) |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparent (s) | |

If child is adopted, how long has he/she lived with you? _____



**MISSION HILLS SCHOOL
(Castro Valley Campus)**

Annual Tuition Schedule for the 2018-2019 Academic Year

Annual Registration Fee

\$250 (non-refundable)

Annual Supply & Technology Fee

\$250 (non-refundable)

Annual Tuition

Grades Jr. Kindergarten to 5: \$8,950

Payment Details:

- Registration fee is due at the time of submitting the enrollment packet for the 2018-2019 academic year.
- Automated Clearing House (ACH) is mandatory for all tuition payments. A completed form and voided check is due with the enrollment packet. Exceptions to this would be monthly cash payments or tuition paid in full.
- First month's tuition and the annual supply & technology fee are due August 1, 2018.
- Tuition payments received after the 5th of the month will incur a \$50 late fee.
- Annual supply & technology fee received after the August 1, 2018 will incur a \$25 late fee.
- Any payment returned by a bank (for any reason) will incur a \$35 service fee as well as a \$50 late fee.
- Monthly tuition is non-refundable; NO pro-rating/refund for missed school days, holidays, or early withdrawal (early withdrawal requires a 30-day written notice).
- Extended day care ends exactly at 6:30 P.M. late pick-ups will be charged \$20 for every 15 minutes, payable on site.
- MHS reserves the right to cancel daycare at its discretion with or without notice.

Grades Jr. K to 5:

Aug. Payment 1	Sept. Payment 2	Oct. Payment 3	Nov. Payment 4	Dec. Payment 5	Jan. Payment 6	Feb. Payment 7	Mar. Payment 8	Apr. Payment 9	May Payment 10
\$895	\$895	\$895	\$895	\$895	\$895	\$895	\$895	\$895	\$895

11/23/2017

*Fees subject to change with a 30-day notice.



MISSION HILLS SCHOOL
 2330 Pomar Vista Ave, Castro Valley, CA 94546
 Ph: 510.317.8627

ACH Recurring Payment Authorization Form

Here is How Recurring Payments Work:

You authorize regularly scheduled charges from your checking or savings account. For each month, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit." **Note: The transaction will be under the name "Second MHMS Inc" (DBA Mission Hills School).** You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from Mission Hills School at least 10 days prior to the payment being collected.

I _____ authorize *Mission Hills School* to charge my bank account the amount of \$ _____

monthly on the 1st, 2nd, 3rd, 4th, 5th calendar day starting _____ and ending _____.

I _____ authorize *Mission Hills School* to charge my bank account the amount of \$250.00

for the annual Supply & Technology fee one-time on the above selected day in August 20 _____.

Student's Name (One form per child) _____ Grade _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking Savings **Include a copy of a VOIDED check.**

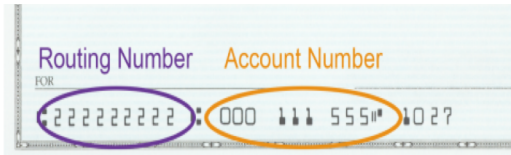
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mission Hills School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH (Automated Clearing House) transaction being rejected for Non Sufficient Funds (NSF) I understand that *Mission Hills School* may, at its discretion, attempt to process the charge again within 30 days. I agree to an additional **\$35 bank charge plus a \$50 late fee** charge(s) for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Entered by: _____ Date Entered: _____ # Payments _____

Notes: _____