



# Registration for School Year 20\_\_\_\_ - 20\_\_\_\_

Grade to Enter: \_\_\_\_\_ (K3, K4 and K5 Please Indicate:  Half-Day or  Full-Day)

Name: \_\_\_\_\_  
Last First Middle

Sex:  Male  Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Present Age: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

With whom does the student reside (be specific) \_\_\_\_\_

State any chronic health, emotional, or physical problem(s) the student has. \_\_\_\_\_

Church Membership?  Yes  No Name of Church \_\_\_\_\_

### Statement of Cooperation

1. I pledge loyalty to the aims of the school and will bring any and all questions and criticisms directly to the administration so that they may be properly considered by those in authority.
2. We will read the Statement of Faith and the Philosophy of Education and are willing to have our child trained in accordance with them.
3. We will read the *Student Handbook* and will cooperate fully in seeing that the rules and regulations laid down there are met.
4. I give Berean Academy permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises.
5. The teacher and administration are hereby given full discretion in the discipline of our child. This would include the issuing of disciplinary referrals, detention, suspension, and expulsion from the school program.
6. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Berean Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, damages or other costs that Berean Academy or its agent should incur to defend itself against such action, and would immediately withdraw my child from school as soon as such action had begun.
7. This statement of cooperation will be in effect for as long as my children attend Berean Academy.
8. The school reserves the right to dismiss any student who does not cooperate with the educational process. If a student is dismissed for any reason, the tuition will be prorated on a monthly basis for that period of time that the child is in school.

Printed Name of Guardian \_\_\_\_\_

Signed Name of Guardian \_\_\_\_\_

**Berean Academy admits all qualified applicants regardless of race, gender, color, or national and ethnic origin.**

**\*\*PLEASE COMPLETE REVERSE SIDE OF THIS FORM\*\***



## **Berean Academy Parent Agreement Form**

All Academy parents/guardians must read the *Parent/Student Handbook* and agree to support the rules and procedures therein. By signing this form, you are agreeing to read the *Parent/Student Handbook* in its entirety by the end of your child's first week of classes at the Academy.

Summaries of some critical policies are listed below. Please verify that you have read these overviews by signing the bottom of the sheet.

### **Attendance**

After 30 days absent from a class, credit will not be given for that class. Affected elementary or secondary students will be required to take summer school courses to fulfill credit requirements.

Classes missed due to unexcused early dismissals or unexcused late arrivals will receive a zero for a daily grade for those classes missed. A student will be considered absent when he/she has missed more than half of the class period. Please get pre-excused forms for doctor's appointments or necessary early dismissals. Please send a note with your child stating the reason for an absence. Note the handbook for excused criteria.

### **Child Abuse Policy**

Berean Academy faculty and staff members are considered "mandatory reporters" of suspected child abuse by the state and will abide by the following guidelines:

1. Faculty and staff members will document suspected child abuse and report it to the administration.
2. The administration and the child's teacher, along with input from the pastor, will attempt to determine the validity of the teacher's observation.
3. School personnel will discuss the situation with the child involved to seek clarification.
4. If child abuse is suspected, the school will contact the Department of Human Services.

### **Communicable Disease Policy**

Berean Academy desires to maintain a healthy school environment by instituting controls designed to prevent the spread of communicable diseases. While it is not our desire to discriminate against any student, the need for protection of the entire student body is crucial. Therefore, any student at Berean Academy or any student who seeks to enroll who is diagnosed to be carrying any communicable or potentially lethal disease may not be given opportunity to remain or become a student. The concern is twofold: one that other students not be infected, and two, that the ill student not become infected with other diseases transmitted by fellow students or others within the school body.

### **Health & Accident Policy**

Parents or guardians are responsible for all medical bills associated with accidents involving their children. Berean Academy does purchase secondary coverage for students involved in accidents occurring during school-related activities.

### **Permission to Use Images**

By checking this box I give Berean Academy permission to use digital photos and other image of my child on its website or in print for news and advertisement purposes.

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_