

High Desert Christian Academy
STUDENT AGREEMENT

I understand that I will receive a detention for the following violations:

1. Writing on walls, desks, tables or damaging or defacing any school property (including textbooks). Students and parents or guardians are responsible for repair or replacing any damaged school property.
2. Lying, fighting, cheating or any other inappropriate behavior.
3. Violation of the Dress Code as outlined in the Handbook.
4. Chewing gum at any time while on school grounds.
5. Three tardies per quarter.
6. Overt displays of affection.
7. Three missing assignments per quarter.

I understand that I can be suspended or expelled for the following violation:

1. Disrespect or physical abuse shown to any faculty member.
2. Use of alcoholic beverage, tobacco products, or drugs.
3. Using profanity, immoral gestures, or pornography.
4. Premarital sex or immorality.
5. Bringing firearms, explosive devices, knives or weapons to school.
6. Arson, stealing, vandalism or any other inappropriate behavior.
7. Five or more detentions in one quarter.

Students are expected to uphold these standards throughout their enrollment whether at home, school, or elsewhere.

ALL DISCIPLINARY ACTION IS LEFT TO THE DISCRETION OF THE SCHOOL BOARD AND ADMINISTRATION.

I have read the High Desert Christian Academy handbook in its entirety and the above statements, and agree to follow them if I am to be a part of HDCA.

Signature of Student

Signature of Parent/Guardian

Date

This agreement will be filed in your child's cumulative folder.
Please sign and return to the school at time of Admission Interview.

EDUCATIONAL INFORMATION

Last School Attended _____

School Address _____

Grade Completed _____ Grade Entering _____

Educational Difficulties:

RELIGIOUS INFORMATION

Church Name _____ Phone _____

Pastor's Name _____ Phone _____

Do you attend church on a regular basis? _____

In what area would you be interested in volunteering at the school?

Clerical ___ Tutoring ___ Lunchroom ___ Bulletin Boards ___ Other _____

STUDENT HEALTH HISTORY:

You must provide a copy of your child's immunization records upon registering.

Please check the illnesses your child has had from birth to the time of entering school. Include dates, if known, and important details:

<u>ILLNESS</u>	<u>DATE</u>	<u>ILLNESS</u>	<u>DATE</u>
Allergy _____		Scarlet Fever _____	
Chicken Pox _____		Poliomyelitis _____	
Rubella _____		Rheumatic Fever _____	
Mumps _____		Pneumonia _____	
Whooping Cough _____		Any Other _____	

High Desert Christian Academy
EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Birth Date _____

Social Security Number _____ Grade _____

Parent / Guardian _____ Phone _____

Address _____ Work (Dad) _____

City, State, Zip _____ Work (Mom) _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Health Insurance _____

Group # _____ Identification # _____

Chronic Illnesses: _____

Allergies: _____

Medication: _____

Tylenol OK (Please Initial) Yes _____ No _____

I hereby certify that my child has permission to participate in all school-sponsored activities on or off school premises.

I hereby authorize any member of the staff of High Desert Christian Academy to consent to any emergency medical treatment of the above child, which such person deems advisable if a parent or legal guardian cannot be located when the child needs such treatment.

The above authorization will be effective for the 2018-2019 school year.

Parent / Guardian _____ Date _____

High Desert Christian Academy

PARENTAL COMMITMENT 2018 – 2019 SCHOOL YEAR

TUITION PAYMENT OPTIONS

FULL PAYMENT PLAN - Tuition may be paid in full.

TEN-MONTH PAYMENT PLAN - (August – May) May be paid using conventional means (cash, check, or credit card). Bills are due on the 1st of the month and are considered delinquent if not paid by the 10th. A **\$25.00** late fee will be charged on delinquent accounts. A delinquent account may result in the student being suspended until the account is brought current. All delinquent accounts will be brought before the school board for consideration of student suspension. All payments are to be made before the final month of school expires.

Ten-month installment plans have been established for the financial convenience of our school families to make tuition payments more affordable. In the event a child withdraws or is expelled, the yearly tuition charge will be prorated to reflect the number of completed days of school. If a withdrawal comes after the first of the month, the parent is responsible for the complete month's tuition.

Students will not be considered for enrollment if there is an existing outstanding balance at another school. All past tuition balances must be paid in full by the first day of school for students to attend HDCA.

The tuition for any student entering after September 30 will be prorated.

COLLECTION - In the event that a delinquent account is turned over for collection, I/we agree to pay all collection fees, attorney fees, and court costs.

I have read and agree with the above policy.

Signature(s):

Parents (or Legal Guardians)

Date