

The Calvary Academy

A Ministry of The Calvary Church since 1979

2012/2013 Reenrollment form



Please complete the reenrollment form & return with the following:
Reenrollment fee (check one): Jan. 17 – Jan. 31 \$50 Feb. 1 – Feb. 16 \$75 Feb. 17 on \$100

RETURNING STUDENT INFORMATION

Student Full Legal Name _____	Preferred Name _____	DOB _____	Grade _____
Student Full Legal Name _____	Preferred Name _____	DOB _____	Grade _____
Student Full Legal Name _____	Preferred Name _____	DOB _____	Grade _____
Student Full Legal Name _____	Preferred Name _____	DOB _____	Grade _____

STUDENT(S) RESIDE WITH:

Mother & Father Mother & Step-father Father & Step-mother
 Mother only Father only Grandparents
 Other: Please specify _____

FAMILY INFORMATION

School district student(s) resides in: _____

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____

Father/Guardian (please circle)

Name _____
If Guardian, Relationship to Student (documentation must be provided) _____
Home Address _____
Employer _____
Home Phone Number _____
Cell Phone Number _____ Work Phone Number _____ Ext. _____
Email Address _____
Church Congregation Name _____
Church Denomination _____
Stepmother's Name (if applicable) _____ Contact Number _____

Mother/Guardian (please circle)

Name _____
If Guardian, Relationship to Student (documentation must be provided) _____
Home Address _____
Employer _____
Home Phone Number _____
Cell Phone Number _____ Work Phone Number _____ Ext. _____
Email Address _____
Church Congregation Name _____
Church Denomination _____
Stepfather's Name (if applicable) _____ Contact Number _____

DIRECTORY

I grant permission to have our home phone number, address and email published in a school directory. Yes No

PHOTO AGREEMENT

I understand that periodically The Calvary Academy will use pictures taken of their students without their names in TCA publications including the website or promotional materials.

Yes, I grant permission for pictures of my child to be used in this manner. No, do not use my child's photo on any materials.

Parent/Guardian Signature _____

Date _____

COMMUNICATION

TCA communication is sent via email, hard copy and Phonevite.

Two phone numbers, if applicable, per family will be added to our "Phonevite" emergency phone messaging system.

TRANSPORTATION OF STUDENTS

The Calvary Academy will contract transportation from other companies for field trips. Parents will be advised of the mode of transportation and required to sign a consent and liability waiver form prior to the field trip or event.

The Calvary Academy Secondary Sports department will be under the umbrella of The Calvary Church (TCC) Sports Program and the students will be transported to sports events via TCC vans.

PICK UP AUTHORIZATION INFORMATION AND EMERGENCY CONTACTS

The following individuals have permission to pick up my child(ren) from school. I understand that I will still need to contact the school office should one of these individuals need to pick up my child(ren).

Persons Authorized _____

In the event of an emergency, please indicate the order in which these numbers should be called.

____ Home: _____ Other: Name _____ Number _____

____ Father's Work: _____ Other: Name _____ Number _____

____ Father's Cell: _____

____ Mother's Work: _____

____ Mother's Cell: _____

METHOD OF PAYMENT FOR TUITION (circle one)

FACTS Contract / Prepay / Employee _____

I would like to receive information on the TCA Financial Aid _____

Parent/Guardian Signature (Father) _____ Date _____

Parent/Guardian Signature (Mother) _____ Date _____

Thank you for reenrolling your child for the 2012/2013 School Year. If any of the information on this form changes, please contact the school office.

FOR OFFICE USE ONLY- Date Received: _____ Amount Paid: \$ _____ Payment Type: _____

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STATEMENT OF COOPERATION

PLEASE READ CAREFULLY AND SIGN BOTH SPACES BELOW

I **AGREE** to accept all regulations of the school in the applicant's behalf.

I **GIVE PERMISSION** for my child to take part in all school activities, including sports and school-sponsored trips away from school premises and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I **PLEDGE** to pay our financial obligations to the school. I understand and accept that tuition is paid through FACTS Tuition Management. I also understand that if I have two concurrent failed payment attempts through FACTS that I will be assessed a \$15 late charge in addition to any fees that FACTS charges. I understand that if my account is not current at the end of the month, my child may be dismissed from school until my account is paid. For incidental charges I understand that a \$15 fee will be charged for each returned check. After two returned checks, only cash, cashier's checks or money orders will be accepted.

I **AGREE** that my child's records will be held until all financial obligations are met.

I **UNDERSTAND** that The Calvary Academy reserves the right to expel my child for failure to comply with the established regulations and discipline, or for failure to exhibit harmony with the philosophy of the staff and administration.

I **AGREE** to uphold and support the high academic standards of The Calvary Academy by providing a place at home for my child to study and to give him/her encouragement in the completion of homework assignments.

I **AGREE** to authorize and support this school to employ such discipline as it deems wise and expedient for my child. Further we agree to cooperate with the school by appropriately disciplining our child at home.

I **UNDERSTAND** the standards of The Calvary Academy do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, disrespect to the personnel of the school or any form of worldliness.

WE UNDERSTAND that the school reserves the right to discipline or expel any student who does not cooperate (or whose parents do not cooperate) with the educational process, on or off campus. We understand the school does not tolerate conduct that violates biblical principles, dishonors God, or casts a poor reflection on the name and reputation of the school. We further understand the school has "zero tolerance" toward student involvement with alcohol, sexual misconduct, and/or assault or use/possession of a weapon.

I **AGREE** to attend Parent Orientation when the exact time of the meeting is announced.

WE AGREE to insure that our child arrives at school on time each day. We further agree to see that our child maintains regular attendance, and we understand that absences in excess of 10 days in a semester (without a written doctor's excuse) may result in failure for the semester.

I **HAVE READ** the Student Handbook and agree to encourage my child to comply therewith and will not criticize school rules to my child. We realize that to do so will make it difficult for him/her to maintain a right attitude.

I **AGREE** to support The Calvary Academy with a willing and cheerful attitude.

I **WILL NOT** criticize the administration and/or teachers of the school in the presence of my children and others.

I **WILL NOT** make critical comments publicly, but will seek a private meeting with the administrator when administrative decisions are reached and school policy is established with which I disagree.

I **HAVE READ** the Statement of Faith in the handbook and give permission to the school to teach this doctrine to my child.

I HAVE CAREFULLY READ THE ABOVE TERMS AND PLEDGE, BY MY SIGNATURE, TO COOPERATE ACCORDINGLY.

Date: _____ Signature: _____

Printed Name: _____
(Parent or Guardian)

Dated: _____ Signature: _____

Printed Name: _____
(Parent or Guardian)