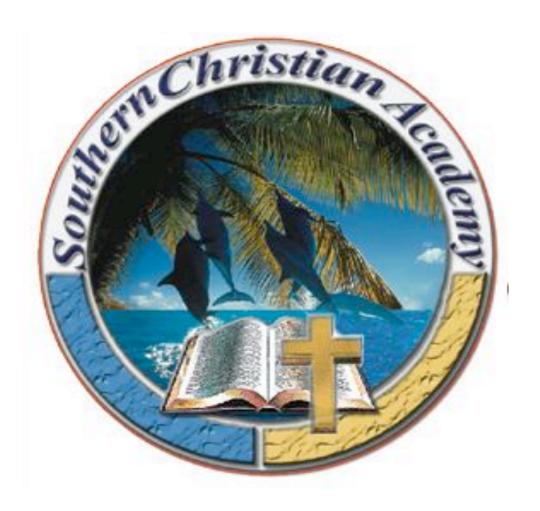
NEW STUDENT ADMISSION APPLICATION

SY 2016-2017



SOUTHERN CHRISTIAN ACADEMY

P. O. Box 7012, Agat, Guam, 96928

Southern Christian Academy exists to win students to Jesus Christ, disciple them in the Word of God, and to provide an environment of Christian excellence in education so that they may become successful learners for life.

Southern Christian Academy is a ministry of Christian Life Center. Southern Christian Academy does not discriminate on the basis of race, color, gender, or national and ethnic origin.



Southern Christian Academy Enrollment Application Checklist SY 2016-2017

Please use this checklist to make sure you have included all necessary items in your enrollment packet. Attach the checklist to your enrollment papers and turn in to the School Office.

Only complete enrollment packets will be accepted. Questions? Call 565-7020

Items needed to complete enrollment process:

Returning Students
Application Form
Photocopy of Immunization Records (returning students who have received an
immunization since February 2010 and all new students)
Both Parents' Signatures Required
Doctor and Hospital Information
Emergency Contacts (minimum of two with addresses & phone #s)
First Aid Product Release for each student
Doctor and Hospital Information Emergency Contacts (minimum of two with addresses & phone #s) First Aid Product Release for each student After School Activity Form (K-5th Grade or Middle School side of form) Photocopy of Custody Arrangement (if applicable) Volunteer Survey (one per family) Mentoring Program Form (optional) Financial Commitment Form (one per family) Early Registration Fee—\$300 (no later than March 31) (_check payable to SCA) Late Registration Fee—\$400 (after May 31 and no later than July 20) Late Registration Fee— 20% Late fee assessed after July 20
Photocopy of Custody Arrangement (if applicable)
Volunteer Survey (one per family)
Mentoring Program Form (optional)
Financial Commitment Form (one per family)
Early Registration Fee—\$300 (no later than March 31) (_check payable to SCA)
Late Registration Fee—\$400 (after May 31 and no later than July 20)
***Instructional/Capital Improvement Fees: \$450 – total due by July 06
New Students (all of the above and.)
Photocopy of Birth Certificate
Transfer of Records Postcard (addressed to former school)
 Photocopies of Report Cards for past two years (if applicable) Photocopies of Standardized Testing for past two years (if applicable) Early Registration Fee—\$400 (no later than May 11, 2015) (_check payable to SCA)
Photocopies of Standardized Testing for past two years (if applicable)
Early Registration Fee—\$400 (no later than May 11, 2015) (_check payable to SCA)
 Late Registration Fee— \$500 (after May 31 and no later than July 20) Late Registration Fee— 20% Late fee assessed after July 20
**Instructional/Capital Improvement Fees: \$450 – total due by July 06
*** Instructional and materials fee, building fund, classroom instructional supplies and equipment
use, computer lab, and internet usage.
***May be paid in two installments: \$250.00 by June 08th and balance of \$200.00 by July 06th.
\$50.00 late fee if balance is paid after July 06th. Additional \$50.00 after July 20

Christian Franchis

SOUTHERN CHRISTIAN ACADEMY SCHOOL

681 Route 2 Oceanside P.O. Box 7012 Agat, Guam 96928 Tel. Nos. 671-565-7020/7025

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Office Use Only

Date & Amt Rec'd

STUDENT APPLICATION FORM

(Please print or type.)

I. STUDENT INFORMATION

Student's Name					
Last		First	Middle		
Student's Preferred Name	erred Name				
Date of Birth			Male	Female	
Social Security Number					
Grade Applying For:		Year A	pplying For		
II. PARENT/ GUARDIAN I	NFORMATION:	Pa	rent	Guardian	
Father Mother If	mother, give her ma	iden name			
Father's (or Guardian's) Name	e				
	Last	First	M	iddle	
Address					
		Zip Code_			
E-mail Address					
Cell phone:					
Employer	Occupation				
Mother's Name					
Last	Fir		M	iddle	
Address					
		Zip Cod			
E-mail Address	Home Telephone				
Cell phone	Business Telephone				
	Occupation				
Student lives with					
SIBLINGS:					
<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>S0</u>	CHOOL	

III. STUDENT INFORMATION

List all schools attended including Kindergarte NAME OF SCHOOL CITY, STATE	en. <u>GRADES ATTENDED</u>
Mailing address of most recent school	
Has this student been retained in a grade?	If yes, which grade?
Give a brief explanation.	
	1?
Please describe the nature of any previous disc	ciplinary problems
Does this student have particular physical, me	
Does this student have physical, mental or em medication? If yes, please give a brief	ef explanation.
For information only: name of the child's phys	sician
Briefly describe any special extra-curricular in	nterests, hobbies, talents, or aptitudes.

VI. TERMS AND CONDITIONS

a. Applications are made to the governing authority of Southern Christian Academy which reserves the right to accept or reject any application.

Did you receive the Statement of Philosophy for Southern Christian Academy?

- b. Southern Christian Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Southern Christian Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.
- c. School policies are subject to change. Information on current policies will be made available at parent orientation meetings prior to enrollment.
- d. Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline. Southern Christian Academy has full discretion in the discipline of students while at the school.
- e. Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
- f. The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a medical release form each year allowing emergency medical care to be obtained in the case parents cannot be reached. Parents understand the school is not an insurer of student health.

g. The school's Schedule of Charges provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment. A non-refundable registration fee must be submitted with this Student Application Form.

VI. PARENT OR GUARDIAN AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Southern Christian Academy, including the payment of all fees and charges according to the published schedule of the school.

This application cannot be processed until the application fee is paid in full and the parents or

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Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:			
Home Address (#, Street,City):		Date Withdrawn:			
Home Phone:	Date of Birth:	Sex: male female			
Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:			
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:			
Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:			
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:			
I authorize the following individuals to collect my child from the facility if I cannot be located:					
Name:	Address (#Street City):	Phone:			
Name:	Address (#Street City):	Phone:			
Name:	Address (#Street City):	Phone:			
Name:	Address (#Street City):	Phone:			
The following individual(s) may NOT remove my child from the facility:					
Custody papers have been provided and are on file at the facility. yes no					

If Medical care is necessary, CALL:					
DOCTOR:	Name:	Address:	Phone:		

Address:

Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be
required at the time for his/her health and safety. It is understood by me that the expense of
this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:				
			v	
Does your child have insurance coverage?	No		Yes	
Name of Insurance Company:				
Telephone Authorization Code :	_(optional)			

Immunization Information

HOSPITAL:

For information regarding current immunization requirements call Guam Dept. of Public Health.

One of these items must accompany the EIIR card at all times:

Name:

Copy of current official documented immunization record attached
Religious Beliefs exemption form signed by parent/guardian attached
Medical Exemption form signed by physician and parent/guardian attached
Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	Mo/da/yr	Mo/da/yr	Mo/da/yr
	Mo/da/yr	Mo/da/yr	Mo/da/yr
Updated immunizations received and attached:			

Medical Information Is child allergic to food or other substances? No Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: Is child usually susceptible to infections? No Yes **If yes**, list the precautions. Is there an existing physical condition that we should be aware of? No Yes (i.e. heart trouble, foot problem, hearing problem, etc.) If yes, list the precautions. Additional comments: Other special instructions: This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by: Parent/Guardian PRINTED SIGNED Name: DATE: Name:

First Aid Product Release SY 2016-2017

Southern Christian Academy
P. O. Box 7012
Agat, Guam 96928
(671) 565 - 7020

Child's Na	me:	Phone: _	
Birth Date:	:	Grade (School Ye	ear)
	permission for the above named stud Please initial any/all items your ch		id administered when deemed
Initial Below		Initial Below	
	Bacitracin Ointment (antibiotic ointment for abrasions)		Petroleum Jelly (for chapped or dry lips)
	Benadryl Cream/Gel (itching)		Sterile Eye Wash (Boric acid, Purified water, Sodium Borate and Sodium Chloride for sand in eye, etc
	Benzalkonium Chloride (antiseptic for abrasions		Sun block Lotion (if a child doesn't provide his/her own lotion)
	Children's Tylenol/Tylenol for Middle/High School Students.		
	the Health Aide or individual desig to my child the above noted first aid		cipal to be my agent to
Parent's N	ame:	Date:	
Parent's Si	gnature:		

Pre K – 5th Grade Students Only

(complete other side for Middle School students)

Southern Christian Academy After School Activity Form SY 2016-2017

I give permission for my child,	to
attend after school activities that are held on the SCA campus	s during
the 2016-2017 school year. The Extended Care Supervisor	
will be notified of my child's registration, by the coordinator	of the
specific activity. My child may be picked up from the classroo	m
teacher or Extended Care and escorted to the activity and ret	-
if necessary, to Extended Care by the activity's staff. My child	has
permission to sign in and out of the Extended Care program t	0
participate in any activity for which he/she is enrolled.	
I release the SCA Extended Care program from any responsib	ility
and/or liability once my child has left their supervision.	
I stipulate that my child must be picked up and escorted by a	ftor
School activity personnel.	itei
School activity personner.	
Parent Signature:	

Middle/High School Students Only

Southern Christian Academy After School Activity Form SY 2016-2017

I give permission for my child,,			
to attend after school activities that are held on the SCA campus			
during the 2016-2017 school year. The Extended Care Supervisor			
will be notified of my child's registration, by the coordinator of			
the specific activity. My child may go unescorted to the activity			
and return unescorted, if necessary, to Extended Care. My child			
has permission to sign in and out of the Extended Care program			
to participate in any activity for which he/she is enrolled.			
I release the SCA Extended Care program from any responsibility			
and/or liability once my child has left their supervision.			
I give permission for my child to go unescorted to after school			
activities.			
Dawant Cianatura			
Parent Signature:			

SOUTHERN CHRISTIAN ACADEMY Financial Commitment Agreement SY 2016-2017

P.O. B	a contract. For value received, (parent/gu ox 7683 Agat, GU 96928 agrees and prothe "Payee"), the amount of:	ardian)_omises to pay the order of Southern Chri	
carica	□ \$2,950.00 (K2-G8) 1child □ \$3,900.00 (G9-12) per student	□ \$4,750 (K2-G8) 2 children	□ \$5,400.00 (K2-G8) 3 children
		0.00 New student Early registrat	tion before March 31, 2016 ion after March 31, 2016
Families of fourth chi	□ \$450.00 Instructional/Building Fee - Extended care fees (3:30pm to 4:00pm): Extended care fees (3:30pm to 4:30pm): Extended care fees (3:30pm to 5:00pm): Extended care fees (3:30pm to 5:00pm): with two or three children in K2-G8 will r	1st installment of \$250.00 by June, 2016 a \$50.00 (monthly) per student (K2) \$100.00 (monthly) per student (K2) \$150.00 (monthly) per student (K2) \$20.00 (daily) per student (K2) teceive a discount as stipulated above. If no student fee. The discount will only app	and 2 nd installment of \$200 by July 6, 2016 2-G8) □ 5:00 − 5:30 \$1.00 per minute (K2-G8) 2-G8) □ after 5:30 \$2.00 per minute (K2-G8) 2-G8)
	ree to pay the tuition according to the foll (initial one of the following):	, and the second	eference is
	Full payment with a 5% discount if paid Payment of one-half of the tuition by Ju January 1, 2017.	in full by June 30, 2016 ly 1, 2016 and second-half of tuition by	
	Payment monthly (10-month option). F Payments are due the first of each month Payment monthly (11-month option). F Payments are due the first of each month	n and are paid through May 2017. irst payment due on July 1, 2016	
	3	, the payment is due on the Friday before	the first. Installment payments are not permitted for
	derstand that State Tax Organization fund extended care, speech services, etc.) more		on only. I/we are responsible for all other invoices
	derstand that a charge of 10% finance charten 10^{th} of the month.	arge will be assessed on accounts not paid	by the 5th of the month and 15% on accounts not
is curre days sl accoun	ent or acceptable arrangements have been hall be referred to collection agency. In	made with the Business Manager. Noti the case of where a student is expelled before the child's cumulative record is	hdrawal of our student(s) from SCA until the account ce is given that delinquent accounts over ninety (90) I from school for non-payment or for behavior, any released. If tuition was paid in full, a refund will be
subm within the m	itted to the Office. Tuition shall be due in the month, other than the last day, will be conth following the withdrawal. School ints after <u>July 31</u> will be billed a full m	for the entire month and paid on or before charged a full month's tuition fee. If the records will not be released until accounts.	drawal Form shall be completed by the parent and re the last school day of the month. Any withdrawal uition is paid in full, refund will be computed starting int is cleared. Official withdrawal of pre-registered all be charged until an official withdrawal has been
may be within	e liable for up to three (3) times the amou fifteen (15) days for default, all prov	int on the insufficient check. Should the isions under #4 and #5 above shall a	e bank. If SCA should bring suit to collect, the parent account remain unsettled after written notice to cure oply. Any family that issues two (2) insufficient s in cash, cashier's check, or money order.
	ree to pay the balance of our account befored if my/our account is delinquent.	ore requesting student records to be releas	ed. I/we understand that report cards cannot be
agreemen			itled to attorney's fees and costs. The parties to this of Guam. This agreement shall be governed by and
By my/ou	r signature(s), I/We signify that I/we have	e read and agree to the terms listed in the	"Southern Christian Academy Financial Agreement."
Father/C	GuardianSignature: GuardianSignature:	Date	
Student	(s) Name:	Grade Level:	
Please se	end invoices to: (Please print)		

As parent(s) of	I/we agree to the following:
1. I/We understand that my child	d will be encouraged to pursue a relationship with Jesus Christ.
SCA premises, and absolve S	child to take part in all SCA activities, including sports and school-sponsored trips away from the CA from liability to me or my child because of any injury to my child at school or during any and that reasonable care and safety will be provided for my child at all times.
	administer any necessary discipline. (SCA does not use corporal punishment.) The school ny child who becomes incorrigible or detrimental to the welfare of others or purposes of SCA.
account after the 10th day of	cial obligations to Southern Christian Academy by the due date or a late fee will be added to our the month. I/We understand that SCA reserves the right to dismiss any child whose financial days after the due date. I/We understand that SCA reserves the right to refer any delinquent by.
	Christian Academy Parent-Student Handbook, understand the information outlined in it, and l rules and policies established by SCA.
6. I/We agree to support SCA' st	rudent dress policy, including purchase of the required uniform to be worn on designated days.
7. My/Our child has permission incurred or replacement cost of	to use the SCA Library to check out books, videos, etc. I/We will be responsible for any fines of lost or misplaced items.
	dismissal times must sign themselves into the Extended Care program and remain there until dult, or released to attend an after school activity and will pay necessary fees associated with
classroom. I/We also give perm	hild to be signed out of the Morning Extended Care program into his/her regular nission for my child to sign himself/herself into the Extended Care Program at the end of ary fees associated with the Extended Care Program.
Parent's Signature:	
	(MANDATORY—needed in case of emergency) individual photo or within a group) may or may not be used for publication wsletters, videos, internet, television, ads, etc.).
photographs of my minor of the right to use my child's of the Pictures. I release of defamation, libel, invasion have no ownership rights	ation, I grant Southern Christian Academy the right to use, copy, reproduce, and publisheld (the "Pictures") for any lawful purpose throughout the world and in perpetuity. I grant SCA name in connection with all uses of the Pictures and waive the right to inspect or approve any use GCA from any claims that may arise regarding the use of the Pictures including any claims of privacy, or infringement of moral rights, rights of publicity or copyright. I acknowledge that in the Pictures. SCA is not obligated to utilize the rights granted in this Agreement. This hall inure to the benefit of the legal representatives, licensees, and assigns of SCA.
11. SCA publishes a Family Dir phone number published?	ectory with the student's name. Do you give permission to have the parents' address and home YesNo
	udden illness, I/we hereby give authority to any hospital or doctor to render immediate required at the time for his/her health and safety. It is understood by me/us that the expense of d by me/us.
	e any conflicts with SCA staff or administration in a mature, peaceable, Christian manner. If ol's policies or decisions after attempts at resolution, I/we agree to respectfully withdraw from
Parents' Names	
Parents' Signatures:	ther/Guardian Mother /Guardian
Fa	ther/Guardian Mother /Guardian

Voluntoor Survey

volunteer survey					
(Please return to School Office - one per family) Southern Christian Academy depends on its volunteers - you make things happen and make the year extra special for all involved. Thank you for your time and willingness to participate! Parent's Name					
Daytime Phone	_ Evening Phone				
Email Address					
Child's Name	Grade level				
Child's Name	Grade level				
Child's Name	Grade level				
Child's Name	Grade level				
Please check any areas in which you would Office / Clerical Work:	rivelopes) Friday morning in November) Fair ce necessary				

- Procurement chairperson (willing to contact businesses for contributions/donations)

Event Volunteer

- Christmas Program
- Spring Concert
- Chamorro Month 0
- Grandparents' Day
- Fun Day 0
- Festival By the Sea 0
- Teacher Appreciation Day
- Kindergarten Graduation
- High School Graduation / Middle School Promotion

Miscellaneous Opportunities

- **Reading Groups**
- Library Helper
- **Musical Accompanist**
- Theatrical Assistant (costumes, scenery)
- Chapel Speaker 0
- **Event Photographer**
- Event Reporter (able to attend functions and write a brief report for school news letter and Guam PDN, Marianas 0 Variety, and Stars and Stripes.
- Lunch aides

There are also volunteer opportunities in your child's individual classroom (i.e. teacher helper, field trip chaperone, etc.). Please contact your child's teacher for more information regarding these classroom specific activities.



Southern Christian Heademy

Mrs. Andresina McManus, Principal 861 North Route 2, Post Office Box 7012, Agat, Guam 96928

Ph: (671)565-7020/Fax: (671)565-5119

TO:
SUBJECT : Request for School Records (Including Confidential Files and Testing Data)
Dear Educator:
The following student has recently enrolled in our school:
Name: Grade DOB:
Please forward all appropriate school records.
Andresina S. McManus, Principal
I give my consent to
To release the Official School Records of my child, named above, whom I have enrolled in Southern Christian Academy.
Signature of Parent/Guardian
NOTE to the receiving school: If seal is broken, not official records of Southern Christian Heademy.