

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.



Student Name(s) and Grade(s) in SY 2016 - 2017 _____

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
- 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
- ***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)
- 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**



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 _____ Student's Age _____
Date of Birth _____ Male _____ Female _____
Social Security Number _____
Grade Applying For: _____ Year Applying For: _____

II. PARENT/ GUARDIAN INFORMATION: _____ Parent _____ Guardian

Father _____ Mother _____ If mother, give her maiden name. _____
Father's (or Guardian's) Name _____
Last First Middle
Address _____
Zip Code _____
E-mail Address _____ Home Telephone _____
Cell phone: _____ Business Telephone _____
Employer _____ Occupation _____
Mother's Name _____
Last First Middle
Address _____
Zip Code _____
E-mail Address _____ Home Telephone _____
Cell phone _____ Business Telephone _____
Employer _____ Occupation _____
Student lives with _____

SIBLINGS:

NAME	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. STUDENT INFORMATION

List all schools attended including Kindergarten.

NAME OF SCHOOL

CITY, STATE

GRADES ATTENDED

Mailing address of most recent school _____

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation. _____

Has this student been suspended from a school? _____

Please describe the nature of any previous disciplinary problems. _____

Does this student have particular physical, mental, or emotional needs?

Does this student have physical, mental or emotional problems which require special?

medication? _____ If yes, please give a brief explanation. _____

For information only: name of the child's physician _____

Telephone number of physician office _____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes.

IV. OTHER DATA

Do you consider your home a Christian home? _____

What church do you attend? _____

Are you a member? _____

Which most accurately describes your church attendance?

- _____ a. Active in the church _____ c. The children attend Sunday School
_____ b. Attend occasionally _____ d. Do not attend more than a few times a year

Explain briefly why you want a Christian education for your child.

What do you expect Southern Christian Academy to do for your child?

How did you hear about Southern Christian Academy? _____

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

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.
- 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 guardian of the applicant signs the application.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____

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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: <input type="checkbox"/> male <input type="checkbox"/> 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:
HOSPITAL:	Name:	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:

Does your child have insurance coverage? No Yes

Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

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

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

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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
Updated immunizations received and attached:	Mo/da/yr	Mo/da/yr	Mo/da/yr

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

Name:

SIGNED Name:

DATE:

First Aid Product Release
SY 2016-2017
Southern Christian Academy
P. O. Box 7012
Agat, Guam 96928
(671) 565 – 7020

Dear Parents,
 Occasionally your child may require first aid during the school day. For these occasions, our school's health office maintains a limited supply of first aid products. Please complete the following form and return it to the school office with enrollment materials.

Child's Name: _____ Phone: _____

Birth Date: _____ Grade (School Year) _____

I/we give permission for the above named student to have first aid administered when deemed necessary. ***Please initial any/all items your child may receive.***

<i>Initial Below</i>		<i>Initial Below</i>	
	Bacitracin Ointment (<i>antibiotic ointment for abrasions</i>)		Petroleum Jelly (<i>for chapped or dry lips</i>)
	Benadryl Cream/Gel (<i>itching</i>)		Sterile Eye Wash (<i>Boric acid, Purified water, Sodium Borate and Sodium Chloride for sand in eye, etc</i>)
	Benzalkonium Chloride (<i>antiseptic for abrasions</i>)		Sun block Lotion (<i>if a child doesn't provide his/her own lotion</i>)
	Children's Tylenol/Tylenol for Middle/High School Students.		

I authorize the Health Aide or individual designated by the Principal to be my agent to administer to my child the above noted first aid products.

Parent's Name: _____ Date: _____

Parent's Signature: _____

Please Note: No medication may be given without parental consent and/or a doctor's order (if applicable). Parent must also provide the medication. Please refer to the school handbook for further information. A medication consent form is available in the school office.

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 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 classroom teacher or Extended Care and escorted to the activity and returned, if necessary, to Extended Care by the activity's staff. 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 stipulate that my child must be picked up and escorted by after School activity personnel.

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.

Parent Signature: _____

SOUTHERN CHRISTIAN ACADEMY
Financial Commitment Agreement SY 2016-2017

1. This is a contract. For value received, (parent/guardian) _____, of P.O. Box 7683 Agat, GU 96928 agrees and promises to pay the order of Southern Christian Academy, a nonprofit organization (hereinafter called the "Payee"), the amount of:

- \$2,950.00 (K2-G8) 1child \$4,750 (K2-G8) 2 children \$5,400.00 (K2-G8) 3 children
 \$3,900.00 (G9-12) per student

Yearly Fee per student (must be paid upon enrollment)

- \$300.00 Returning student \$400.00 New student Early registration before March 31, 2016
 \$400.00 Returning student \$500.00 New student Late Registration after March 31, 2016
 \$450.00 Instructional/Building Fee - 1st installment of \$250.00 by June, 2016 and 2nd installment of \$200 by July 6, 2016

Optional: Extended care fees (3:30pm to 4:00pm): \$50.00 (monthly) per student (K2-G8) 5:00 – 5:30 \$1.00 per minute (K2-G8)
Extended care fees (3:30pm to 4:30pm): \$100.00 (monthly) per student (K2-G8) after 5:30 \$2.00 per minute (K2-G8)
Extended care fees (3:30pm to 5:00pm): \$150.00 (monthly) per student (K2-G8)
Extended care fees (3:30pm to 5:00pm): \$20.00 (daily) per student (K2-G8)

*Families with two or three children in K2-G8 will receive a discount as stipulated above. If more than three children are enrolled in K2-G8, the fourth child and above will receive half of the regular tuition fee. **The discount will only apply to immediate relatives.** The discount does not apply to tuition fees in G9-G12, extended care fees or summer school fees.*

2. I/we agree to pay the tuition according to the following arrangements. My/our payment preference is (initial one of the following):

- _____ Full payment with a 5% discount if paid in full by June 30, 2016
_____ Payment of one-half of the tuition by July 1, 2016 and second-half of tuition by January 1, 2017.
_____ Payment monthly (10-month option). First payment due on August 1, 2016. Payments are due the first of each month and are paid through May 2017.
_____ Payment monthly (11-month option). First payment due on July 1, 2016. Payments are due the first of each month and are paid through May 2017.

Should the first day of the month fall on a Saturday, the payment is due on the Friday before the first. Installment payments are not permitted for extended care fees, which shall be paid on a monthly and/or daily basis.

2. I/we understand that State Tax Organization funds (tax credit dollars) can be used for tuition *only*. I/we are responsible for all other invoices (lunch, extended care, speech services, etc.) monthly.

3. I/we understand that a charge of 10% finance charge will be assessed on accounts not paid by the 5th of the month and 15% on accounts not paid on the 10th of the month.

4. I/we understand that if my/our account is 60 days delinquent that the result may be the withdrawal of our student(s) from SCA until the account is current or acceptable arrangements have been made with the Business Manager. Notice is given that delinquent accounts over ninety (90) days shall be referred to collection agency. In the case of where a student is expelled from school for non-payment or for behavior, any account outstanding at that time must be settled before the child's cumulative record is released. If tuition was paid in full, a refund will be issued from the month of expulsion until the end of the installment period.

5. I/WE understand that a student may withdraw from attending SCA. A Student Withdrawal Form shall be completed by the parent and submitted to the Office. Tuition shall be due for the entire month and paid on or before the last school day of the month. Any withdrawal within the month, other than the last day, will be charged a full month's tuition fee. If tuition is paid in full, refund will be computed starting the month following the withdrawal. School records will not be released until account is cleared. Official withdrawal of pre-registered students after **July 31** will be billed a full month's tuition fee in August, tuition shall be charged until an official withdrawal has been submitted.

6. I/we understand that there will be a \$50 charge for any check returned to the school by the bank. If SCA should bring suit to collect, the parent may be liable for up to three (3) times the amount on the insufficient check. Should the account remain unsettled after written notice to cure within fifteen (15) days for default, all provisions under #4 and #5 above shall apply. Any family that issues two (2) insufficient funds/returned checks during the school year shall be required to make all future payments in cash, cashier's check, or money order.

7. I/we agree to pay the balance of our account before requesting student records to be released. I/we understand that report cards cannot be released if my/our account is delinquent.

If any legal action is necessary to enforce this Agreement, the prevailing party shall be entitled to attorney's fees and costs. The parties to this agreement hereby waive any right to trial by jury. Venue shall be with the Superior Court of Guam. This agreement shall be governed by and construed in accordance with the laws of Guam.

By my/our signature(s), I/We signify that I/we have read and agree to the terms listed in the "Southern Christian Academy Financial Agreement."

Father/Guardian Signature: _____ **Date** _____

Mother/Guardian Signature: _____ **Date** _____

Student(s) Name: _____ **Grade Level:** _____

Please send invoices to: (Please print) _____

As parent(s) of _____ I/we agree to the following:

1. I/We understand that my child will be encouraged to pursue a relationship with Jesus Christ.
2. I/We give permission for my child to take part in all SCA activities, including sports and school-sponsored trips away from the SCA premises, and absolve SCA from liability to me or my child because of any injury to my child at school or during any school activity. I/We understand that reasonable care and safety will be provided for my child at all times.
3. I/We authorize the school to administer any necessary discipline. (SCA does not use corporal punishment.) The school reserves the right to dismiss any child who becomes incorrigible or detrimental to the welfare of others or purposes of SCA.
4. I/We pledge to pay our financial obligations to Southern Christian Academy by the due date or a late fee will be added to our account after the 10th day of the month. I/We understand that SCA reserves the right to dismiss any child whose financial obligation remains unpaid 30 days after the due date. I/We understand that SCA reserves the right to refer any delinquent accounts to a collection agency.
5. I/We have read the Southern Christian Academy Parent-Student Handbook, understand the information outlined in it, and agree to accept and support all rules and policies established by SCA.
6. I/We agree to support SCA' student dress policy, including purchase of the required uniform to be worn on designated days.
7. My/Our child has permission to use the SCA Library to check out books, videos, etc. I/We will be responsible for any fines incurred or replacement cost of lost or misplaced items.
8. Students who stay after class dismissal times must sign themselves into the Extended Care program and remain there until signed out by an authorized adult, or released to attend an after school activity and will pay necessary fees associated with Extended Care program.

I/We give permission for my child to be signed out of the Morning Extended Care program into his/her regular classroom. I/We also give permission for my child to sign himself/herself into the Extended Care Program at the end of the school day and pay necessary fees associated with the Extended Care Program.

Parent's Signature: _____

(MANDATORY—needed in case of emergency)

9. My/Our child's picture (either individual photo or within a group) **may** ____ or **may not** ____ be used for publication (brochures, newspapers, newsletters, videos, internet, television, ads, etc.).
10. For promotional consideration, I grant Southern Christian Academy the right to use, copy, reproduce, and publish photographs of my minor child (the "Pictures") for any lawful purpose throughout the world and in perpetuity. I grant SCA the right to use my child's name in connection with all uses of the Pictures and waive the right to inspect or approve any use of the Pictures. I release SCA from any claims that may arise regarding the use of the Pictures including any claims of defamation, libel, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I acknowledge that I have no ownership rights in the Pictures. SCA is not obligated to utilize the rights granted in this Agreement. This authorization and release shall inure to the benefit of the legal representatives, licensees, and assigns of SCA.
11. SCA publishes a Family Directory with the student's name. Do you give permission to have the parents' address and home phone number published? **Yes** ____ **No** ____
12. In case of an emergency or sudden illness, I/we hereby give authority to any hospital or doctor to render immediate emergency aid as might be required at the time for his/her health and safety. It is understood by me/us that the expense of this service will be accepted by me/us.
13. I/We agree to seek to resolve any conflicts with SCA staff or administration in a mature, peaceable, Christian manner. If unable to support the school's policies or decisions after attempts at resolution, I/we agree to respectfully withdraw from SCA.

Parents' Names _____

Parents' Signatures: _____

Father/Guardian

Mother /Guardian

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 be interested in volunteering:

Office / Clerical Work:

- Mailings (stuffing and labeling envelopes)

Spelling Bee:

- Judge for SCA Spelling Bee (one Friday morning in November)

Science Fair

- Judge for SCA Science Fair.
- Coordinate School wide Science Fair

Physical Education and Sports:

- Assistant Coach - Sport(s) _____
- After School Sports (no experience necessary)
- Event Transportation
- Scorekeeper
- Concession Stand
- Ordering Uniforms

School Pictures

- Coordinator
- Picture Day Helper (8:30 am - 12:30 am)

Fundraising Helpers

- Campbell Soup Labels /General Mills Box Tops (tracking program results by students/class)
- Procurement chairperson (willing to contact businesses for contributions/donations)

Event Volunteer

- Christmas Program
- Spring Concert
- Chamorro Month
- Grandparents' Day
- Fun Day
- Festival By the Sea
- 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
- Event Photographer
- Event Reporter (able to attend functions and write a brief report for school news letter and Guam PDN, Marianas 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 Academy

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 Academy.