

Plaza Heights Christian Academy
Parent/Student Agreement
2017 - 2018

Please read each statement carefully and initial each:

- ___ ___ 1. We agree to support the policies, rules and Administration of Plaza Heights Christian Academy.
- ___ ___ 2. We have read and do accept the basic precepts in the PHCA Statement of Faith. We agree that our child will participate in the Christ-centered curriculum, including weekly chapel service.
- ___ ___ 3. We agree to pay the non-refundable fees before our child is considered fully enrolled in PHCA.
- ___ ___ 4. We agree to promptly pay the annual tuition in full or in monthly installments. This arrangement will be determined at the time of enrollment. We further understand that families who fail to remain current on their financial obligation may be subject to withdrawal.
- ___ ___ 5. We understand that a \$20.00 late charge will be assessed if tuition payments are made after the 25th of the month. We also agree to pay PHCA a \$25.00 fee for returned checks. If a check is returned twice in succession, the Administrator must approve future payments by check.
- ___ ___ 6. If our child is enrolled in the Extended Care Program (ECP), we agree to pay the designated fee as directed, understanding there are **no deductions** for absences, snow days or holiday breaks.
- ___ ___ 7. We understand that our child will not arrive at PHCA prior to 8:00 am (unless enrolled in ECP) and will be picked up no later than 3:40pm (unless enrolled in ECP).
- ___ ___ 8. We grant permission for our child to participate in educational or recreational field trips with PHCA. PHCA will advise us in advance of scheduled field trips and will provide adequate supervision to ensure the safety of our child during the field trip.
- ___ ___ 9. In the event of an emergency, illness or accident, PHCA has our permission to administer medication/medical assistance as necessary. We agree to assume all responsibility for any/all medical/doctor charges connected with said emergency situation. If he/she runs a fever, we agree to pick up our child and keep him/her out of school for a period of not less than 24 hours. We absolve PHCA from all liability in the event our child is injured at school or during any activity away from school.
- ___ ___ 10. We understand that there will be no reduction in tuition for time missed by our child due to illness or other reasons.
- ___ ___ 11. We agree to provide PHCA with up-to-date health records, written proof of medical exams (when applicable), and all previous school records as required before admittance to PHCA.
- ___ ___ 12. **We understand our child's attendance is a privilege, not a right.** We understand that if at any time the PHCA administration determines that our child's conduct, academic progress, or cooperation with PHCA authorities is not in accordance with the school's requirements and/or PHCA is not able to provide the special needs that my child may require, we understand and agree that our child will be dismissed without prior notice and that any such dismissal is final.

- ___ ___ 13. We understand that if our child is dismissed or withdrawn during or at the end of the school year, student records **will not** be released to anyone until the school account is **paid in full** (per PHCA handbook).
- ___ ___ 14. We pledge to support the school in its efforts to discipline our child in accordance with the standards of the school.
- ___ ___ 15. We do give ___ do not give ___ permission for our child to be photographed for purposes of display in, but not limited to, the following: school publications, newspapers, bulletin boards, yearbook, and the PHCA website.
- ___ ___ 16. We do give ___ do not give ___ permission for our child to receive antibiotic ointment, chewable antacid, Pepto-Bismol, cough drops, hydrocortisone lotion and sunscreen.
- ___ ___ 17. We do give ___ do not give ___ permission for our child to receive Acetaminophen and Ibuprofen (only after verbal confirmation has been obtained).

By our initials on each item, and by signing below, we the parents/guardians of _____, affirm that we have read, understand, and will abide by the policies of Plaza Heights Christian Academy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Agreement

(to be signed by all students 6th – 12th Grade)

I have read (or my parent/guardian has read to me) and understand the Plaza Heights Christian Academy Handbook. I agree to abide by the policies in the Handbook and the dress code explained therein. I also agree, to the best of my ability, to conduct myself in a manner that is pleasing to my parents, my teachers, the school staff, and most of all to Jesus Christ.

Student Signature

Date