

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 2022-2023 school year.

Parent / Guardian _____ Date _____

High Desert Christian Academy

2022-2023 PAYMENT SCHEDULE

Families enrolling more than one Student will receive a 10% discount on each additional family member. Full tuition will apply to the student that has achieved the highest grade level and a 10% discount will be applied to the tuition of each additional student. This discount will apply to immediate family members only.

By September, a student must be 5 years old in order to enter Kindergarten and 3 years old to enter Preschool.

REGISTRATION:

		After May 1
One student-	\$100.00	\$110.00
Two students-	125.00	135.00
Three students-	150.00	160.00
Four students-	175.00	185.00

COURSE AND SERVICE FEE (Due July 1):

Preschool	\$155.00 per student per year
Explorers	270.00 per student per year
Kindergarten	170.00 per student per year
Kindergarten Full Day	270.00 per student per year
Grades 1-5	270.00 per student per year
Grades 6-8	305.00 per student per year
Grades 9-12	345.00 per student per year

TUITION (Due August 1):

GRADE	Annual Cost	10% Discount for additional student(s)
*Preschool	\$2,800.00	\$2,520.00
*Preschool/Explorers	4,950.00	4,455.00
Kindergarten	2,600.00	2,340.00
Kindergarten Full Day	3,950.00	3,555.00
1st through 5th	3,950.00	3,555.00
6th through 8th	4,100.00	3,690.00
9th through 12th	4,700.00	4,230.00

*Snack Fee for Preschool is \$10.00 per month / Explorers \$20.00 per month.

Tuition payment has two options:

Yearly or 10 monthly payments (beginning August 1 - May 1)

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

The Yearbook cost is \$40. Yearbooks are handed out on the last day of school.

Visa, Discover, and Mastercard is accepted.

ALL REGISTRATION AND FEES ARE NON-REFUNDABLE

High Desert Christian Academy

PO Box 1453
Prineville, OR 97754
541 416-0114

STATEMENT OF COOPERATION

It is my understanding that the policy for the school is to make no refunds on registration fees. I give High Desert Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of any injury or alleged injury to my child. Should legal action, for any reason, be taken against High Desert Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that High Desert Christian Academy or its agent should incur to defend itself against such action.

This Statement of Cooperation will be, in effect for as long as my children listed (or others to be enrolled) attend High Desert Christian Academy whether it be in the preschool, kindergarten, elementary, or junior-senior high school.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to High Desert Christian Academy. High Desert Christian Academy admits students of any race, color and national or ethnic origin.

List names and grades of children in High Desert Christian Academy:

Parent's Signature (Both Parents Must Sign)

Mother

Father

Sole Guardian

High Desert Christian Academy

PARENTAL COMMITMENT

2022-2023 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

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PARENTAL/GUARIDAN CONSENT FORM

Student Name _____ School Year- 2020-2021

Grade _____

I understand that my student's work, photo, or name may be published on the school's website, RenWeb and Facebook page, which is part of the Internet or local newspaper/magazine. I understand that the following may be published only with this permission.

Check all that apply:

_____ Student's first name, last initial

_____ Student work

_____ Student photo

_____ RenWeb

_____ HDCA Website

_____ HDCA Facebook Page

_____ Local Newspaper/Magazine

_____ I grant permission for the publication of my child's photograph, student work and/or name *as checked above*, as long as my child is attending High Desert Christian Academy.

_____ I **do not** grant permission at this time for the publication of my child's photograph, student work or last name.

Signature of Parent or Guardian

Date