

# Faith Christian Academy

2017-2018

## Parent / Guardian Agreement Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Last First MI*

Please read and initial each of the following.

\_\_\_\_\_ **Rules & Regulations:** I/we agree to accept and comply with the school's rules and regulations as adopted by the School Board and administration as explained in the Student Handbook. These include rules of conduct and rules for academic requirements to be met by the student.

\_\_\_\_\_ **Re-Enrollment:** I/we understand that my/our account (including all late fees) must be paid in full and a re-registration fee will be required before my student may return to the school.

\_\_\_\_\_ **Volunteer Time:** I/we understand that all families are required to give 2.5 hours of volunteer time per month. Time is rated at \$10/hour. Fees cannot come out of scholarship funds. I understand that it is my responsibility to log my time in the FCA Volunteer Log Book. I agree to either give the time, or pay the fee when it is applied to my account.

\_\_\_\_\_ **Withdrawal Policy:** I/we understand this contract is for the entire school year. I/we understand the following withdrawal policy: If a student needs to be withdrawn from Faith Christian Academy before or during the school year, a formal withdrawal form must be completed in the school office. Failing to attend class does not constitute withdrawal, nor does it end financial responsibility.

**Withdrawal during:**

1<sup>st</sup> quarter ending 10-05-17

2<sup>nd</sup> quarter ending 12-22-17

3<sup>rd</sup> quarter ending 03-16-18

4<sup>th</sup> quarter ending 05-25-18

**Amount due is:**

25% of annual tuition less tuition already paid

50% of annual tuition less tuition already paid

75% of annual tuition less tuition already paid

100% of annual tuition less tuition already paid

\_\_\_\_\_ **Cancellation and Waiver:** The FCA Administrator and School Board have the right to immediately cancel this contract if:

- The above-named student poses a threat to the safety of any student or faculty member.
- The above-named student or family expresses or displays noncompliance with the Student Handbook.

\_\_\_\_\_ **Student Enrollment:** By signing this form and the tuition contract, I/we request that FCA reserve a place for the above-named student for this present entire school year, or for the remainder of the school year if the student enrolls during the current school year.

\_\_\_\_\_ **Permission for Medical Care:** I/we agree that the FCA Administrator and staff has my/our permission to take steps deemed necessary to obtain emergency medical care when warranted. These steps may include, but are not limited to the following:

1. Call 911.
2. Attempt to contact a parent or guardian using the numbers listed on the emergency information form. If parents/guardians cannot be reached, FCA staff will accompany student in the ambulance and remain with student until parent arrives.

\_\_\_\_\_ **Permission for Testing:** I/we agree to allow the above-named student to participate in any criterion-referenced testing. A copy of the results of all testing will be given to me/us as part of the evaluation process.

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\_\_\_\_\_  
Parent / Guardian Name (Printed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Administrator Name (Printed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Administrator Signature