

Aldersgate Christian Academy

1810 Young Street, Cincinnuti, OH 45202 | Phone: (513) 763-6655 | Fax: (513) 763-6643

Dear Prospective Student:

Greetings from Cincinnati, Ohio!

I just wanted to send a personal note of thanks for your interest in Aldersgate Christian Academy. I have enclosed the information you requested and I trust this will help you in your decision about choosing a school for your child's education. Please take a moment to look over the material. After you have done so, feel free to call my office with any questions you may have about the school.

Getting an education is one of the most important parts of life. Please take time to pray about your child's future. Finding God's perfect will for your child's life is very important.

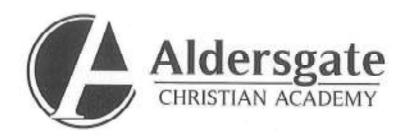
If I can arrange a trip to our campus, I would love to assist you with a personal visit and arrange for your child to spend some time enjoying the atmosphere of our student body. Feel free to call my office at 513-763-6655 or e-mail me at bmarshall@gbs.edu to set up these arrangements.

Again, thank you for your interest.

God's best to you,

Mr. Tim Makcen

Principal



Elementary Applica	tion
Date:	
Student Informati	on
, ,	(Middle)
Zip:	County:
Em	ail address:
Birth Date:	Birth Place:
frican-American 🗆 Asian I	Other:
	ou live?
	C200010030
	n distribution de la companya de la
Employment _	
	Cell:
Business Phone:	
Business Phone: Employment:	
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Business Phone: Employment: Business Phone: than those already listed: Divorced	Cell: Separated Other: Age: Age:
	Date:

Medical Information

*The Ohio Department of Education requires that all students' immunization records and copy of birth certificate be on file at the beginning of the school year. If they are not on file after 15 days from the start of school, the student will NOT be permitted to remain at school. This will be strictly enforced at Aldersgate Christian Academy.

Religio	us Infori	nation			
Church Attending:					
Address:					
Pastor:		Phor	ne:		
Father: Christian? Yes No	o = V	Moth	er: Christian?	□Yes	□ No
Has applicant ever made a profession of faith in Christ MrcGire	A CONTRACTOR OF THE PARTY OF	And Address to the State of the	The same of the sa		
Family Physician:	and the organization of the same of	that has been designed to the second	three series and the series		
Phone: Does		ve any physics	al defects or aller	iles? □ Yes	□ N
	o diddent na	ve arry priyace	a detects of aller	heat Dies	1114
If yes, please explain: Has student received immunizations?	D.	DIDT-DIDTE	4 = V		
Polio Yes No		TP/DTaP/DT/T MR	d □ Yes □ Yes	□ No	
Varicella ☐ Yes ☐ No			□Yes	□ No	
The state of the s		mation	THE RESERVE OF THE PARTY OF THE		
Has student ever been expelled, dismissed, suspended, or	r refused adi	nission to anot	her school?	es □ No	
If yes, please explain;					
Has student ever had disciplinary difficulty at school?	□ Yes	□ No			
If yes, please explain:					
Does student have a juvenile or arrest record?	□ Yes	□No			
	11205.000	30,135			-
If yes, please explain:	Lanu kind?	11200	n Me		
has student ever used tobacco or nonprescription drugs of	any kind?	⊔ Yes	□ No		
If yes, please explain:					
Please indicate academic level of student's previous work: Good				1222000	
☐ Excellent ☐ Good Has student ever failed an academic subject in school?	□Yes	□ Average □ No		□ Poor	
	L 163	LINO			
If yes, please explain:	***********	ACCUSATION OF THE PARTY.			
Genera	al Inform	ation			
How did you hear about this school?					
Reason for selecting this school:					
nde medicarus i Lie del Pela Didde Hollar (Prisco) e dan herbono (1907).					
					-

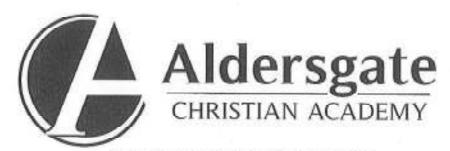
Application must be filled out completely before it can be processed.

An interview with the parents and the student are required before final acceptance.

For your convenience in meeting your financial obligations, yearly tuition and fees are divided into ten monthly installments. The first payment of is due on or before the day of registration; the final payment must be received prior to the mailing of the final Report card at the end of the school year.

- *I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.
- "I give permission for my student to take part in all achool activities, including school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.
- "I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments."
- "I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.
- "I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

ve read the Student Handbook and understand the terms st	ated on this application and agree thereto."
Signature of Father	Signature of Mother
Date	Date



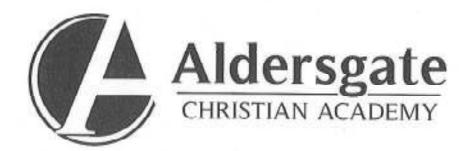
STUDENT RECORD RELEASE

To Releasing School	Counselor:	Today's Date);
	Applying for A		
	Applying for A	cademic rea	r
School Name			
Address			
City, State, Zip			
Phone Number			
Fax Number			
Dear Counselor: My child(ren) h academic and health	ave been withdrawn from your records to the following school.	school, Pleas Thank you.	se release their
	Accepting Private Sci Aldersgate Christian Ac 1810 Young Street ~ Cincinna Ph. (513) 763.6655 ~ Fax: (51	ademy iti, OH 45202	
Students' Name(s)	Age	9	Grade Level at Time of Withdrawal
Please release all ac	ademic (including IEP/MFF who	ere applicable	and medical record
Please release all ac	ademic (including IEP/MFE who	ere applicable	e) and medical rec



Emergency Medical Authorization

Student Name:	Student attends Alder	Student attends Aldersgate Christian Academy		
Address:	the Cincinnati Public	School District, but resides		
	in:			
Home Phone:	(sch	ool district)		
Emergency Contact:	10.502			
Emergency Phone:				
Purpose of this form:				
To enable parents to au	thorize emergency treatment for child chool authority, when parents cannot l	ren who become ill be reached.		
Part I	OR Part II must be complete	ed.		
Part I (To Grant Permi	ssion)			
	mpts to contact me at (phone number)			
or (other parent/guardian)				
at (phone number)				
have been unsuccessful, I he	ereby give my consent for: of any treatment deemed necessary by			
(preferred physician		et\		
or in the event the di physician or dentist;	esignated preferred practitioner is not available	e, by another licensed		
or any hospital reason	onably accessible.			
This authorization does not d	cover major surgery unless the medical opinio arring in the necessity for such surgery, are ob-	ns of two other licensed tained before surgery is		
Facts concerning the child's	medical history including allergies, medication in a physician should be alerted:	ns being taken, and any		
(date)	(parent/guardian signature)	(address)		
DO NOT COMPL	ETE PART II IF YOU COME	Market and a second		
Part II (Refusal to Cons		LETEU PARTI.		
do NOT give my consent fo	r emergency medical treatment of my child. It eatment, I wish the school authorities to take	n the event of illness or no action or to:		
(date)	(narent/quardian signature)	(addraea)		



Elementary Division



Medical Information Notice

Research has shown that school is the primary source of infections in children. Due to this fact, we are instituting strict guidelines regarding the students when they are ill.

Student Illness

Students may return to school - ONLY if the following criteria are met:

- The student must be fever free, and not taking fever-reducing medication (Motrin or Tylenol), for a complete 24-hour period.
- Any contagious illness (strep-throat, pink-eye, upper respiratory infections, etc.) must be treated with an antibiotic for a complete 24-hour period.

Physician Visits

If your child will miss any school to attend a physician's appointment (including dental/orthodontic) it is considered an "excused absence". It is the responsibility of the student to obtain and complete any missed work. Please get a note from the physician's office stating your child was there and turn it in to the office.

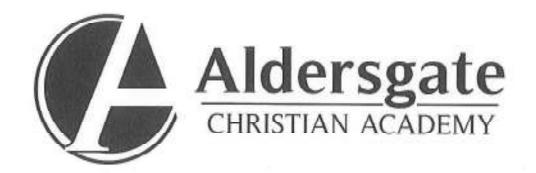
Medication at School

If your child is to take medication while at school (including cough drops), you must send a note containing the following information:

- 1. Child's Name
- Name of medication
- 3. Dose to be taken along with the date and time to be taken
- 4. Name of individual(s) permitted to administer medication during the school day
- 5. Parent's signature

Any prescription medication (including inhalers) must be kept in the office or in the teacher's desk along with a copy of the prescription.

If a students needs to take an acetaminophen during the course of the school day, parents will be called before medication is dispensed unless note of parental consent is on file.



PASTOR RECOMMENDATION FORM

This recommendation form is to be completed by someone other than a relative,

TO BE COMPLETED BY THE	E PARENT:	
application for admission to Alde held in confidence and will not	the release of the following informati ersgate Christian Academy. I/We under the released to me or anyone else. directly to Aldersgate Christian Academ	erstand that the information will be I/We understand that the person
Student's Name		Signature of Parent
Street Address	City, State, Zip Code	Phone Number
TO BE COMPLETED BY THE	E PERSON RECOMMENDING ST	UDENT:
something about their needs. If detrimental to fellow students of usually have a history of problem	e as we seek to make an intelligent so Please give any information regarding or Aldersgate Christian Academy. Students on select being admitted to ACA. Place on will be held strictly confidential and	this applicant's past that could be lents who cause serious problems ease be fair and honest with us in
Thank you for your coop Aldersgate Christian Acad		
Name (please print)		Signature
Street Address	City, State, Zip Code	Phone Number
Church Name	Position	of Person Completing Recommendation

Applicant's Name: How long have you known the a	pplk	cant	?								
In what relationship do you know	w th	е ар	plica	int?							
How well do you know the appli	cant	?		V	ery Well	Well Casually	Acq	uaintar	ice	N	ot at all
Do you have any concerns about Christian Academy?Yes	t the	ap No	plica	nt's a	ability to	adjust to the academic and soc	cial rec	quirem	ents o	f Alde	ersgate
If yes, please explain:											
Please comment on your knowle	dge	of t	he a	pplic	ant's Chri	stian commitment:					
Does the applicant attend church	n rec	gula	rly?		Yes	No					
If no, please explain:											
Do the parents and applicant reg If no, please explain family atter			ttenc	i chu	irch togel	her? Yes No					
List any type of ministry that the	20										
number: (1-poor, 2-below ave	oase	d o	n hi:	s/he ge, 4	r age in above av	the following areas by circ erage, 5-superior, blank-unable to	ling t	er)		iate	
Leadership Skills Personal Integrity	1	2	3	4	5	Social Skills Maturity	1	2	3	4	5
Emotional Stability	1	2	3	4	5	Self-Image	1	2	3	4	5
Concern for Others	1	2	3	4	5	Self-Motivation	1	2	3	4	5
Common Sense	1	2	3	4	5	Moral Character	1	2	3	4	5
Responsibility/Reliability	1	2	3	4	5	Physical Health/Stamina	1	2	3	4	5
Respect for Authority	1	2	3	4	5	Grooming/Personal Hygiene	1	2	3	4	5
Discretion with Opposite Sex	1	2	3	4	5	1619 UNIVERSITATION OF THE BEST OF					
Comments:											
			115				III SI	BULL			

MAIL COMPLETED FORM TO: Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



2017 – 2018 Tuition Schedule

Elementary Division (K – 8 Grades)

Elementary Children	Yearly Tuition Rate (distributed over a 10 month payment plan)
1 st Child	\$2.830.00
2 nd Child	\$1,925.00
3rd Child	\$1,605.00
4 th + Child	\$1.075.00

Additional Fees Applied as Applicable

Beginning or Intermediate Band Fee (4th-5th Grades) - \$50.00

Elementary Honors Choir Fee (K-5th Grades) - \$25.00

Band or Junior Honors Choir Fee (6th-8th Grades) - \$30.00

6th-6th Grade students are required to purticipate in Band and/or Junior Honors Choir, but are charged one fee.

Piano Lab Fee - \$320.00 (\$160.00 per semester)

Graduation - \$50.00

Fee is automatically assessed for Kindergarten and Eighth Grade graduates.

High School Division (9 - 12 Grades)

The second secon	10101110 12 0100001
High School Children	Yearly Tuition Rate (distributed over a 10 month payment plan)
1 st Child	\$3,320.00
2 rd Child	\$3,090.00

Additional Fees Applied as Applicable (Fees automatically assessed where applicable.)

High School Choir - \$25.00

Lab - \$50.00

(Includes the following classes: Marriage & Family, Physical Science, Anatomy & Physiology, Chemistry, and Biology)

High School Band - \$50.00

Graduation - \$50.00

Late Payment - \$15.00

Vehicle Parking Permit - \$150.00 (Individual fees assessed in applicable situations.)

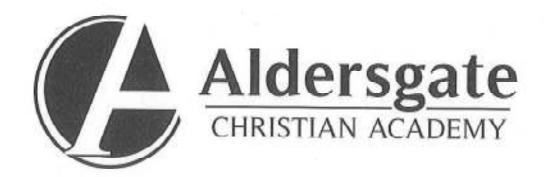
Lunch Card Price Schedule

Elementary Students		High School Students	
Single Meal Purchase	\$4.00	Single Meal Purchase \$5.75	-
10-meal Lunch Card	\$30.00	10-meal Lunch Card \$40.00	

To All Students

Disclaimer: Any charges or fees listed above are subject to change at the discretion of the Board of Trustees of Aldersgate Christian Academy. If possible, advance notice will be provided; however, charges or fees may be changed without prior notice.

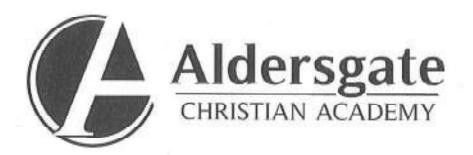
ODE EdChoice Scholarship families: Please note that the scholarship only covers tuition costs. All other fees are the responsibility of the family



2017-18 Transportation Authorization Form

Student's Name:
School Year:
Who will be the primary person to <u>pick up</u> your child(ren) at the end of the school day or from the After School program? 1.
2.
Who do you authorize to pick up your child(ren) other than those listed above?
2.
3.
4.

If there is any deviation from those listed above, please call the school office or send in a note granting permission for pick up.



Traffic and Entrance Information

Entry to Aldersgate Christian Academy:



The front entry door, on the elementary level, is the main port of entry to ACA. While the front door to ACA must remain locked AT ALL TIMES, we have a "door bell" and buzzer system that will allow us to quickly open the door for you.

In compliance with our safety director, we will have the back entry door, on the elementary level, locked AT ALL TIMES. Please do not "rattle" the back door handle, or knock on the

back door at any time during the school day. Such activity disturbs the classes as well as deviates from our active safety policy, which states that this door is only to be used by authorized personnel with key access.

Traffic Pattern for Aldersgate Christian Academy:



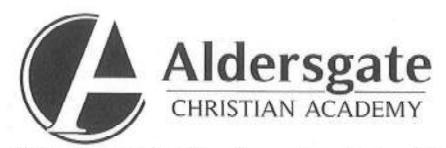
Please keep in mind that when dropping off or picking up students, turn onto Young St., and then left onto Channing St. This will keep the ACA traffic flow going "down" Channing St. so that the traffic pattern is smooth.

Also, if possible, please pull into an empty street side parking spot to allow traffic to pass. This should allow for ease of traffic and quicker drop off and pick up of students.

If you have a high school student driving, please remind them of the proper traffic pattern as well as remind them to drive slowly and cautiously around the ACA property.

Thank you for your attention to these matters!

We look forward to a great school year!

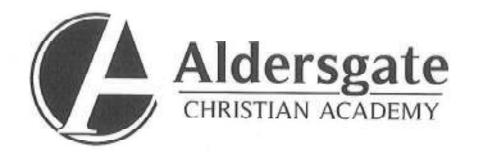


Notes Concerning the Elementary School Year

- School begins at 8:00am. Students arriving after 8:00am will not be permitted to enter the classroom without a tardy slip from the office. Students are expected to follow the attendance policy and it will be enforced in a strict manner.
- When entering ACA, parents are requested to enter through the front entrance. Please do not attempt to enter through the back doors as this disturbs the learning environment. Students should be escorted by a faculty/staff member any time they leave the building.
- For early dismissals, parents must sign their child out at the office while the office personnel
 get your child for you. Prior to dropping off your child each morning, please let your child
 know who will be picking them up at the end of the day or call the school office and we will let
 your child know.
- In an effort to promote academic excellence, we strive to keep classroom disturbances to a minimum. Therefore, we ask that parents contact the office for any assistance that they may need during the school day.
- 5. Visitors must check in at the office and get a visitor's badge upon arrival.
- Students are permitted to use the office phone in case of emergency with approval from their teacher and the office personnel.
- K-8 students not picked up by 3:15pm and not supervised by a HS sibling will be escorted to the After School Program. Charges will be applied upon arrival to the program.
- Students are not permitted to "roam" around campus unattended at any time. HS students (grades 9-12) are not permitted to attend After School Care. HS students may wait in the library, snack shop or HS lounge after school.
- Parents are welcome to volunteer. We ask that you contact the office prior to the volunteer date so that we can make arrangements for your visit to be beneficial.
- 10. Our uniform policy is strictly enforced. If a student comes to school out of uniform, the parent will be notified and expected either to bring the student a uniform or pick the student up. If the student is picked up early for this reason, the absence will be recorded as an unexcused absence.

I have read the above information and agree that our family will comply with these requests as set forth in the above information.

Mother's Signature:	Father's Signature:	
Student Name:	Student Name;	
Student Name:	Student Name:	
Student Name:	Student Name:	



ELEMENTARY UNIFORM REQUIREMENTS

Boys

Pants:

Navy Pants - (standard dress pants - no cargo pants, jean material, etc.)

Available through: SchoolBelles, Wal-Mart, Meijer, Sears, JC Penny

Shirts:

Aldersgate dark green polo shirt.

(Shirt must be purchased through SchoolBelles and be embroided with the ACA logo.)

ONLY available through: SchoolBelles (#1917)

Shoes:

Clean tennis shoes only

Girls

All jumpers and skirts should be 2 Inches below the knee when sitting and standing.

All uniform jumpers and skirts must be purchased through SchoolBelles.

Jumpers: (Required Grades K-4)

ONLY Available through:

SchoolBelles (royal/lt. blue plaid)

Style #1476 Color #523 Skirts: (Available for Grades 5-8 only)

ONLY Available through:

SchoolBelles (navy)

Style #1521/3521 Color #0115

Blouses: (Grades K-4)

White Blouse - (button-down or polo style)

No colored t-shirts are to be worn under white blouse.

Available through: Wal-Mart, Meijer, SchoolBelles, JCPenney, etc.

Shirts: (Grades 5-8)

Aldersgate dark green polo shirt.

(Shirt must be purchased through SchoolBelles and be embroided with the ACA logo.)

ONLY available through: SchoolBelles (#1917)

Shoes:

Clean Tennis Shoes only

ALL STUDENTS

Body piercing is not permissible during the school year.

Students are not permitted to wear coats in the classroom or during Chapel. However, they may solid color hoodies, sweatshirts, or sweaters. Students must wear the uniform shirt under hoodies, sweatshirts, and sweaters. The hoodies, sweatshirts, and sweaters may not have any writing or graphical images.

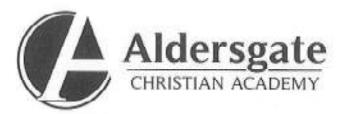


PHYSICAL EXAMINATION

First Name	Mic	ldle Name		Last Name		
Street Address	City,	State, Zip				
Date of Birth	Gender		Height	Weight		
Blood Pressure	Pulse	Vis	ion without glasses	Vision with glas	ises	
Check the proper column for et al. Mouth/Teeth al. Mouth/Teeth al. Throat/Tonsils al. Nose/Sinuses al. Hearing al. Lungs/Chest al. Heart (estimate cardiac function al. Abdomen al. Endocrine System al. Skin al. Neurological System		Normal	Abnormal	Details	of Abnormalities	
Please explain all "yes" answers for Is there a present illness? Is there a history of any serious illne Is the applicant allergic to any drug(Does the applicant have any allergic Does the applicant show signs of en Is the applicant presently on any drug Is there any reason why the applicat Does the applicant or his/her family	esses? (s)? es? notional insta ugs? nt should not	bility?	al education classe	s?	Yes	side. No
		RED FOR	R ADMISSION			
PPD Negative Pos (PPD is required for foreign students on	itive iy or those reti	nth/day/year irning from a	n overseas mission.	If positive, must ha	ve chest x-ray.)	
Tetanus Shot: month/day/year		AR (Measles	, Mumps, Rubella)	2 vaccines:	month/day/year	
Doctor's Signature				Examination		
Doctor's Business Addres	5	Doctor's Business Phone				

To be completed and mailed by the examining physician.

Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, OH 45202



SCHOOL HEALTH HISTORY

To be completed by parent or guardian

	Last	First	Middle		
Gender	Male Female Birth	date:			
		Month	Month/Day/Year		
Required comp vaccine on or a	oulsory immunization information la after first birthday. Second MMR vi	aw: 4 DPT; 3 polio, 1 measles, 1 accine required.	mumps, rubella (MMR)		
IMMUNIZAT	TION RECORD				
Ty	pe Date (Month/Day/Ye		Date (Month/Day/Year)		
DPT		Rubella			
TD		Mumps			
Polio Measles (Rubeo		MMR Combined Other (Identify)			
	Abnormal spinal curvature (scoliosis, etc.) Allergies or hay fever Anemia	Heart disease, type: Hepatitis Kidney disease, type:			
	Asthma or wheezing	Measles (old fashlone	d or ten day)		
	Bed-wetting at night	Meningitis or encephalitis	o or		
	Behavior problem	Mumps			
	Birth or congenital malformation	Near-drowning or near-suf	focation		
	Cancer, type:	Nervous twitches or tics			
	Chicken pox	Poisoning			
	Chronic diarrhea or constipation	Poor vision			
	Cystic fibrosis	Pregnancy	2000,000		
-	Diabetes	Rheumatic fever			
The second secon	Eozema	Seizures or epilepsy			
	Emotional problem	Sickle cell disease			
	Ear problems, poor hearing	Stool soiling			
	Excessive worry about siblings or friends	Substance abuse (alcohol,	drugs, etc.)		
	Frequent headaches	Suicide attempt	11 5 11 12		
	Frequent skin infections	Toothaches or dental infect	tions		
***************************************	Frequent sore throat infections	Urinary tract infection			
		Wetting during the day			

I.Allergies: (Please list and describe allergies or medical reactions and recommended treatments)

Age of Child at time of injury/illness	Hospitalized (Y/N) (If yes, include approx. date
Reason;	Daily or Frequently?
normally active uestions: hild gets along with other childs	rather inactive
bout the child's health, develop be notified about?	ment, behavior, family, or
	normally active uestions: hild gets along with other child

certificate with this document.

MAIL COMPLETED FORM TO: Aldersgate Christian Academy ~ 1810 Young Street ~ Cincinnati, Ohio ~ 45202



Before and After School Care Program

The Before School Care program begins at 7:15am and the After School Care operates from 3:15pm until 5:30pm. The Before School program is held in the Academy while the After School program is in the Academy until 4:00pm and then moves to the gym until 5:30pm. Children may be dropped off at the Academy front entrance each morning as early as 7:15am. If your child is not able to be picked up from the After School program by 5:30pm, late fees will be assessed as indicated below.

If you do not have need of the B/A School Care program, your child can be dropped off on Channing Street at the front entrance of the Academy between 7:40-8:00am. Children may also be picked up at the front entrance between 3:00-3:15 pm. If your K-8 child needs to arrive before 7:40am and/or must remain after 3:15pm, they must use the B/A School Care program.

Aldersgate Christian Academy offers this program at an affordable family rate.

- * Both before and after school care for 1-2 children, \$25 per week.
- * Both before and after school care for 3+ children, \$30 per week.
- * Before or after school care for 1-2 children, \$20 per week.
- * Before or after school care for 3+ children, the cost is \$25 per week.

Daily rates and fees are applied as follows.

- * For 1-2 children, \$5.00 per service.
- * For 3+ children, \$6.00 per service.

Late fees, as stated below, will be applied to students remaining in the After Care Program past 5:30pm.

- * 5:30-5:40pm: \$5.00 additional fee per family per day
- 5:40pm -??: \$10.00 additional fee per family per day

The B/A School Program does operate on a pre-pay basis. Families should remit weekly payments as services are provided. Please note, failure to keep your B/A School account current will result in your family not being able to use the program until the balance has been brought current.

EdChoice families, please note that the EdChoice scholarship only applies to the tuition account. All fees, including the B/A School Program, are the financial responsibility of the family.



Parent Cooperation Agreement

"To make a difference, you have to be different."

We value the love and support of our families, and we desire to establish and maintain a good relationship with them. No two people will agree on everything; no organization is perfect, no matter how sincere the leadership. Still, there must be a basic unity of direction and a strong mutual trust for people to work together in a task as vital as the training of children. This agreement form addresses some areas that are important in maintaining that unity and trust.

Please read carefully. If you feel you cannot sign this agreement with a supportive spirit, please contact the principal so your concerns can be addressed.

the	prin	incipal so your concerns can be addressed.							
		In enrolling my child(ren) in Aldersgate Christian Academy (ACA) for theschool	l year, I/We						
une	ders	stand the following:	3, //						
	1.	 I/We accept the challenge to help "bring them up in the nurture and admonition of the Lord" and state that this training will be carried on in the home. I/We place our trust in ACA to assist us in that training. 							
	2.	I/We will show sincere Christian purpose by the faithful and regular attendance of our child(ren) and ourselves (at least one parent) to a Bible-believing church.							
	3.	I/We will support ACA by faithfully praying for its program and staff and will support the procedures and disciplinary actions of the school in fact and in spirit.							
	4								
	5.	I/We will speak of ACA in the best light possible, even when we disagree on a particular poli I/We will assume that ACA means well, having as its goal the glory of God and the good of t I/we no longer sincerely hold this assumption, I/we will transfer our child(ren), but will not tea school in the eyes of others.	he students. If						
	6.	I/We are vesting authority in ACA to discipline our child(ren) as necessary (no corporal punis further agree that we will cooperate and discipline our child(ren) as needed in the home (Pro 19:18, 23:13-14, 29:15, 17; Colossians 3:20; Hebrews 12:6).	shment). I/We werbs 13:24,						
	7.								
	8.	I/We understand that our child(ren) will go on scheduled field trips and other school activities unless excused by ACA authorities.							
	9.	I/We agree to pay all tuition and fees by the 10 th of the month or according to agreements, a all required payments on or before the last day of school. I/we understand that any previous must be paid at the time of registration along with the first month's tuition for the current year Student Name(s):	balance due						
4		Student Name(s).							
2		4							
2	-								

We sincerely trust that the upcoming year will be the best for your child(ren). We will be praying, planning, and working to make it so.

Parent Signature: __ Parent Signature: