

Faith Christian Academy
Parent / Guardian Agreement Form

Student Name _____ DOB _____/_____/_____

Last First MI

Please read and *initial* each of the following.

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

_____ **Student Enrollment:** By signing this form and the tuition contract, I 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.

_____ **Reenrollment of previously withdrawn student:** I understand that my account (including all late fees) must be paid in full *and* a reenrollment fee will be required before my student may return to the school if I withdraw them during the current school year and choose to reenroll them at a later time.

_____ **Outstanding Balance:** I understand that my student will not be allowed to begin the new school year if I have any outstanding balance at that time from the previous school year (returning students only) and that these expenses include any that are incurred after my application for the current school year is accepted and approved.

_____ **Family Service Time:** I understand that all families are encouraged to perform 2.5 hours of service time per student per month to the school to reduce the monthly tuition of that student by a maximum of \$25. I understand that it is my responsibility to log my time in the Family Service Log, that time is rated at \$10/hour and that any unapplied service time will roll over to the following month in *1-hour increments*.

_____ **Withdrawal Policy:** I 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 I/we understand the following withdrawal policy: If a student needs to be withdrawn from Faith Christian Academy before or during the school year, a formal withdrawal form must be completed in the school office.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.

<u>Withdrawal during:</u>	<u>Amount due is:</u>
1 st quarter	25% of annual tuition less tuition already paid
2 nd quarter	50% of annual tuition less tuition already paid
3 rd quarter	75% of annual tuition less tuition already paid
4 th quarter	100% of annual tuition less tuition already paid

_____ **Cancellation and Waiver:** I understand that 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.

(OVER)

_____ **Permission for Testing:** I 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.

_____ **Permission for Medical Care:** I agree that the FCA Administrator and staff has my 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.

_____ **Photographic Release:** I understand that any photographs taken by Faith Christian Academy may be used by FCA for promotional purposes including our monthly newsletter, newspaper, Facebook and Website posts. I understand that if I choose my child's picture *not* be included, I must submit a written request to the office. I understand that this request does not apply to any photographs taken and used by individuals outside of official school purposes (including parents and event attendees).

Scholarship Information

Completion of the following questions are optional. However, completion **is** required if you are interested in applying for financial aid utilizing the services of the school administration. Please mark **ALL** of the following that apply.

- I received a scholarship last school year from the following STO(s): _____
- I receive a scholarship **this** school year from the following STO(s): _____
- My child has a completed application on file at the following STO(s): _____
- This is all new information to me.
- I have heard about the AZ tax credit but do not understand how it works.
- I have friends and family who could take part in this program but I do not know how to approach them.
- I already designate my AZ State Taxes to a private school or student.
- I do not have an AZ State Tax liability.
- I have heard about the AZ tax credit and understand how it works.
- I would like assistance in applying for various scholarships.

Parent / Guardian Name (Printed)

Parent / Guardian Signature

Date: ____/____/____