

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
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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 2021-2022 school year.

Parent / Guardian _____ Date _____