



# Application

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Application & Enrollment Checklist:

- Signed Application submitted by family (one per applying student)
- Registration Fee

### Documents Below Required:

- Immunization Records
- Court Orders, Decrees, Legal Guardianship Documents (if required)
- Birth Certificate
- Social Security Card or Proof of Citizenship
- Physical Exam Form
- Financial Agreement
- Release Form **(MUST BE NOTARIZED)**
- Consent to Treatment Form **(MUST BE NOTARIZED)**
- Parent and Student Contracts
- Acceptable Computer Use Policy
- Interview with Principal and/or Teacher

### Documents Below Required for Transfer Students:

- Record Request Form
- Most Recent Grade Report or Transcript

**Attached are blank forms and checklist required to be completed prior to final enrollment approval**

**Please use the checklist and ensure all forms are completed properly.**

Student

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



General Information

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_

Applicant Information

First Name Middle Name Family Name Preferred Name or Nickname

Residential Address:

Street Apt./Lot

City State Zip

Male Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_/\_\_\_\_ Age on Sept. 1st: \_\_\_\_/\_\_\_\_
Month Day Year Years Full Months Years Full Months

Grade applying for: PK3 PK4 K 1 2 3 4 5 6 7 8 (Students applying for PK3 must be 3 years old on or before Sept. 1st)

Family Information

Father's Full Name: \_\_\_\_ Deceased \* \_\_\_\_ Divorced \_\_\_\_ Separated

First MI Last

Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_@\_\_\_\_

Mother's Full Name: \_\_\_\_ Deceased \* \_\_\_\_ Divorced \_\_\_\_ Separated

First MI Last

Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_@\_\_\_\_

Stepparent's Full Name (If Applicable):

First MI Last

Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_@\_\_\_\_

\* Please include copy of current divorce decree outlining custody arrangements with this completed application

Applicant lives with? [ ] Father [ ] Mother [ ] Both [ ] Other \_\_\_\_\_

Where should the bills be sent? [ ] Father [ ] Mother [ ] Both [ ] Other \_\_\_\_\_

Are you applying for financial aid? [ ] Yes [ ] No If yes, please make sure to fill out the Financial Aid Application

First language, other than English \_\_\_\_\_ Language(s) spoken in the home \_\_\_\_\_

Religious Affiliation and church where membership is held: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



General Information

Information about brothers and sisters:

- 1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: [ ] M [ ] F Lives at Home: [ ] Yes [ ] No
2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: [ ] M [ ] F Lives at Home: [ ] Yes [ ] No
3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: [ ] M [ ] F Lives at Home: [ ] Yes [ ] No
4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: [ ] M [ ] F Lives at Home: [ ] Yes [ ] No
5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: [ ] M [ ] F Lives at Home: [ ] Yes [ ] No

Education

Last School Attended

School Name School District Start Date
School Address City/State Zip Phone End Date

Has the applicant ever been suspended/expelled? [ ] Yes [ ] No
If yes, please explain reason: \_\_\_\_\_

Has the applicant ever received help for reading or learning difficulty? [ ] Yes [ ] No
If yes please explain frequency, type and/or diagnosis: \_\_\_\_\_

Has the applicant ever been diagnosed with any Learning Disability? [ ] Yes [ ] No
(Attach related testing data or reports) \_\_\_\_\_

Other

- 1. Did anyone refer you to Stonehill Christian Academy? [ ] Yes [ ] No If yes, who: \_\_\_\_\_
2. How many family members are currently living in your household? \_\_\_\_\_
3. Indicate your total household income by checking the box next to the appropriate range:
[ ] \$0-\$29,999 [ ] \$30,000-\$44,999 [ ] \$45,000-\$59,999 [ ] \$60,000-\$74,999 [ ] \$75,000+

For Office Use Only

Grade enrolled: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_
Immunizations received: [ ] Yes [ ] No Birth certificate received: [ ] Yes [ ] No
Verified by: \_\_\_\_\_

SCHOOL OFFICIAL

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



**Student Release of Liability Form**

For Participation in Academy

I, the undersigned parent or legal guardian, in consideration for my child’s participation in “Stonehill Christian Academy” (hereinafter referred to as the “SCA”) sponsored activities pertaining to his or her enrollment in SCA, hereby consent for my child,

\_\_\_\_\_, who is currently \_\_\_\_\_ years of age, to participate in the activities connected with all SCA sponsored events, including but not limited to the following: Athletics (age related and elective), field trips, recess, playground access and utilization, physical education, age-related science and chemistry experiments performed as part of school’s education program, computer and computer lab utilization, fundraising events, art, music, individual and class photograph taken of my student, inclusion of my student’s photograph in SCA sponsored or authorized publications, transportation to and from SCA sponsored events, awards and recognition ceremonies, chapel services, baptism by immersion, Bible classes, fire drill procedure, severe weather drill procedure, and classroom management programs.

I certify that my child is able to participate in any and all SCA sponsored events with exceptions being documented below. List all activities in which child may NOT participate:

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

In the event my student has any medical condition which may be relevant to a physician in the event of an emergency, I have completed and submitted this information to the SCA administration. I have also provided the same with routine and emergency telephone numbers where I may be contacted. I understand it is my responsibility to update these numbers in the event they change. If I cannot be reached via these telephone numbers within a reasonable period of time, I hereby authorize SCA and Stonehill Seventh-day Adventist Church (sponsoring church, hereinafter referred to as the “Church”) or adult sponsors of the activity to make emergency decisions for my child. I consent and give SCA permission to select a medical treatment facility, physician, and all necessary emergency medical care required in case of an accident or emergency. I agree to indemnify and hold harmless any person affiliated with SCA or church that makes decisions concerning the health and welfare of my student in an emergency situation. I will be responsible for all payments of all treatments, hospitalization, anesthesia or surgery in respect to the emergency care on my student’s behalf. An emergency is defined as a condition or situation wherein my child’s safety, health, welfare and/or life face perceived eminent danger or threat. I understand and agree that if I choose that I may select to deny my student’s participation in any particular SCA activity. I further understand that my denial of my student’s participation in certain activities directly corresponds to SCA’s academic program may adversely affect my child’s grade reports. I also understand and agree to personally provide alternate care for my student when I select to deny their participation in group or classroom activities, acknowledging that in such circumstances, that SCA has no responsibility to provide individual supervision nor any refund of tuition concerning my student as a result of a personal participation declination.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACADEMY SPONSORED ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge SCA, the Church, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child’s participation in SCA sponsored activities or any other associated activities including but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion hereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement. I understand that by not signing and submitting this Release to the Academy will prevent my child from being enrolled and attending SCA.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

\_\_\_\_\_  
**THIS FORM JUST BE NOTARIZED** – Notary Signature Date

**NOTARY STAMP IN THIS BOX**

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



**Consent to Treatment**

(Only designated staff, school nurse or physician, will have access to the completed form. This form will be stored in a locked file. A copy of each student's form must be taken on off campus activities in case of an emergency.)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  Male  Female

Student's Residential Address: \_\_\_\_\_  
Street Apt./Lot  
\_\_\_\_\_  
City State Zip

Father's Full Name: \_\_\_\_\_  
First MI Last  
Work #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Mother's Full Name: \_\_\_\_\_  
First MI Last  
Work #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**List the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you are reached. In case of any changes in the named person, notify the school in writing.**

1. \_\_\_\_\_  
Name Phone number Relationship
2. \_\_\_\_\_  
Name Phone number Relationship

\*It is the policy of Stonehill Christian Academy that in case of school related medical emergency; the family's insurance is the first to cover the student. School insurance then covers the student after the family's insurance has been applied. Please provide the following information along with a copy of your insurance card.

Primary Family Insurance: \_\_\_\_\_  
Telephone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Family Insurance: \_\_\_\_\_  
Telephone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please describe ALL ALLERGIES to substances and medication: \_\_\_\_\_

Please list your child's pediatrician to be called in case your child becomes ill or has an accident during school and you cannot be reached.

Pediatrician: \_\_\_\_\_ Office #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Office #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the pediatrician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

\_\_\_\_\_  
THIS FORM JUST BE NOTARIZED - Notary Signature Date

**NOTARY STAMP IN THIS BOX**

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



**Authorization for Release of Student**

I hereby authorize the Academy to release my child, named below, to the following individuals ONLY.

_____	( ____ ) _____ - _____
Person #1 Last, First, MI	Phone
_____	( ____ ) _____ - _____
Person #2 Last, First, MI	Phone
_____	( ____ ) _____ - _____
Person #3 Last, First, MI	Phone
_____	( ____ ) _____ - _____
Person #4 Last, First, MI	Phone

I understand it is my responsibility to notify the school "in writing" if the above information changes and SCA is neither responsible nor liable for any inability to contact these listed authorized adults.

In Case of an emergency and the parents cannot be reached, please contact the following:

1. _____	_____	_____
Name	Phone number	Relationship
2. _____	_____	_____
Name	Phone number	Relationship
3. _____	_____	_____
Name	Phone number	Relationship

**Initial**

- \_\_\_\_\_ I agree to assume full responsibility, both legal and financial, for all accidents or injuries incurred while my child is in the care and supervision of the persons authorized on this form.
- \_\_\_\_\_ I agree not to hold Stonehill Christian Academy responsible for any liability whatsoever while off campus under the supervision of the individuals I approved in writing on this form or as appropriately amended.
- \_\_\_\_\_ I agree not to hold Stonehill Christian Academy responsible for any liabilities resulting from activities while off campus.
- \_\_\_\_\_ I agree not to hold Stonehill Christian Academy responsible for any personal injury, property damage, or death resulting during my authorized leave from the campus of Stonehill Christian Academy.

**\*Note: Any specific instructions regarding the rights of a parent must be accompanied by appropriate court orders, Both parents are given equal access to the child at school.**

**Permission to Photograph**

I grant permission to photograph/videotape my child for the following reasons:

Use photographs on bulletin board, yearbook or other similar uses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs for promotional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photographs on the SCA website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give video to current parents of enrolled students	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Photographs and video will never be sold, distributed, or placed on the Internet without written permission.**

_____	_____	_____	_____
Parent/Guardian Signature	Print Name	Relation	Date

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



# Tuition Policy

We believe that tuition payments are an investment in your child’s education and religious formation. Therefore, Stonehill Christian Academy School Board and Financial Committee has the responsibility for adopting certain policies concerning the amount of tuition, the manner of payment, and in general, the development of policy in this area of concern. Furthermore, it is the responsibility of the School Board to ensure that adequate financial resources are available for the school, and that enrollment is as available and affordable as much as possible to all families.

## Initial

- \_\_\_\_\_ I understand that a non-refundable registration fee of \$200 per child must be paid by check, cash, or money order prior to a student starting school. Registration fees are not collected through FACTS and must accompany the registration forms. I understand that a late registration fee of \$400 per child applies after July 31.
- \_\_\_\_\_ I will enclose the \$200 registration fee per child (or \$400 late registration fee per child) by check, cash, or money order prior to my child starting school.
- \_\_\_\_\_ I understand that all I must use the online FACTS system ([online.factsmgt.com/signin/4KMTH](https://online.factsmgt.com/signin/4KMTH) or [stonehillchristianacademy.org](https://stonehillchristianacademy.org)) for **all payments** to the school (tuition, before and after care, incidentals, etc.) except for the registration fees.
- \_\_\_\_\_ I will enroll in FACTS and make all payments (listed above) to the school through this system. I understand that if I choose not to enroll, a \$50 processing fee will be added to each invoice (up to 10) issued by SCA.
- \_\_\_\_\_ I understand that a \$500 annual discount per each additional child will be granted for those families with more than one student enrolled. I will pay full tuition for the first child and tuition less \$500 or each additional child.
- \_\_\_\_\_ I understand that the **annual** tuition for each child is \$6,615 for Pre-K/K or \$5,460 for Grades 1-8. (Families who are verified members of a Seventh-day Adventist church are eligible for a subsidized rate of \$6,115 for Pre-K/K or \$4,960 for Grades 1-8.
- \_\_\_\_\_ I understand that all tuition payments must be paid through the online FACTS system. I understand and agree that FACTS/SCA will collect a \$25 late fee on all late tuition payments. I understand that if the tuition payments are 60 days late, my child will be suspended.
- \_\_\_\_\_ I understand that there is up to a \$50 annual setup fee for the FACTS service and the following deadlines apply to payments through the online FACTS system:
  - September 5 for full year payment (1 payment)
  - September 5 and January 5 for half-year payments (2 payments)
  - 5<sup>th</sup> or the 20<sup>th</sup> of every month for monthly payments beginning in September (10 monthly payments)
- \_\_\_\_\_ I understand that there will be a 2.75% convenience fee if I use my credit card.
- \_\_\_\_\_ I understand that if I need Tuition Assistance, I must apply on-line through FACTS ([online.factsmgt.com/aid](https://online.factsmgt.com/aid)) by August 1 and there will be a small fee for using FACTS application process. I understand that limited Tuition Assistance may be available for qualified students through the Student Financial Assistance program.
- \_\_\_\_\_ I understand that I am responsible for the full amount of my child’s tuition during their enrollment and that no discounts will be given for missed days.
- \_\_\_\_\_ I understand that if my child no longer attends, for any reason, no refund of registration fees or previously paid tuition FOR THE CURRENT MONTH will be given. I understand that parents who have prepaid tuition FOR FUTURE MONTHS will receive a pro-rated tuition refund and that this applies to the academic months AFTER the month in which the student is withdrawn/expelled.

“I have reviewed the financial policies of SCA and agree to adhere and comply with them. I understand I am fully responsible for my child’s tuition unless I have received written notification from the Student Financial Assistance Committee of acceptance of my financial aid application. If I receive financial aid, I agree to regularly pay my portion.”

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Parent or Guardian Signature (If applicable)

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### Before and After School Care Agreement

(Please complete one Agreement per student)

The After-School Care Program is available to all SCA students Pre K – 8<sup>th</sup> grade. The Before and After School Care Program will run from **7:00-7:50am Monday – Friday and 3:15-6:00pm Monday – Thursday and 12:15-4:30pm on Friday**. Students will be offered homework assistance and will participate in small/large-motor activities, crafts, games and other fun activities.

Parents of all SCA students Pre K-8<sup>th</sup> grade are encouraged to enroll in the Before and After School Care Program whether or not they will be using the program on a regular basis. This will allow our program staff to keep student information on file in the event a parent has an unexpected delay and is unable to pick a child up after school. In that event, the student will be placed in after-school care until the parent arrives. All participating families will sign an agreement verifying they will abide by the following guidelines:

1. A fee of \$5.00 per hour per child will be charged for services provided. The hourly fees are calculated to the next hourly increment with a \$7.00 minimum charge.
2. For a fee of \$200 per month per child parents may take unlimited advantage of the program within the times and dates that the Program is offered.
3. Because everyone’s time is valuable, an additional \$10.00 for the first 5 minutes and \$1.00 for each minute after the first five minutes will be added for services provided past 6:00 pm.
4. Payments shall be made to SCA with the FACTS statements and are due 10 days after posting to the account. You will be notified by email when the charges are added to your account. Charges will be added following the month of service. In other words, care for August will be charged in September, etc.
5. A daily time log will be kept on file for each student participating. The parent or adult responsible for your child’s transportation will be asked to sign your child out each day. A \$15.00 charge per occurrence will apply if the child is not signed out. Childcare will not be available on non-school days, minimum days, and delays or early releases due to inclement weather.
6. Students will only be dismissed with those adults listed on the SCA release form. The adult’s name, phone number, and relation to the student must be listed. Anyone picking up your child should be prepared to show proof of identity with current photo I.D., if requested. If changes are necessary, a verifiable phone call (and hand written note when possible) must be made to the staff. Please understand this precaution is for your child’s safety.
7. **An application must be filled out, signed, and returned to SCA**, stating which days you will be using the Before and After School Care Program. Parents are requested to notify the school by 12:00 noon if their child will not be attending on their regularly scheduled day.
8. If you know you will be late, please call the SCA Before and After School Care Program staff to alleviate any worries. You may contact the main SCA telephone number at (512) 763-2776.

**Please indicate your preferences by selecting a box below:**

<input type="checkbox"/>	My child will participate regularly during the days and times indicated below:		
	Day	Pick-up Time	Additional Comments:
	<input type="checkbox"/> Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	PM
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	PM
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	PM
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	PM
	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	PM
<input type="checkbox"/>	My child will participate every school day and I wish to enroll in the monthly agreement for the Before and After School Care Program for \$200 per month.		
<input type="checkbox"/>	My child will participate occasionally.		
<input type="checkbox"/>	My child will participate only in an emergency.		

I, \_\_\_\_\_, desire that my child, \_\_\_\_\_, participate in the SCA Before and After School Care Program. I have read and agree to abide by the guidelines set forth and desire to have my child participate on the following days. I understand I am responsible for paying fees associated with my child’s participation in the After-School Program and agree to do so in a timely and appropriate manner.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



Medical Admission Information

Please answer, provide and/or complete. This information will be on file in the school office and be available for teachers and support personnel. Changes should be reported to the office as soon as possible.

Please mark X on the problems associated with your child. A doctor’s note may be required.

Health History

- Hearing Loss
Hearing Aide/s
Physical Handicap
Speech/Language
Visual Impairment
Color Blindness
Contacts
Glasses
Other

Medical Information

- Behavioral Problem/s
Bladder/Kidney Problem/s
Counseling (mental/emotional)
Depression
Menstrual Cramps
Severe Head Injury
Scoliosis
Skin Problem/s
Other

Medical Conditions

- ADD/ADHD
Asthma
Autism/Asperger’s
Diabetes
Epilepsy/Seizures
Heart Problems, Specify
Scoliosis
Sickle Cell Anemia/Trait
Other

ALLERGIES

Insects (??) Food (??) Medication (??) Seasonal

Has there ever been an Anaphylactic Reaction? Yes No Does your child require an EpiPen? Yes No

ASTHMA

Does your child have an INHALER? Yes No Do you want the child to self-administer? Yes No

If yes for the EpiPen or/and the INHALER, the parent/guardian must provide the school with the EpiPen and/or the INHALER, the physician’s signed permit, and the parent’s/guardian’s authorization to administer the medication/s.

Specific Comments related to any of the above information:

Physical Restrictions (List specific health problems or special needs that would affect participation):

Prescription MEDICATIONS — during school hours (must come in original container and with signed parent consent)

Table with 3 columns: Medication Name, Dosage and Frequency, Reason

Over the Counter (OTC) MEDICATIONS (must come in original container and with signed parent consent)

I authorize SCA designee to administer the following OTC medications such as:

- Ointments/sprays for mild scrapes
Creams/sprays for itches/rashes
Acetaminophen/Ibuprofen for mild head and/or body aches
Antacids for upset stomach

Non-Invasive Health Screening:

All children are required by the State of Texas to be screened for possible vision and hearing problems, acanthosis nigricans (risk factor for diabetes), and for possible spinal problems (for 5th graders or higher). To qualify for an exemption you must provide an affidavit, from the state, prior to the screening.

Have you turned in a Physical Examination for your child? Yes No DATE
PARENT/GUARDIAN Printed Name: Signature: Date:

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Student Physical Evaluation**

*One Release per Student*

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Physical Evaluation Form  
(Completed by the examining licensed provider MD, DO, NP or PA)**

**EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**FINDINGS OF PHYSICAL EVALUATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_ bpm  
Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

PHYSICAL EXAM / AREA OF CONCERN	NORMAL?	ABNORMAL FINDINGS / COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears/Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Lungs	YES	
Heart	YES	
Abdomen	YES	
Skin	YES	
Attention Deficit/Hyperactivity	YES	
Behavior/Adjustment/Psychosocial	YES	
Speech/Language	YES	

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Remarks: (Please explain any abnormal findings.) \_\_\_\_\_  
\_\_\_\_\_

General Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Date of examination: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



Acceptable Computer Use Policy

We are pleased to offer students of Stonehill Christian Academy access to the computer network resources and the Internet. To gain access to the internet, all students must obtain parental permission and must sign and return this form to the school. Parents, please read this document carefully, review its contents with your son/daughter, then fill out the attached document completely and return to the school.

Network Use

The network is provided for students to conduct research, complete assignments, and save their work in an electronic portfolio. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computers just as they are in a class-room or a school hallway. Access is a privilege – not a right. Therefore, general school rules for behavior and communications apply and all computer users must comply with Stonehill Christian Academy standards.

Internet Use

The Internet provides a wealth of information at our fingertips. Our intent is to use the Internet for educational goals and objectives. At Stonehill Christian Academy, computer use is monitored in the classrooms and lab. Students use the internet only when assigned by a teacher. Many websites are bookmarked for the younger children to avoid surfing on the web. Stonehill Christian Academy has filtering software in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the internet. If a student accidentally accesses a site that is inappropriate, he or she must inform the teacher immediately and close the program.

The activities below are not permitted at Stonehill Christian Academy.

- Sending or displaying offensive messages or pictures
• Using obscene language
• Giving personal information, such as a complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian.
• Harassing, insulting or attacking others
• Damaging or modifying computers, computer systems or computer networks
• Violating copyright laws
• Using others' passwords
• Trespassing in others' folders, work, or files
• Intentionally wasting limited resources
• Employing the network for commercial purposes, financial gain, or fraud

Violations may result in a loss of access as well as other disciplinary or legal action.

Student User Agreement

As a user of the computer network at Stonehill Christian Academy, I hereby agree to follow all the rules and restrictions outlined in this document.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Permission

As the parent or legal guardian, I grant permission for the above named student to access the Internet as directed by a teacher. I understand that this access is designed for educational purposes.

I understand Stonehill Christian Academy's policy for acceptable student use of the computer, the network, and the Internet and have discussed this issue with my child. I hereby give permission for my child to use the Internet and the school computer system.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



Student and Parent Contracts

All parents, as well as the students, are expected to show respect and honor for the religious principles upon which the school is founded, and pledge themselves to support the efforts of the teachers and others who wish to uphold Christian standards.

Student Contract – Students are asked to assist the school in achieving its objectives by agreeing to the following:

Initial

- I will only use words and expressions that are becoming of a Christian. I will not put anyone down (including God, others, or myself) by name calling, cursing or swearing, gesturing inappropriately through writings/drawings, or otherwise.
I will be honest in all actions and words with all adults, fellow students, and myself. I will always tell the whole truth in all matters and I will not cheat – as cheating is not fair to myself or others. I will not take, move, or hide things that are not mine without permission from the person which the objects belong.
I will come to school well-groomed, dressed neat and clean, wearing clothes that are modest and appropriate for a Christian school that follow the school’s uniform guidelines. I will leave flip flops, grubbies (such as torn, ripped or frayed jeans/t-shirts, etc.), jewelry, outrageous make-up, and other materials which are not reflective of Jesus, away from school grounds or functions.
I will follow school safety rules. I will not bring any object to school that may harm, destroy, or kill anyone or thing. I know that the following list of things are not allowed and may be taken by a school staff member without expectation of returning those items. Such things are listed as follows: Any form of drugs without a prescription from a physician, including caffeine, alcohol, tobacco, and narcotics. Any form of weapon (real or fake) including knives, guns, water pistols, fireworks, slingshots, cigarette lighters, matches, or other items determined unsafe. Playing cards, gambling devices, obscene literature or pictures, gum, jewelry, copies of school keys, or anything that is considered by the teacher to be questionable, unsafe, or dangerous to the Christian morals and values of others. iPods, iPads, cell phones, or other technological devices and any items listed above may only be used by permission of faculty members on specific occasions.
I will not leave school grounds during regular school hours without permission from teacher and parent. I will need to get permission from both teacher and parent before leaving the school grounds.
I will follow all school rules and directions given by school staff members. I will follow all written, announced, or common sense rules required at school.
I will leave all school books and materials at school, and take good care of them. I will provide money to replace any school book or item in my care that is lost, damaged or destroyed.
I will not fight with any student or school staff member. I will use appropriate problem solving skills to avoid fighting verbally or physically with another person.
I will come to all school sponsored activities and do my best to use my talents and abilities for the good of my school. I will participate at all activities, programs, or functions to lend support, aid and encourage my fellow classmates and school.
I will have a positive attitude and will show it in my actions and activities. I understand if my behavior in actions or attitude is not that of Christian values, I may not be eligible to attend Stonehill Christian Academy.
I have read the above contract, agree, and understand that by not following this outlined contract, I may find myself dismissed from school at any time during the school year and that my re-application to this school does not have to be accepted.

Parent Contract – Parents are asked to assist the school in achieving its objectives by agreeing to the following:

Initial

- I will return all registration papers completed, and contact the school office, immediately, should any information change.
I agree to provide all information requested by the school in a timely manner.
I will be sure that my child arrive at school promptly and are picked up in a timely fashion.
I will provide my child with the proper uniform prior to their first day at school.
I will be positive in speech and attitude toward the school teachers and staff – especially in front of children.
I will deal directly with the teacher, on an appointment basis, concerning all problems.
I will have all physical/emotional problems my child might have, or acquire, corrected promptly.
I will keep my child home when I suspect he/she has a communicable disease.
I will pay all school fees and bills on, or before, the due date.
I will attend Parent-Teacher Conferences and other designated school functions.
I will work with the Home and School director to find ways that I can help the school.
I will pray daily for my child and those who will be teaching him/her.
I will try to be a good role-model to my child and help him/her abide by the student agreements.
I have received the school handbook and I am aware of Stonehill Christian Academy’s rules and regulations. I agree to be supportive of these guidelines and assist my child in observing them.
I have also read the Student Contract with my child and agree to do my part in lending aid, encouragement, and support so that he/she understands and is able to fulfill his/her contract. In any area I feel I am unable to fulfill, I will contact another parent or teacher who can give me guidance to do so.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_



**Terms and Conditions**

One completed application is required per student.

**Parent-Guardian**

Any persons other than the legal parent-guardian must provide substantial proof of their legal authority to request enrollment of a student or provide written request for student information to be released to them. Such requests must be verified, signed and submitted by the legal parent-guardian in order to be acknowledged by SCA. In some cases, court orders or decrees will be required to be filed in our records, depending on the nature of the request or circumstances. All such documents to be notarized and presented at requester’s expense. The responsibility for understanding any and all the philosophies, policies, and procedures rests with the parents or legal guardians. Submission of this application acknowledges your desire to enroll your child for the entire school year. Submission of this application further acknowledges your understanding that if your student is admitted, all required fees and tuition must be paid by due dates indicated in the current year admission, enrollment, and reenrollment application in order for the school to slot your student. You also acknowledge that disregarding school policy, regardless of reasons or circumstances, warrant administrative withdrawal of your student(s) and probable forfeiture of all right of refunds that may have been authorized by policy.

**Notice of Non-Discriminatory Policy to Students** Stonehill Christian Academy admits any student of any race, color, national or ethnic origin, or handicapped status to all rights, privileges, programs, and activities normally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, or handicapped status in administration of its educational policies, admission policies, scholarship programs, athletic or other school administered programs.

I/We, the parent(s) or legal guardians(s) of

\_\_\_\_\_  
(Student Name)

Have completely read and fully understand the Terms and Conditions of the Tuition and Fees Agreement, the sections of the Parent Handbook and Application & Enrollment packet. As indicated by my/our signatures below, I/we agree to honor and comply with the policies and plans set forth therein. I/We will not attempt to undermine the principles of the school’s philosophies or Policy by any means while my/our children are enrolled. I/We further understand that from time to time, SCA may amend, or be required to amend; its policies and procedures, and that I/We will be notified of such. I have read, been informed, and understand the schedule of fees and tuition pertaining to enrollment of my child and accept the terms and conditions of the financial obligations required for my child’s/children’s enrollment. I hereby certify and affirm that the foregoing information entered is true and correct to the best of my knowledge.

**Parent-Legal Guardians:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_