



**ADVANCED
CHRISTIAN
ACADEMY**

Instilling Values. Inspiring A Love Of Learning.

503-912-1860 • AdvancedChristian@gmail.com

School Location: 2500 SE Palmbld • Gresham, OR 97080

Mailing Address: P.O. Box 2392 • Gresham, OR 97030

Application for New Enrollment

Student Information

School Year 20__

1. Name _____
(Last) (First) (Middle)

Age _____ Grade (in Fall) _____ Birthdate _____ Sex _____

2. Name _____
(Last) (First) (Middle)

Age _____ Grade (in Fall) _____ Birthdate _____ Sex _____

3. Name _____
(Last) (First) (Middle)

Age _____ Grade (in Fall) _____ Birthdate _____ Sex _____

Family Information

Address _____ City _____ State _____ Zip _____

Father's Name _____ Email _____

Phone _____ Cell Phone _____

Address (if different from student's) _____

Employer _____ Work Number _____

Mother's Name _____ Email _____

Phone _____ Cell Phone _____

Address (if different from student's) _____

Employer _____ Work Number _____

Religious Information

Church Attending _____

Address _____

Pastor _____

Phone _____

General Information

How did you hear about this school? _____

What is your reason for selecting this school? _____

Authorization to Pick-up

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

People Authorized to Pick-up

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Emergency Contacts:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

If your child is going home with anyone who is not on this list, you will need to send a note. Please let the people who are picking up know that they will need to have photo ID with them. This Authorization will be in effect September 1, 2017 through June 1, 2018.

Parent or guardian signature _____

Date _____



Instilling Values. Inspiring A Love Of Learning.

503-912-1860 • AdvancedChristian@gmail.com

School Location: 2500 SE Palmbld • Gresham, OR 97080

Mailing Address: P.O. Box 2392 • Gresham, OR 97030

Release of Liability

I, _____, hereby give my permission for my child(ren) _____ (student's name), _____ (student's name), _____ (student's name), to take part in all Advanced Christian Academy activities, including sports and school sponsored trips away from the school premises, and absolve Advanced Christian Academy and its employees from liability to me or to my child because of any injury to my child at school or during and school activity. I, also, give permission for my child to receive any necessary emergency medical treatment and will assume the financial responsibility for any emergency treatment that may be needed.

Parent/Guardian Initials _____ Date _____

In case of emergency, please list the name and number of the Parent/Guardian you would like Advanced Christian Academy to attempt to contact first.

Name: _____ Phone _____

Emergency contacts if Parent/Guardian named above cannot be reached:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Insurance Company _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

Release of Information

Advanced Christian Academy is creating a School Directory. This information will be used for the sole purpose of contacting other Advanced Christian Academy families. Under no circumstances will it be used for any form of solicitation. This information will include Parent's/Guardian's names, student names and grade, address, phone number, cell phone number and e-mail addresses of parent/guardian.

Please initial one of the following:

____ Yes. Please include our family in the school directory.

____ No. Our family does not wish to appear in the school directory.

Parent/Guardian Signature _____ Date _____

Photograph and Image Consent Form

Sometimes photographs, video or other images of students are taken during school activities by Advanced Christian Academy (the school) or under its direction, then presented in various school sponsored media, including but not limited to photographs, video productions, newspapers, television programs, brochures, handbooks, programs, school yearbooks and Internet and online Web pages. As you know, students benefit in numerous ways by taking part in creating media publications and by displaying their pictures. At the same time, parents and students could feel that portraying these student photographs or images could be harmful to the students in some fashion.

In order to protect the level of privacy your child and you desire, we are asking that you complete this form, indicating your choices and that you release Advanced Christian Academy from liability. Should you wish to specify a different preference for the use of your student's photograph or image in the future, another parental consent form – which you may obtain from Advanced Christian Academy – would need to be submitted.

Please PRINT clearly

Student's Name _____ Grade _____
 LAST FIRST

Student's Name _____ Grade _____
 LAST FIRST

Student's Name _____ Grade _____
 LAST FIRST

Please INITIAL beside the option your family prefers:

___ YES I/We, the parent(s) or guardian(s) of the above named student(s) hereby give consent to Advanced Christian Academy to use my child(ren)'s photograph or image in all forms of media, including those listed above, for an indefinite period of time or until removal is requested by me in writing.

___ YES I/We, the parent(s) or guardian(s) of the above named student hereby give consent to Advanced Christian Academy to use my child(ren)'s photograph or image in SOME forms of media. I have listed the forms of media below that I am comfortable with.

___ NO I/We, the parent(s) or guardian(s) of the above named student(s) do not give consent to Advanced Christian Academy to use my child(ren)'s photograph or image in all forms of media, including those listed above.

*Please note that your consent is NOT required in the event your child(ren)'s photograph or image is taken in a public place where there is no expectation of privacy.

I/We hereby remise, release, and forever discharge Advanced Christian Academy from any liability for any injury or action against any of the above named students resulting from the use of such photograph, videotape footage, or other image in any medium utilized. This release includes that Advanced Christian Academy will not be held responsible for other Internet users' reproduction, display, distribution, or modification of the students' images used, in whole or in part, in any manner, nor will Advanced Christian Academy be responsible for, among others, the copyright infringement, misrepresentation, criminal acts, or others use of the District's media images and information.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date



ADVANCED
CHRISTIAN
ACADEMY

Instilling Values. Inspiring A Love Of Learning.

503-912-1860 • AdvancedChristian@gmail.com

School Location: 2500 SE Palmbld • Gresham, OR 97080

Mailing Address: P.O. Box 2392 • Gresham, OR 97030

CONSENT FOR CRIMINAL BACKGROUD CHECK

Your signature below authorizes Advanced Christian Academy and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full legal name: _____	Male: _____	Female: _____
Current Address: _____		
Other Names Used: _____ (Maiden, alias', legal name change, etc.)		
DOB: _____	Driver's License #: _____	State: _____
Previous Addresses in past 7 years: _____		

Have you ever been convicted of any crime? Yes _____ No _____		
If "Yes", explain: _____		

Applicant's signature: I have reviewed and completed this form as applicable to me. I give Advanced Christian Academy permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____



Instilling Values. Inspiring A Love Of Learning.

503-912-1860 • AdvancedChristian@gmail.com

School Location: 2500 SE Palmbld • Gresham, OR 97080

Mailing Address: P.O. Box 2392 • Gresham, OR 97030

Medical Information and Release Form

Family Physician _____ Phone _____

Insurance Company _____ Phone _____

Does child have any medical conditions or allergies? _____

If yes, please explain _____

List any medications the child takes daily: _____

Medication my child **IS ALLOWED** to receive:

_____ Acetaminophen (Children's or Junior's chewable) _____ Tums
_____ Ibuprofen (Children's Chewables or Adult tablets) _____ Neosporin
_____ Benadryl (oral or topical) _____ Cough Drops
_____ Pepto Bismol

Special Instructions (including any potential side effect(s) or reactions of which the school should be aware)

Parental Consent and Waiver:

I hereby give permission for my child, _____, to take the above medication at Advanced Christian Academy as needed. _____ Parent's or Guardian's Initials

Notice: No medication may be used or possessed at Advanced Christian Academy unless the school receives this completed form.

Waiver of Liability

I understand that Advanced Christian Academy will administer only the medications mentioned above. I hereby waive any and all claims against Advanced Christian Academy and employees, and agree to hold Advanced Christian Academy and employees harmless from any and all liability, which may arise in connection with my child's use of the above medications.

Parent's or Guardian's Signature _____ Date _____

Student Information

Student Name _____

Educational Information

Previous school attended _____

Location _____ Phone _____

Last grade completed _____

Please indicate overall academic level of student's previous work:

____ Excellent ____ Good ____ Average ____ Poor

Has your child ever failed a grade level in school? _____ If "Yes", please explain: _____

Does the child have any learning difficulties or special education needs? _____

If "Yes", please explain: _____

Is the child on an IEP? _____

Behavioral Information

Has your child ever had disciplinary difficulties, including suspension or expulsion? _____

If "Yes", please explain: _____

Has your child ever been in trouble with the law, arrested, etc.? _____

If "Yes", please explain: _____

Does your child have a history of drug or alcohol usage of any kind? _____

If "Yes", please explain: _____

Note: Advanced Christian Academy is not staffed to handle students who have severe behavior issues or those with severe learning disabilities.



Instilling Values. Inspiring A Love Of Learning.

503-912-1860 • AdvancedChristian@gmail.com

School Location: 2500 SE Palmland • Gresham, OR 97080

Mailing Address: P.O. Box 2392 • Gresham, OR 97030

Tuition Agreement

Parent/Guardian Name: _____

Address: _____

I agree to pay tuition via the selected option:

____ I/we would like to pay our tuition on a 9 month plan, September 1st through May 1st.

____ I/we would like to pay our tuition in full by September 1st and receive the 5% discount.
(The 5% discount is off tuition only. Registration and book/supply fees are not included in discount.)

1. Student Name _____				
Grade _____	Half Day _____	Full Day _____		
Application Fee _____	Book/Supply Fee _____	Tuition _____	Total _____	
2. Student Name _____				
Grade _____	Half Day _____	Full Day _____		
Application Fee _____	Book/Supply Fee _____	Tuition _____	Total _____	
3. Student Name _____				
Grade _____	Half Day _____	Full Day _____		
Application Fee _____	Book/Supply Fee _____	Tuition _____	Total _____	
Tuition and Fees Total				_____
*Additional minor book charges may be added during the year due to a teacher's curriculum adjustments. Advanced notice will be given before these charges are applied to a monthly statement.				

Tuition is due on the 1st of each month. A \$25 late fee will be assessed after the 10th of each month. Tuition payments may be mailed to the school or dropped off in the school office. It is the responsibility of the parent/guardian to make payments on time. Statements are sent out as a courtesy only.

I/we understand that per this agreement I/we are obligated to pay the tuition and fees in full if our child(ren) is enrolled as a student at Advanced Christian Academy. Each month my child(ren) is enrolled, I/we are obligated to pay that month's tuition in full. I/we understand that partial months are not prorated regardless of the number of days my child(ren) attend school. I understand that a student is not withdrawn until an Advanced Christian Academy Student Withdrawal Form is completed and received by Advanced Christian Academy. I understand that application, book and supply fees are NON-REFUNDABLE.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Acknowledgement

This application must be completed in its entirety, with parent/guardian signatures, before it can be processed.

A non-refundable application fee of \$50 for each new student or \$25 for each returning student is due along with this application.

A non-refundable \$225 book/testing fee (1st – 8th) and \$225 snack/supplies fee (Preschool – K) will be due for each student upon acceptance to Advanced Christian Academy and must be received by June 15th before acceptance will become final.

Tuition is set up on a nine-month payment plan, September 1st through May 1st. A \$25 late fee will be assessed after the 10th of each month. Tuition payments may be mailed to the school or dropped off in the school office. Credit cards are accepted. Families may choose to pay the year's tuition in full to take advantage of the 5% discount, paying on or before September 1st.

*Additional minor charges may be added during the year due to a teacher's curriculum adjustments. Advanced notice will be given before these charges are applied to a monthly statement.

I have read and understand that Advanced Christian Academy is not staffed to handle students who have severe behavior issues or those with severe learning disabilities.

This signature certifies that I have read this application in its entirety, and have given information that is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
