

SOUTHLAND CHRISTIAN ACADEMY

Student Registration *2018-2019*

Southland Christian Academy exists to assist the home and the church in teaching students the Word of God and the skills and knowledge necessary to live a productive Christian life.

Southland Christian Academy is a ministry of
OPEN DOOR BAPTIST CHURCH

Dennis Schaffer, Pastor
Mike Wynn, Administrator
Tanya Allen, Administrative Assistant

7000 Gloryland Way, Denham Springs, LA 70726
(225) 667-7745, ext. 103
office@southlandsaints.com
www.southlandsaints.com

Southland Christian Academy admits students of any race, color, nationality, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. SCA does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs

SOUTHLAND CHRISTIAN ACADEMY
ADMISSION APPLICATION & STUDENT REGISTRATION

Please complete for each student enrolling in SCA (begin with eldest):

Student's Name _____ 2018-2019 Entering Grade _____
(Last, First, Middle)
Preferred Name _____ S.S.N. _____ D.O.B. _____ ☐ Male / ☐ Female
(If New Student) Last School Attended _____
City, State _____ School's Phone _____

Student's Name _____ 2018-2019 Entering Grade _____
(Last, First, Middle)
Preferred Name _____ S.S.N. _____ D.O.B. _____ ☐ Male / ☐ Female
(If New Student) Last School Attended _____
City, State _____ School's Phone _____

Student's Name _____ 2018-2019 Entering Grade _____
(Last, First, Middle)
Preferred Name _____ S.S.N. _____ D.O.B. _____ ☐ Male / ☐ Female
(If New Student) Last School Attended _____
City, State _____ School's Phone _____

Student's Name _____ 2018-2019 Entering Grade _____
(Last, First, Middle)
Preferred Name _____ S.S.N. _____ D.O.B. _____ ☐ Male / ☐ Female
(If New Student) Last School Attended _____
City, State _____ School's Phone _____

For office use only:

A **non-refundable** Application Deposit of \$100 is required for each student at the time of registration.

Application Deposit Paid: Date: _____ Amount: _____
☐ Cash ☐ Credit Card ☐ Check # _____

A **non-refundable** Book/Supply Fee of \$350 is required of all students by July 15.

Book/Supply Fee Paid: Date: _____ Amount: _____
☐ Cash ☐ Credit Card ☐ Check # _____

The **balance** of registration fees are due by August 1.

Registration Balance Paid: Date: _____ Amount: _____
☐ Cash ☐ Credit Card ☐ Check # _____

Family's Last Name _____

Family Member 1 (Must be a custodial parent or legal guardian)

Name _____ Relationship _____ Lives with student? ☐ Y ☐ N
(Last, First, Middle)

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Employer _____ Work Phone _____

Family Member 2 (Must be a custodial parent or legal guardian)

Name _____ Relationship _____ Lives with student? ☐ Y ☐ N
(Last, First, Middle)

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Employer _____ Work Phone _____

Custody Arrangements: If there are custody arrangements, attach a **current** copy of any joint/exclusive custody judgment pertaining to this child. Please note any special custody issue:

List any siblings who do not attend SCA:

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

Name _____ Age _____ Grade _____

School _____

Authorized Carpool Pick Up: List all people authorized to pick up your child.

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

CHURCH INFORMATION

Does your family presently have a church home? Y ☐ N ☐ Are you active members ? Y ☐ N ☐

Name of the church your family now attends _____

How often does your family attend: Regularly ☐ Seldom ☐ Never ☐

REQUIRED DOCUMENTS

The following REQUIRED documents are being submitted with this application, or have already been submitted and are on file in the school office:

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ CURRENT immunization record. Expiration Date: _____

PLEASE READ THE FOLLOWING CAREFULLY

As parents of _____ I/we agree to the following:

1. I/We understand that my/our child(ren) will be encouraged to pursue a relationship with Jesus Christ and will be taught Biblical principles that are consistent with our ministry's Statement of Faith.
2. I/We have read the SCA Parent/Student Handbook, understand the information outlined in it, and agree to accept and support all rules and policies established by SCA.
3. I/We agree to support SCA's student dress code policy, including purchase of the required uniform.
4. **My/Our child's picture (either individual photo or within a group) ☐ may or ☐ may not be used for publication (brochures, newspapers, newsletters, videos, internet, television, ads, etc.)**
5. I/We agree to attend parent orientation and parent/teacher meetings scheduled throughout the year.
6. I/We hereby give my/our consent to any emergency facility and physician to administer necessary treatment to my child(ren) in the event of an emergency.
7. **My child ☐ will or ☐ will not participate fully and meet the minimum requirement in each fundraiser for the 2018-2019 school year. I understand that in declining participation I will be billed an additional \$50 during each fundraiser.**
8. I/We agree to seek to resolve any conflicts with SCA staff or administration in a mature, peaceable, Christian manner. If unable to support the school's policies or decisions after attempts at resolution, I/we agree to respectfully withdraw from SCA.
9. I/We understand that Southland Christian Academy is not financially liable for accidents that may occur at the school. I/We agree to provide accident insurance for my/our child(ren). An additional policy must be taken out with SCA in the amount of \$30 / school year.

The information I/we have provided is true and correct. My/Our signature indicates my/our willingness to work with the school in the areas listed above and in other publications outlining the school's policies. All custodial parents or legal guardians have read, understand and signed this binding agreement.

Parent Signature(s): _____ Date: _____



Annual Tuition and Fees for K4 - 12th Grades:

• 1 Student	Tuition	\$5,700.00	Childcare before 7:30 & after 2:50 is available for an additional fee. **K4/K5 Rate \$35/week* – (6:00 am-7:30 am) \$35/week* – (2:50 pm-6:00 pm)
	Registration Fee	\$ 300.00	
	Book/Supply Fee	\$ 350.00	
	Insurance Fee	\$ 30.00	
	SAT Fee	\$ 25.00	
	Project Fee (K-6 th)	\$ 30.00	
	Technology Fee (7 th -12 th)	\$ 50.00	
• 2 Students	Tuition	\$9,856.00	1st grade and Up \$35/week* – (6:00 am-7:30 am) \$60/week* – (2:50 pm-6:00 pm) \$75/week* – (Before and After Care)
	Registration Fee	\$ 600.00	
	Book/Supply Fee	\$ 700.00	
	Insurance Fee	\$ 60.00	
	SAT Fee	\$ 50.00	
	Project Fee (K-6 th)	\$ 30.00 per child	
	Technology Fee (7 th -12 th)	\$ 50.00 per child	
• 3 Students	Tuition	\$13,702.00	
	Registration Fee	\$ 900.00	
	Book/Supply Fee	\$ 1050.00	
	Insurance Fee	\$ 90.00	
	SAT Fee	\$ 75.00	
	Project Fee (K-6 th)	\$ 30.00 per child	
	Technology Fee (7 th -12 th)	\$ 50.00 per child	
• 4 Students	Tuition	\$16,552.00	
	Registration Fee	\$ 1,200.00	
	Book/Supply Fee	\$ 1,400.00	
	Insurance Fee	\$ 120.00	
	SAT Fee	\$ 100.00	
	Project Fee (K-6 th)	\$ 30.00 per child	
	Technology Fee (7 th -12 th)	\$ 50.00 per child	

Payment Options:

- A:** Pay Tuition in full by August 1, and we will give you 50% off the registration fee.
- B:** Pay each semester in full by August 1 and January 15, and we will give you 25% off the registration fee.
- C:** Monthly debit (10th or 20th of the month)*
- D:** Bi-monthly debit (10th and 20th of the month)*
- E:** Recurring credit card payment (1st of the month)*



Family Name _____
Last First Names of Both Parents/Guardians

Address _____
Street City State Zip

Home Phone () _____

Students: For **new** students' circle **N**, for **returning** students circle **R**

Enrollment
Status

Student Name
(Last, First)

Grade
Entering

N	R	_____	_____
N	R	_____	_____
N	R	_____	_____
N	R	_____	_____

The school's operating expenses are funded through tuition, fund-raising, and gifts from members of Open Door Baptist Church and friends of our school. Tuition is used primarily to pay the teachers and cover regular operating costs. Fund-raising is used occasionally for special projects or school groups.

I accept the responsibility for payment of all charges while the above named student(s) is/are attending Southland Christian Academy.

Should the student(s) discontinue enrollment for any reason, I understand that I am responsible for charges still owed. Within (30) days after receiving my final invoice, I will pay the remaining balance after all charges and credits have been applied to the account. School records for the student will not be released until all obligations have been met.

I further understand and agree that:

The registration fee must be paid at the time of registration. All fees must be paid before a student begins classes. Once paid, these fees are not refundable for any reason.

Students who are withdrawn before the end of any semester will be charged in full for that semester in which they are enrolled.

A \$15.00 late fee will be added for late payments.

There is a \$25.00 charge for checks returned for insufficient funds.

Delinquent accounts will be given a 7-day grace period to become current. At the end of this period, the student will not be allowed to return to class until the full previous month's payment has been made.

I am responsible for any delinquencies or deviations from this agreement, and for personal charges on the account, which will be in addition to the agreed family payment amount.

I shall be charged all reasonable collection costs, attorney's fees, court costs, and any legal fees incurred, in the event SCA deems it necessary to place my account with an outside collection agent, or to file suit against me for the payment of fees or costs owed.

As the enrolling party, I understand that I am personally responsible for all the payment terms of this agreement, and that Southland Christian Academy is not bound by the terms or provisions of any civil or family court judgment or order concerning the enrolled child, even if a court orders another parent, guardian, or person to pay for the enrolled child's tuition or costs.

I have read this contract thoroughly and understand my financial responsibilities to SCA.

I, the undersigned, have chosen payment option _____ and do guarantee to SCA the prompt payment, when due, according to the guidelines of this option, while the child that I am enrolling is enrolled at SCA for the then-current school term. I also understand that, if any personal information on this contract changes, it is my responsibility to inform the office. This guarantee shall continue in full force and effect until all such charges have been fully paid.

I hereby authorize SCA and the bank or credit card company upon which I have authorized a debt or a regular charge, to continue the debits and/or charges in the amount herein authorized until notified otherwise by SCA. SCA may continue to debit my bank account and/or charge my credit card until all fees and costs (even those disputed) are paid in full to the satisfaction of SCA.

Name and Address of Guarantor (if different than above)

Signature of Guarantor Date



(This form should be filled out only if payment option E was chosen.)

I _____ Authorize Southland Christian Academy/Open Door Baptist Church to charge my credit card for my monthly tuition payment. Not to exceed the amount shown below.

MONTHLY AMOUNT \$ _____ USD.

BI-MONTHLY AMOUNT \$ _____ USD.

DATE TO BE CHARGED _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

EXAMPLES

Monthly (1st or 10th or 20th
of the month)

Bi-monthly (10th and 20th of
the month)

**Please indicate when you
would like us to charge your**

**** There is a fee of 3.25% charged for every credit card transaction.**

This authority is to remain in full force and effect until SCA has received all moneys due for the 2018-2019 school year.

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE



(This form should be filled out only if payment option C or D was chosen.)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)

I (we) hereby authorize Southland Christian Academy to initiate debit entries to my (our)

_____ **Checking account**

_____ **Savings account**

indicated below and the depository named below to debit the same to such account.

DEPOSITORY NAME (bank, credit union, etc...) _____

BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

Monthly debits will begin in August of 2018.

☐ I would like to have my account debited on the **10th** of each month for \$ _____

☐ I would like to have my account debited on the **20th** of each month for \$ _____

☐ I would like to have my account debited on the **10th** and the **20th** of each month for \$ _____

☐ I would like to have my account debited on the _____ of each month for \$ _____

*This authority is to remain in full force and effect until SCA has received all moneys due for the
2018-2019 school year.*

NAME(S) _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

☐ **Automatic Draft is the same as last year.**

***To complete this form, please attach a voided check below before turning it into the office.**



In agreement with the Southland Christian Academy discipline policy, I/we do authorize Southland Christian Academy to administer corporal correction to my/our child. I/we understand that should my/our child receive corporal correction, I would be informed by school administration of the nature of the offense and that the correction did occur. I/we fully support SCA's discipline procedures as I/we know that discipline is an essential part of education.

Comments:

Student's Name _____ Grade _____

Parent/Guardian Signatures: _____ Date: _____

Family Member 1

_____ Date: _____

Family Member 2

Southland Christian Academy

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	
City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date

**This Authorization for Emergency Medical Treatment is valid for a period of one year,
from August __, 20__ through August __, 20__.**



Student's Name _____

Grade _____

The student's attitudes, conversation, and behavior reflect the character of the institutions from which he derives his training. This form reflects Southland Christian Academy's attempts to secure students who would best adjust to the rigor of a highly disciplined training program characterized by high standards of personal conduct.

YES NO Do you attend church regularly? If so, where? _____

YES NO Are you a Christian? If so, how do you know? _____

YES NO Do you accept the Bible as God's Word and submit yourself to its principles as the final authority?

YES NO Do you sincerely pledge allegiance to the Christian and American flags?

YES NO Have you ever smoked or do you smoke now? If yes, explain: _____

YES NO Do you now or have you ever used narcotics or illegal substances of any kind? If yes, explain: _____

YES NO Have you ever been suspended or expelled from school? If yes, why? _____

YES NO Have you ever run away from home? If yes, why? _____

YES NO Have you read and understood the school rules outlined in the Student Handbook.

YES NO Will you promise not to draw, wear, or display any non-Christian symbols?

YES NO Will you agree to dress in public according to modesty standards, being a consistent daily example, and not wear immodest clothing?

YES NO Do you agree to abide by the SCA dress code while attending school?

YES NO Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault?

YES NO Do you want to attend this school? Why or why not? _____

General Policy: Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of this school, I pledge to uphold the school's rules and guidelines stated in the school handbook. I will maintain good behavior which exemplifies courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, in conduct, and all other areas of my life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this school while I am a student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims and standards of the school.

Signature of Student _____

Date _____