

# Enrollment Application

Date of Application: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Grade Completed: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Marital Status of parents: Married: ( ) Separated: ( ) Divorced: ( ) Widowed: ( )

Person to be notified (other than Parent/Guardian) in case of EMERGENCY:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

School-age children in family not applying to this school – List names and ages:

\_\_\_\_\_  
\_\_\_\_\_

Give reason(s) for not attending this school: \_\_\_\_\_

## Church Information

Church presently attending: \_\_\_\_\_

How long have you attended? \_\_\_\_\_ Pastor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Pastor's complete address: \_\_\_\_\_

Is the student's father actively involved in church? Yes ( ) No ( )

Is the student's mother actively involved in church? Yes ( ) No ( )

Is the student named above a committed disciple, student of the ways and words of Christ? Yes ( ) No ( )

## Student Medical History

It is mandatory that students who show symptoms of communicable disease be excluded from classes until re-admission is acceptable.

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Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Health:      Good (   )      Fair (   )      Poor (   )      Explain: \_\_\_\_\_

Mother's Health:      Good (   )      Fair (   )      Poor (   )      Explain: \_\_\_\_\_

### Past Diseases – if child has history of any of the following, state age when occurred:

Mumps: _____	Convulsions: _____	Hay Fever: _____
Diphtheria: _____	Heart Disease: _____	Immunosuppressed: _____
Polio: _____	Diabetes: _____	Hepatitis: _____
Measles: _____	Ear Infections: _____	Chicken Pox: _____
Scarlet Fever: _____	Whooping Cough: _____	Tuberculosis: _____
Asthma: _____	Pneumonia: _____	

### Recent Disabilities – check any of the following noted recently:

Four or more colds yearly:      Yes (   )      No (   )	Allergy:      Yes (   )      No (   )
Fainting Spells:      Yes (   )      No (   )	Drug Allergy:      Yes (   )      No (   )
Hearing Problems:      Yes (   )      No (   )	Ringworm:      Yes (   )      No (   )
Frequent Sore Throat:      Yes (   )      No (   )	Frequent Sties:      Yes (   )      No (   )
Abdominal Pain:      Yes (   )      No (   )	Speech Difficulties:      Yes (   )      No (   )
Tires Easily:      Yes (   )      No (   )	Dental Defects:      Yes (   )      No (   )
Poor Vision:      Yes (   )      No (   )	Hemophilia:      Yes (   )      No (   )
Urinary Tract Infections:      Yes (   )      No (   )	Nose Bleeding:      Yes (   )      No (   )
Shortness of Breath:      Yes (   )      No (   )	Growing Pains:      Yes (   )      No (   )
Frequent Leg Pain:      Yes (   )      No (   )	Other: Explain _____

### IMMUNIZATION RECORD – Give the date of each immunization of the following:

Measles: \_\_\_\_\_ DPT Series: \_\_\_\_\_ Mumps: \_\_\_\_\_

Rubella: \_\_\_\_\_ Polio Tetanus: \_\_\_\_\_ Boosters: \_\_\_\_\_

Does your child have a disability due to disease or accident?      Yes (   ) No (   ) If "Yes," explain \_\_\_\_\_

Has your child had a skin test for tuberculosis? Yes (   ) No (   ) If "Yes," when \_\_\_\_\_

Has your child been associated with a tubercular patient? Yes (   ) No (   ) If "Yes," when \_\_\_\_\_

### PERSONAL RECORD – Please answer the following: Is/does your child:

Shy?	Yes (   ) No (   )	Overactive?	Yes (   ) No (   )	Bite Fingernails?	Yes (   ) No (   )
Suck Thumb?	Yes (   ) No (   )	Excessively Fearful?	Yes (   ) No (   )	Temper Tantrums?	Yes (   ) No (   )
Like School?	Yes (   ) No (   )	Plays Well?	Yes (   ) No (   )	Eat breakfast?	Yes (   ) No (   )

When is your child's regular bedtime? \_\_\_\_\_ Rising Time? \_\_\_\_\_

As this child's Parent/Guardian, I assume full responsibility for the accuracy of the information furnished above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT’S RECORD RELEASE

RELEASING SCHOOL

School Name

Address

City, State, Zip Code

Date

RECEIVING SCHOOL

THE ANSWER CENTER CHRISTIAN ACADEMY  
P.O. Box 2817  
Norcross, Georgia 30091-2817  
(770) 449-9484  
Attention: Marsha Davis

Counselor or Headmaster:  
My child/children has/have been withdrawn from you school. Please release academic and health records to the Receiving School named above.

Student’s Name	Age	Grade Level at Withdrawal
Student’s Name	Age	Grade Level at Withdrawal
Student’s Name	Age	Grade Level at Withdrawal
Student’s Name	Age	Grade Level at Withdrawal
Student’s Name	Age	Grade Level at Withdrawal
Student’s Name	Age	Grade Level at Withdrawal

Signature of Parent or Guardian

Signature of Receiving Principal or Headmaster

# **THE ANSWER CENTER CHRISTIAN ACADEMY**

## **TUITION AGREEMENT**

Because we are commanded of the Lord to educate and train our children, the governing Body of the Answer Center Church of God instituted a Day School program, THE ANSWER CENTER CHRISTIAN ACADEMY, as a part of its growing ministries. Although Christians of other groups are invited to participate they are advised to do so with the understanding that all policies of the program are established and administer by the Church named above.

### **Financial Policies**

Following the Scriptural principle of letting all things be done decently and in order, the ANSWER CENTER CHRISTIAN ACADEMY (ACCA) offers the following financial policies for your careful consideration and acceptance. Tuition is defined as, "...the care over a young person; teaching, private coaching or instruction." (Webster's New Collegiate Dictionary). The ever-increasing number of private schools across the United States indicates clearly that more and more people are recognizing the need for an alternative school system for their child(ren). However, since private schools have no access to the millions of dollars gathered each year through income, property and direct school taxes, they have no alternative but to look to these same caring parents for the funds necessary to make this Ministry successful. These funds we call "Tuition" and "Fees".

For the sake of our Parents and single Heads of households, the Church has always tried to hold its Tuition and Fees to a bare minimum. This is never easy considering the ever-increasing cost of goods and services. Tuition includes the cost of curriculum. If a child completes more that 65 PACES in a school year, a \$10.00 charge will be added to the child's Tuition for each additional PACE used. If a child fails a PACE and an additional PACE must be issued, the charge is \$10.00 for each PACE issued.

### **TUITION SCHEDULE**

<b>5 DAY ATTENDANCE</b>	<b>\$ 430.00</b>
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THE FIRST TUITION PAYMENT IS DUE AUGUST 1<sup>st</sup> AND THE LAST TUITION PAYMENT IS DUE ON MAY 1<sup>st</sup>.

### **FEES**

\$40.00 – Diagnostic Testing Fee for all incoming students, Grades 2-12, not coming directly from another Accelerated Christian Education School.

**NOTE OF EXPLANATION:**

In order for the Academy to operate successfully and efficiently throughout the school year, it is necessary that all accounts be kept current. Any failure to comply (except for severe emergencies as presented to, and accepted by, the Academy Board) will constitute a breach of this Agreement, thus relieving the Answer Center Christian Academy of its obligations to the parties involved until all outstanding balances are brought up-to-date.

RETURNED CHECK FEE – Any check returned due to insufficient funds will incur a \$25.00 processing fee. A LATE FEE OF \$50.00 WILL BE ADDED IF THE TUITION PAYMENT IS MADE AFTER THE 10<sup>th</sup> OF THE MONTH.

Students with accounts fifteen days past due will not be given access to the Academy until said delinquency is paid in full, or satisfactory arrangements for repayment are made. During this time said student(s) is/are not attending class, they will be counted as absent.

This is an unfortunate situation that puts a child, or children, in an unpleasant situation. The answer Center Christian Academy is neither a bank nor a financing institution. We provide a valuable service to families desiring a Christ-centered education for their children because, as stated above, non-payment of Tuition by a parent/guardian absolves the Answer Center Christian Academy of its contractual responsibility to offer educational services.

No transcripts will be forwarded to another school until outstanding balances are settled with the Answer Center Christian Academy.

**FINANCIAL COMMITMENT**

Having read the financial policies of the Answer Center Christian Academy, I/we hereby agree to abide by these policies:

Signed: \_\_\_\_\_ Father/Guardian

Signed: \_\_\_\_\_ Mother/Guardian

Signed: \_\_\_\_\_ Guardian

Date: \_\_\_\_\_

# ANNUAL FIELD TRIP/CAMPUS ACTIVITY/PHOTO RELEASE/EMERGENCY MEDICAL RELEASE FORM

The Answer Center Christian Academy  
P.O. Box 2817  
Norcross, Georgia 30091-2817

\_\_\_\_\_  
School Year

I give my permission for \_\_\_\_\_ to participate in all sports, campus activities and school sponsored field trips throughout the current school year. I also give my consent to allowing photographs to be taken of my child(ren) to be used for school purposes, including but not limited to the school website or the school's Facebook page. Students will be accompanied by a teacher and under adequate supervision. I agree to absolve The Answer Center Christian Academy of any and all responsibility and liability for injuries and/or losses that could potentially be incurred.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risk/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary reasonable risks associated with the travel and activities. I/we agree to hold harmless The Answer Center Christian Academy, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participations. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that, in the best judgment of a licensed physician or dentist, are deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Under the name of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication(s) being taken: \_\_\_\_\_

Referred hospital: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

\_\_\_\_\_  
Student's home phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Student's home address: \_\_\_\_\_

\_\_\_\_\_  
Father's work phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Father's cell phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mother's work phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mother's cell phone: (\_\_\_\_\_) \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## TRANSPORTATION CONSENT FORM

The following people have my (Parent or Legal Guardian) permission to provide transportation for my child(ren):

_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone
_____ Name	_____ Relationship	(_____) _____ Phone

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**No student will be allowed to leave with another student during school hours unless the student wishing to leave is eligible to obtain a valid Georgia Driver's License.**