



## APPLICATION CHECKLIST

Applications will be reviewed upon the receipt of the following:

### Step 1. Complete Admissions Packet

- A. Application for Admission
- B. General Consent Form
- C. Parents as partners contract
- D. Financial Contract
- E. Church Membership Verification
- F. Medical Consent Form
- G. Emergency Care Information
- H. Records Request Form
- I. Technology Acceptable Use Policy
- J. Home & School Association Parent Information Form
- K. Hand out Confidential Teacher Recommendation Forms to fill out and return directly to Tallahassee Adventist Christian Academy
- L. After-school Student Pick-up Arrangement

### Step 2. Pay Evaluation fee, gather medical forms and submit everything to school

- A. Pay evaluation fee of \$25.00 (*new students only*)
- B. Original State of Florida blue form up-to-date immunizations (DH 680)
- C. Original State of Florida yellow physical form (current exam within 12 months) (DH 3040)
- D. Copy of original birth certificate or certified copy of birth certificate
- E. Copy of parents/guardians driver's licenses

**Mail or deliver the application as well as above forms to:**

Tallahassee Adventist Christian Academy  
616 Capital Circle NE  
Tallahassee, FL 32301







**Tallahassee Adventist Christian Academy  
2016-2017**



For the following questions, please explain on a separate sheet any "yes" responses.

- Yes No To the best of your knowledge, has this student ever used any type of non-prescription / non-medical drugs?
- Yes No Has this student ever been in trouble with the law?
- Yes No Has this student ever been suspended, expelled, or asked to withdraw from any school attended?
- Yes No Has this student ever been evaluated, or referred to evaluation, for learning disabilities / difficulties?
- Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?
- Yes No Has this student ever either skipped or repeated a grade? Please specify which grade \_\_\_\_\_

**IV. Background Information**

We desire to enroll our child at TACA because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What caused you to be interested in sending your child to Tallahassee Adventist Christian Academy?

- Parents of TACA student
- Yellow Pages Ad
- Radio Advertising
- TV
- Newspaper Ad
- Other \_\_\_\_\_

Name(s) of school-aged brothers and sisters:

_____	_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>
_____	_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>

Do you have any alumni connection with TACA?      \_\_ Yes      \_\_ No

If yes, student's name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation year \_\_\_\_\_

Name of Family Church \_\_\_\_\_ Pastor's name \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone number \_\_\_\_\_



## V. Parent Agreement

In making this application for the registration of my child, I understand and agree that:

1. **The Registration and Matriculation fees are non-refundable.**
2. **In grades 1 - 6, there is an additional New Student Evaluation fee of \$25 which is non-refundable. Applications will not be processed until these fees are paid.**
3. The following factors are considered in the approval of each application for registration in Tallahassee Adventist Christian Academy (TACA):
  - a. Achievement level as indicated by the entrance examination and/or standardized testing.
  - b. Conduct and attitude of the applicant.
  - c. Family's commitment to support the school program through compliance with school policies, requirements, and rules set forth by the school as now and hereafter in effect.
  - d. Applicant's willingness to comply with TACA's expectations of its students both on and off campus.
  - e. Required recommendations.
4. **I agree to pay regular tuition payments on time. Enrollment is considered on an annual basis. It is specifically agreed that if my child is accepted, he/she is registered and enrolled for the full academic year and I agree to pay the full year's tuition. There will be no reduction in the full tuition if the student leaves TACA before the end of the academic year or fails to attend. In its discretion, TACA reserves the right to rescind the enrollment of the student for academic or disciplinary cause prior to the commencement of or during the academic year.**
5. If the student leaves, withdraws, is required to leave for poor academic standing, or is expelled, no part of the tuition shall be refunded, and any unpaid balance for the entire academic year shall become due and payable to Tallahassee Adventist Christian Academy immediately. Any exception to the established written policy will be made by the School Board.
6. A student's enrollment in, and attendance at, TACA is subject to termination if payment of tuition is more than 30 days in arrears, unless a payment plan is approved by the school board. Students for whom tuition is owed to TACA will receive an incomplete on their official transcript instead of a letter grade for all courses taken during the grading period or periods for which tuition is owed until the tuition is paid in full.
7. I will support the school's discipline policies.
8. The school reserves the right to expel any student who does not agreeably abide by its policies, requirements, and rules or any student whose parents or guardians fail to cooperate with the school administration.

**NOTE: A complete listing of the school's policies, rules, and requirements is found in the student handbook.**





### GENERAL CONSENT FORM

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

**Field Trip Consent**

I hereby give permission for my child to go on school-sponsored field trips. I understand that I will be notified of each event and that the student will be well-supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

Yes \_\_\_\_\_  
 No *Initial*

**Transportation Consent**

My child may ride in transportation provided by TACA in connection with school activities and/or participate in a supervised local walk with their class/school.

Yes \_\_\_\_\_  
 No *Initial*

**Consent to Use Student Picture**

Tallahassee Adventist Christian Academy has my permission to use photographs or videos of my child in school publications, at their web site, and in promotional material, pending his/her acceptance. (Choice remains for the duration of your child's enrollment, unless, you tell us otherwise).

Yes \_\_\_\_\_  
 No *Initial*

**Consent to Use Information in School Directory**

Please check the items you DO NOT want to be included in the school directory:

- Home Address       Cell phone       Home phone       Email

Yes \_\_\_\_\_  
 No *Initial*

**After School Care (if available)**

After School Care hours are:

Monday - Thursday from 3:20 - 6:00pm

Friday from 1:20 - 5:30pm (Day Light Saving) & 1:00 - 5:00 (Standard Time)

A grace period of 20 minutes is given for dismissal.

Yes \_\_\_\_\_  
 No *Initial*

I understand that if I am late picking up my child(ren), I will be charged \$1 per minute for every child that stays passed After School Care's normal operating hours. I agree to keep my After School Care account current. If my account becomes delinquent, I understand that my child(ren) will be withdrawn from the program until satisfactory financial agreements have been made. I also understand that if I do not pick my child(ren) up by 3:20pm, After School Care charges will apply.

**Early Closing Contact/Car Pool Permission**

In the event that Tallahassee Adventist Christian Academy must close before the end of the school day because of inclement weather or another emergency, and I am unable to pick up my child, he/she may ride home with anyone on the School's Pick Up form or an Emergency Contact.

Yes \_\_\_\_\_  
 No *Initial*

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_



## PARENTS AS PARTNERS CONTRACT

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*Student's Name*

A key characteristic of TACA is that families become engaged in each child's educational experience. This foundational involvement ensures not only greater potential for success in schoolwork, but it also encourages relationships among families and promotes shared responsibility for the success of the school. TACA parents are required to agree to the following commitments upon their child's enrollment:

1. **A commitment to family involvement.** A key philosophy of TACA is that the success of a child's education is directly related to the level of engagement by parents (or guardians) in their child's scholastic training. Families understand their responsibility to create a culture of learning in their homes that encourages academic pursuits which will deepen the relationship between parents and children.
2. **Regular participation on campus is welcomed.** Parents are asked to serve on campus. There will be a schedule with other parents in your grade level(s) and you will be given an opportunity to serve depending on the needs of your child's class or as requested. Parents serve an average of 5 hours per semester with all work schedules being accommodated. Parents agree to participate at least 10 hours per year.
3. **Moral and Spiritual training begins at home.** Parents (or guardians) agree to actively pursue the moral and spiritual training of children at home. They must agree that parents are personally responsible for moral and spiritual training of their children as a matter of stewardship before God, and that the school is expected to maintain and support the training that is already taking place in the home.
4. **Attendance at Orientation is mandatory.** Held the week prior to classes, orientation is the time to meet faculty and staff and get vital information for your child's success at TACA.
5. **Financial Responsibilities of TACA parents.** All parents are required to establish a financial contract for each school year. The full details of these obligations are outlined in the Financial Contract. There is a process for families with challenging financial situations. Financial obligations include but are not limited to: tuition, fees, classroom supplies, uniforms and fundraising support. If the student leaves, withdraws, is required to leave for poor academic standing, or is expelled, no part of the tuition shall be refunded, and any unpaid balance for the entire academic year shall become due and payable to Tallahassee Adventist Christian Academy immediately. Any exception to the established written policy will be made by the School Board.
6. **On-time attendance is respectful and responsible.** Tardiness is a disruption to the entire class and is uncomfortable to both teachers and other students. TACA parents agree to bring children to class on time. If a student will be absent, the school should be notified immediately (or prior if it is a planned absence). Parents are then responsible to get missed assignments and to ensure those assignments get completed in a timely manner.
7. **Student Handbook.** By my signature, I acknowledge and agree to the policies and procedures found in the TACA student handbook. I have read the above statements and understand that each is an obligation as an TACA parent for as long as my child is enrolled.





Tallahassee Adventist Christian Academy  
2016-2017



### PARENTS AS PARTNERS CONTRACT cont'd

I have read the above statements and understand that each is an obligation as TACA parent for as long as my child is enrolled.

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian Signature*

\_\_\_\_\_  
*Date*



### FINANCIAL CONTRACT

**Registration & Admission:** The registration/admission process is finalized only when all steps are completed. This includes the admissions committee, registrar, and financial arrangements. Students owing a balance to another school will not be admitted to TACA until the account has been paid or satisfactory arrangements have been made. I verify that there is not an outstanding balance at any other educational institution for this student.

\_\_\_\_\_  
*Initial*

**Account Balance:** Family account statements will be sent by email, USPS, or hand delivery at the beginning of each month and must be paid by the 5th. Financial clearance may be required at the beginning of each nine-week grading period and before graduation. Students may not enroll for the next school year until the account is paid in full. If an account is 60 days in arrears, the student will be asked to withdraw from school until the account is brought to a current status. Final grades, student information, academic records, transcripts, and graduation diplomas will be withheld until the account balance is paid in full. Accounts more than 90 days past due may be submitted to a collections agency.

\_\_\_\_\_  
*Initial*

**Registration Refund:** If a student is not accepted, the full registration fee is refunded. If a student withdraws within the first two weeks of the opening day of school, 50% of the registration fee is refunded; students withdrawing within six weeks will receive a 25% refund. After six weeks, no refund will be given. Late registrations through the first semester will pay the full registration amount. Students enrolling during the second semester will pay 2/3 of the full registration amount.

\_\_\_\_\_  
*Initial*

**Tuition Refund:** If approved by the board, students withdrawing from school within the first 10 days of a month will be charged half a month's tuition. Withdrawal after the 10th will be charged for the full month.

\_\_\_\_\_  
*Initial*

**Transferring to Another School & Diploma:** If a student withdraws from TACA and enrolls in another school, the parent must provide a forwarding address. The student's cumulative record will be sent to the new school upon written request and upon completion of all financial obligations up to the time of withdrawal. TACA reserves the right to withhold transcripts and diplomas due to unpaid accounts.

\_\_\_\_\_  
*Initial*

**Late Fee:** A 5% late fee may be applied to any previous month's balance not paid by the 5th of the following month.

\_\_\_\_\_  
*Initial*

**Returned Checks:** There is a \$35.00 fee charged for checks returned by the bank.

\_\_\_\_\_  
*Initial*

**Service Fee:** Credit card transactions will be subject to applicable service fees.

\_\_\_\_\_  
*Initial*

**Additional Charges:** I have read and understand there may be additional charges on my monthly statement including but not limited to after care, tardy fees, lunches, lockers, library, music, physical education, sports, field trips, pictures, outdoor education, home and school and graduation as stated on the Additional Charges information sheet.

\_\_\_\_\_  
*Initial*

#### Responsible Financial Person

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*SSN*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Email address to receive financial statements*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Grade*



### CHURCH MEMBERSHIP VERIFICATION

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Grade*

Is your child an SDA baptized member?  Yes  No, if yes: \_\_\_\_\_  
*Baptismal Date*

**Church Membership:** Tallahassee Adventist Christian Academy active constituent church members qualify for a tuition discount. I am currently a member of the following church:

\_\_\_\_\_  
*Name of Father/Guardian*

\_\_\_\_\_  
*Name of Mother/Guardian*

**TACA Constituent Churches:**

**TACA Constituent Churches:**

- Fellowship SDA Church
- Maranatha SDA Church
- Tallahassee First SDA Church
- Other SDA Church \_\_\_\_\_

- Fellowship SDA Church
- Maranatha SDA Church
- Tallahassee First SDA Church
- Other SDA Church \_\_\_\_\_

Other Non-SDA Church \_\_\_\_\_

Other Non-SDA Church \_\_\_\_\_

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



### MEDICAL CONSENT FORM

\_\_\_\_\_  
*Student Name*

#### Medical Consent

In an emergency situation where all efforts to contact me have failed, I hereby authorize an adult representative from Tallahassee Adventist Christian Academy to consent to emergency medical and/or hospital care as deemed necessary or my child. Yes No

\_\_\_\_\_  
*Initial*

#### Allergy Notification

Please list your child's allergies that TACA needs to be aware of.

Food (Please List)  Other (Please List)

\_\_\_\_\_  
*Initial*

#### School Medication Administration Authorization Form for Severe Allergy & Asthma

If the medication is a prescription, ask your pharmacist to prepare two containers, one for school and one for home. Herbal supplements and vitamin therapy requires a physician's order.

\_\_\_\_\_  
*Name of prescription medication*

\_\_\_\_\_  
*Name of prescribing physician*

\_\_\_\_\_  
*Amount to be given / Dosage (ex. 10mg)*

\_\_\_\_\_  
*Administration (ex. By mouth)*

\_\_\_\_\_  
*Time to be given at school*

\_\_\_\_\_  
*Date brought to office*

\_\_\_\_\_  
*Date picked up*

\_\_\_\_\_  
*Reason / Health condition*

\_\_\_\_\_  
*Possible reactions to medications*

\_\_\_\_\_  
*Father/Guardian & First Emergency Contact*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian & First Emergency Contact*

\_\_\_\_\_  
*Date*



### EMERGENCY CARE INFORMATION

In case of an emergency, the school will contact 911.

Every attempt will be made to contact a parent, guardian, or a designated emergency contact.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*DOB*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Gender*

Please list additional adults that may be contacted should TACA's efforts to reach the student's parents or guardians are unsuccessful. **List at least two other adults.**

\_\_\_\_\_  
*Name #1*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Work Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Name #2*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Work Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Name #3*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Work Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*E-mail*



### RECORDS REQUEST FORM

Previous School: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Dear Registrar/Records Clerk,

My child/children is/are enrolled at Tallahassee Adventist Christian Academy. I hereby authorize for their academic and health records to be sent to:

**Attention: Registrar  
Tallahassee Adventist Christian Academy  
616 Capital Circle NE  
Tallahassee, Florida 32301  
850.877.9901  
info@tallyaca.org**

Student's Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Name*

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

\_\_\_\_\_  
*Date*



## TECHNOLOGY ACCEPTABLE USE POLICY

TACA's information technology resources are provided for educational purposes only. Your adherence to the following policy is necessary for your continued access to the school's technological resources:

1. Respect and protect the privacy of self and others
  - a. Use only assigned accounts and folders (do not view, use, or copy passwords, data, or access networks to which they are not authorized)
  - b. Keep personal information private (do not distribute, share or post private information about anyone else or yourself)
  - c. Only communicate with your real life friends when online (do not initiate contact with strangers online. If contacted always tell your teacher)
2. Respect and protect the integrity, availability, and security of all electronic resources
  - a. Observe all network security practices, as posted
  - b. Treat all hardware with care
  - c. Report any security risks or violations to a teacher
  - d. Use only devices provided or approved by the school (do not use personal devices, such as phones, portable game devices, laptops, PDA's, iPods, tablets, etc.)
3. Respect and protect intellectual property
  - a. Observe Copyright laws (do not make illegal copies, or illegal downloads of music, games, videos, graphics, photos, etc.)
  - b. Give credit when using someone else's intellectual property (do not plagiarize)
4. Respect and practice the principles of community
  - a. Communicate only in ways that are truthful, kind and respectful (No cyber-bullying, do not defame people, do not use defamatory or obscene language, etc)
  - b. Report threatening or discomfoting materials to a teacher
  - c. Only access materials of good character. (do not intentionally access, transmit, copy, create, post, or distribute any material that is illegal or against TACA's Christian ethics, morals or code of conduct
  - d. Use our technology resources for learning and education (do not conduct business on the school network, do not send spam, chain letters, or other mass unsolicited communications, do not install or download any software)
  - e. Do not use instant messaging technologies

Violations of these rules may result in disciplinary action, including the loss of your privileges to use the school's information technology resources.

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that users are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. TACA reserves the right to update or modify this policy without prior notice.

*(Technology Acceptable Use Policy Continued on Next Page)*



## TECHNOLOGY ACCEPTABLE USE POLICY cont'd

### Student's Agreement

I understand and agree to follow the acceptable use policy.

\_\_\_\_\_

*Student Signature*

\_\_\_\_\_

*Date*

### Parent or Guardian's Agreement

I have reviewed the policy with my child and ensured that he/she understands the rules. I understand that TACA will make every reasonable effort to keep my child from accessing inappropriate materials online, however I will not hold TACA or its employees responsible for the materials my child acquires or views as a result of using the school's technology resources. I give permission for my child to use TACA's technology resources.

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*Date*

*(End of Technology Acceptable Use Policy)*





## HOME & SCHOOL ASSOCIATION PARENT INFORMATION FORM

Tallahassee Adventist Christian Academy and the Home & School Association believe that parental involvement creates a sense of unity between home, school, and the student. This form will assist us in pooling information that will improve parent communication with regard to special events, volunteer, committee opportunities and other school related activities. This form is necessary to complete your registration process, and it would be appreciated if you would fill in the "Parent Information" section completely and return with your other registration forms.

### Parent Information

\_\_\_\_\_  
*Parent's Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Work Telephone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Special Skills/Interests*

I authorize TACA Home & School to e-mail information to us regarding school events and activities.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

### Committees

Please select the committees you would like to serve on during the school year. We expect each family to serve on a minimum of one committee.

Orientation Committee

Field Days

Christmas Program

Book Fair

Week of Prayer

Fundraising

Fall Festival

Teacher Appreciation

Other \_\_\_\_\_

TACA Home & School Association appreciates your continued support and looks forward to a fantastic 2016-2017 year.



### CONFIDENTIAL TEACHER RECOMMENDATION

**To: Parent/Guardian**

Please complete the information below and give this form to your child's current or previous school teacher, school director, or any other educational instructor who has observed your child's academic progress.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Applying for Grade*

I acknowledge that I waive my right to the confidential teacher recommendation for the student listed above and allow this information to be provided directly to Tallahassee Adventist Christian Academy.

**To: Teacher/Director**

We appreciate your cooperation in completing this form. Your observations and honest assessment will help us determine the applicant's abilities and needs for admission purposes. This recommendation is reviewed with the awareness that children continually develop and change as they grow. All information you provide will be kept confidential.

I have known this candidate for \_\_\_\_\_ years / months.

My relationship has been that of \_\_\_\_\_ Date: \_\_\_\_\_

Conduct	Usually	Sometimes	Seldom	Comments
Considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is respectful of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Study Habits	Excellent	Satisfactory	Poor	Comments
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization of time and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Tallahassee Adventist Christian Academy  
2016-2017



**Study Habits – Cont.**

Reading grade level \_\_\_\_\_

Math grade level \_\_\_\_\_

Please comment briefly on each of the following regarding this child:

From your observation, what are this child’s particular strengths?

Are there significant weaknesses or problems of which we should be aware?

What words would you use to describe this student?

What is the parent cooperation and involvement with the school?

Would you be willing to discuss your evaluation if we have further questions?

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Telephone*

**Please return to:** Tallahassee Adventist Christian Academy, 616 Capital Circle NE, Tallahassee, FL 33021

Tallahassee Adventist Christian Academy does not discriminate on the basis of race, color, religion, national or ethnic origin, gender; or handicap in the administration of its educational program, admission policies, and other school-administered programs.



### AFTER-SCHOOL STUDENT PICK UP ARRANGEMENT

It is important to have current information for students on file with the After School Program in the event you are not able to keep your regular pick-up schedule.

My Child(ren):

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Grade*

- Will be picked up in the pick up zone between 3:00 – 3:20 pm daily
- Will walk home from school daily (written permission on file required)
- Will attend After School Care

**Rates**  
Rate: \$6/hour per student  
Pre-pay: \$125/month per student  
Late pick-up: \$1 per minute per student

Please indicate the days your child will usually attend After School Care below. As closely as possible please indicate the time they will be picked up. This information will assist After School Care in planning for staff and aid the teachers during dismissal time.

Monday	Tuesday	Wednesday	Thursday	Friday
Example None	Example 3:20 – 5:00	Example 3:20 – 6:00	Example None	Example 2:20 – 5:00

\_\_\_\_\_  
*Father/Guardian Name*

\_\_\_\_\_  
*Mother/Guardian Name*

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Mother/Guardian Signature*

\_\_\_\_\_  
*Best Phone Contact at Pick-up Time*

\_\_\_\_\_  
*Best Phone Contact at Pick-up Time*

*(After-school Student Pick-Up Form Continued on Next Page)*



**AFTER-SCHOOL STUDENT PICK UP ARRANGEMENT cont'd**

Other persons authorized to pick up your child. (*Must show valid state-issued ID at time of pick-up.*)

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
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