

II. Medical Release Form

>Does the student have any medical conditions that would prohibit full participation in courses or athletic programs SGCA offers? _____ Yes _____ No

If yes, explain: _____

>Name, Address and Phone number of student’s physician: _____

>Please complete only one of these:

A) I, _____, authorize StoneGate Christian Academy personnel to administer non-prescription medications (Tylenol, Advil, Aleve, etc.) when my student needs them **without calling me**.

B) I, _____, prefer to be contacted prior to my student receiving any non-prescribed medication on campus at any time. If I cannot be contacted, the person to call is (name/phone#): _____

III. Parental Involvement

Please circle any areas of interest you may have that would benefit the school:

Lunch	AM Car Lines	Communications	PTSF	Chaperone	Special Projects
Technology	PM Car Lines	Mentor/Tutor/Buddy	Fundraising	Field Trips	Classroom
Athletics	Hospitality	Administrative	Legacy Banquet	Community Service	Speech Meets
Facilities/ Grounds	Substitute Teaching	Teacher Appreciation	Theater/ Tech/Costumes	Outdoor Signs	Academic Meets

Parent Pledge of Intent *(Please read, sign, and date at bottom.)*

- ❖ I/We will support the standards of SGCA as found in the Student Pledge and Handbook.
- ❖ I/We will pay my/our child’s incurred financial obligations to SGCA in a timely manner.
- ❖ I/We will take responsibility for the spiritual growth and direction of my/our child.

- ❖ I/We will be responsible to see that my/our child abides by all school policies.
- ❖ I/We will be responsible to see that my/our child’s homework is completed.
- ❖ I/We will follow the Health and Safety policies of the school and keep children home until well and fever free for at least 24 hours.

- ❖ I/We agree to log into Ren Web and our school web site at least once a week for student/parent information, homework, grades, athletic updates, activity directions, announcements, and more.
- ❖ I/We give permission for my/our child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the school their representatives from liability to me or my child because of any injury to my child at school or during any school activity.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

For School Use Only

Reg. Fee: _____ RenWeb: _____ Tuition: _____

Discount: _____ Total: _____