

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.**

High Desert Christian Academy  
**APPLICATION FOR ADMISSION**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
  Last  First  Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_

**FAMILY INFORMATION:**

Father's Name _____	Work # _____
Employer _____	Occupation _____
Mother's Name _____	Work # _____
Employer _____	Occupation _____
Marital Status _____	
Step Parent _____	Is Child Adopted _____
Guardian's Name _____	Address _____
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Employer _____	Occupation _____

**CHILDREN:**

NAME	GRADE	AGE
_____		
_____		
_____		

**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 AUTHORIZAITON

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 2019-2020 school year.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

# High Desert Christian Academy

## PARENTAL COMMITMENT 2019 – 2020 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 1<sup>st</sup> of the month and are considered delinquent if not paid by the 10<sup>th</sup>. 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):

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Parents (or Legal Guardians)

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Date