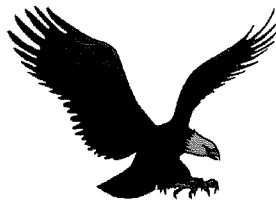


Christian Academy of Carrollton

*Excellence in Education from a Christian Perspective
Since 1989*



Admission Application 2018-2019

1703 Easterday Road
Carrollton, Kentucky 41008
(502) 732-4734 (502) 732-4732 FAX
christianacademycarrollton@gmail.com
www.christianacademyofcarrollton.org

Christian Academy of Carrollton admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of this school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admission policy, scholarship programs, athletic, and other school-administered programs.

Admission Requirements

Admission to Christian Academy of Carrollton is a privilege and not a right. It is a privilege granted to those students who manifest a desire to live and work as Bible-believing, consecrated Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and board, does not fit into the spirit of the school, even if that student has kept all the rules and regulations of the school.

Students and/or their families applying for admission must:

- Desire a strong Christian education and social environment with moral absolutes.
- Commit to support their child, the staff, the school and its programs, and uphold the Essentials of Faith and Mission Statement.
- Have a strong academic background:
 - ✓ 2.0 grade point average
 - ✓ Acceptable standardized test results
 - ✓ Positive report from a previous school
 - ✓ No IEPs except for speech

Admission Checklist

Prior to submitting the admission application, please make sure the following sections have been completed, parent signatures, where applicable, have been signed, and the appropriate registration fee is attached.

For ALL students entering and returning to CAC:

- ☐ Registration Fee - K-12, \$250/student, not to exceed \$520 per family. **However, if paid by 5/5/18 the early registration fee is \$195/student, not to exceed \$450.** This fee is non-refundable except if for any reason your child is not accepted.
- ☐ Student admission application and statement of responsibility
- ☐ Parent Information and Contribution Pledge
- ☐ Cooperation commitment
- ☐ Tuition policy
- ☐ Registration Card and Green Card
- ☐ Authorization to consent to medical treatment
- ☐ Media consent form
- ☐ CAC student information and commitment form (6th-12th)
- ☐ Legal documents concerning guardianship (*if applicable*)
- ☐ Immunization certificate (*required for all new students*) **Please give a new copy showing up-to-date immunizations for students entering K-4, K-5, and 6th grade.**
- ☐ CAC medical form (*must be completed with a medical exam for all new students and ALL students entering the 6th grade*)

For NEW students only:

- ☐ State-Registered copy of birth certificate and copy of Social Security Card
- ☐ Copy of child's most recent report card
- ☐ CAC records request form (Upon admission, we will request your child's transcripts from the school he/she previously attended.)
- ☐ Standardized test scores (if available)
- ☐ Current Speech IEP (if applicable)

An application is considered incomplete and cannot be processed if all information is not filled out and fee attached. Once your application is complete it will be processed, and testing, if needed, will be scheduled; when test scores are received, the parent(s) or guardian will meet with the administrator by appointment.

2018-2019 Student Admission Application

Name _____ Grade Entering: _____ Interested in ☐ After School Care
Last First Middle

Mailing Address _____ Home Phone _____
Street City State Zip

Age () Birth date ____/____/____ Place of birth _____
Month Day Year

Child's Physician _____ Phone _____

Any physical difficulties _____

has my permission to
take Tylenol/cough drops when needed
YES ___ NO ___ Please contact me first ____
Signature of parent or guardian

Circle grades previously attended at our school: K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Grades have been: Superior () Above Average () Average () Below Average () Has child failed? () If yes, which grade? _____

Church you now attend _____ Attend Sunday School? Yes ___ No ___

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

If parents are separated, with whom does child reside? _____

Emergency Contact _____ Phone _____

Is child right- or left-handed? _____ Additional information that would be helpful to the teacher _____

Names and grades of other children attending our school: _____

If applying for K4 or K5, please circle preference: Half-day (8 – 11:00 a.m.) Full-day (8 a.m. – 2:45 p.m.)

If applying for K4 or K5 Full-Day and we have the option, please circle when you would prefer your child receive their academic portion of the day? Morning (8 – 11:00 a.m.) Afternoon (11:45 a.m – 2:45 p.m.)

If applying for K4 or K5 Half-Day and we have the option, please circle when you would prefer your child to attend school? Morning (8 – 11:00 a.m.) Afternoon (11:45 a.m – 2:45 p.m.)

School Last Attended: _____
Name Address City State Zip

IF THE ANSWER TO ANY OF THE FOLLOWING IS "YES", PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

Has the student ever been dismissed or suspended from school? Yes ___ No ___

Has the student ever been retained at any grade level? Yes ___ No ___

Does the student have any behavioral problems? Yes ___ No ___

Does the student have any problems getting along with others? Yes ___ No ___

Does the student have any learning difficulties? Yes ___ No ___

Does the student have any physical disabilities? Yes ___ No ___

Has the student been diagnosed with ADD, ADHD, or Autism? Yes ___ No ___

Has an application ever previously been submitted to the Academy for this child? Yes ___ No ___

If "yes" was child: On a waiting list __, not accepted __, withdrawn by parents __, withdrawn by Academy's request __?

Statement of Responsibility

I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of the child against the school or any agent thereof because of any injury or alleged injury to my child. Should any legal action, for any reason, be taken against Christian Academy of Carrollton or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Christian Academy of Carrollton or its agent should incur to defend itself against such action. From the beginning of such actions, I understand that my children will no longer be allowed to attend Christian Academy of Carrollton. This Statement of Responsibility will be in effect for as long as my children listed (or others to be enrolled) attend Christian Academy of Carrollton whether it be in the preschool, elementary, middle school, or high school grades. I understand that should my marital status change it is my responsibility to have a corrected Statement of Responsibility signed and updated and delivered to Christian Academy of Carrollton.

I (We) understand and agree with the above Statement of Responsibility.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Other Parent/ Guardian Signature _____ **Date** _____
(If applicable)

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Maternal Grandmother

*Please check all that apply

☐ Maternal Grandfather ☐ Paternal Grandmother ☐ Paternal Grandfather ☐ Guardian

☐ Other _____

Legal Custody: ☐ Father ☐ Mother ☐ Guardian ☐ Other (explain) _____

Financial Responsibility: ☐ Father ☐ Mother ☐ Guardian ☐ Other (explain) _____

*Name and mailing address of person financially responsible: _____

Contribution Pledge

Please check all types of volunteer work you are willing to do:

☐ Cleaning

☐ Field Trips

☐ Lunch Service

☐ General Maintenance
Of Building

☐ Substituting

☐ Science Projects

☐ Fund-raising Projects

☐ Other: _____

Please list the days and times you would be available: _____

I (We) hereby pledge to contribute to the Christian Academy of Carrollton at least four hours of volunteer service per month (per family) or as need indicates.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Other Parent/ Guardian Signature _____ **Date** _____
(If applicable)

CHRISTIAN ACADEMY OF CARROLLTON

1703 Easterday Road, Carrollton, KY 41008 - (502) 732-4734 - christianacademycarrollton@gmail.com

Records Request

I give my permission to release:

1. Birth Certificate
2. Immunization certificate and medical forms
3. Transcripts and/or academic standing and credits
4. Psychological evaluation report, if available
5. Individual standardized achievement test results
6. Current IEP, if applicable

Send To:

Christian Academy of Carrollton
1703 Easterday Road
Carrollton, KY 41008

For the following student:

Full Legal Name of Student Birth Date Grade Last Completed

School Last Attended Years Attended Phone Number

School's Street Address Fax Number

City State Zip

Signature of Parent or Guardian

Date

NOTE TO PARENTS/GUARDIAN: It is very important to have the COMPLETE ADDRESS of the school your child last attended. Christian Academy of Carrollton will take responsibility for requesting records.

Office use only:

Date request received: _____

Date request mailed: _____

Date transcript received: _____

Transcript: Complete _____ Incomplete _____

Comments:

Authorization to Consent to Medical Treatment

Christian Academy of Carrollton

1703 Easterday Road, Carrollton, KY 41008

2018-2019 School Year

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

Please print with a black or blue pen.

Student Name _____ () Male () Female
First Middle Last

I (We) _____ and _____ are the
parent(s)/legal guardian(s), with legal custody of _____, who is _____ years old and resides
with us at the following address: _____.

The following is our home phone number: _____

I/we give our permission for this student to attend or participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

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

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

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

Father/Guardian's Signature Date

Mother/Guardian's Signature Date

Name Printed: _____

Name Printed: _____

(Please fill out both sides)

Father's business phone _____ Father's cell phone _____

Business name and address _____

Father's Social Security # _____

Mother's business phone _____ Mother's cell phone _____

Business name and address _____

Mother's Social Security # _____

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

Name: _____ Relationship: _____

Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Insurance Carrier: _____ Policy # _____

Under the name of: _____ Relationship: _____

Allergies to medicines or other allergies _____

Medication presently taking: _____

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

CHRISTIAN ACADEMY OF CARROLLTON

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IMMUNIZATION RECORD

Kentucky State Law Requirements

Before your child can enter the Christian Academy of Carrollton officially, certain records must be completed or updated according to laws of the state of Kentucky. The school must have these documents by the prescribed time or the student will be given suspension until all criteria are met within the law.

- **Immunization Certificates** from your family physician or local health department with a “current for immunizations until” date on this form. **THIS IS DUE BEFORE YOUR CHILD MAY ENTER.**
- **Physical examination is due on the first entry in Kentucky Schools and before entering 6th grade. THIS IS DUE WITHIN 2 WEEKS OF ENTERING CAC.**
- **Copy of Social Security Card; THIS IS DUE WITHIN 3 WEEKS OF ENTERING CAC.**
- **State registered copy of your child’s birth certificate (8x11 size from Kentucky Vital Statistics). THIS IS DUE BEFORE YOUR CHILD MAY ENTER CAC.**
- **Diphtheria (DTap, DPT, DT)**
 - Five doses of DPT vaccine for are required for age 4 and above. This is a combination vaccine used to prevent whooping cough, tetanus, diphtheria and pertussis. DT and Td vaccine are also available to prevent the pertussis disease.
- **Poliomyelitis (Polio)**
 - Four doses of the Polio vaccination are required for age 4 and above paired with a TD booster. Polio vaccine is used to prevent the polio disease; there are two forms of this vaccine available. The preferred one among most Kentucky schools is the Inactivated Poliovirus Vaccine (IPV).
- **Mumps, Measles and Rubella (MMR)**
 - Two doses of the MMR vaccine are required before entering school. First dose is usually given at age 1 and the second dose given at age 4 before entering school. MMR is given to prevent the diseases mumps, measles, and Rubella.
- **Hepatitis A/B (HepB)**
 - Three doses of the HepB vaccine are required for anyone under age of 18. HepB is usually given out as three shots in a period of six months in early childhood. HepB is given to prevent the disease Hepatitis B.
- **Haemophilus Influenza type B (Hib)**
 - Four doses of this vaccine are required before the age of three/when entering school. Variations of the number of doses for Hib are possible. No less than three doses are required.

NEWLY REQUIRED VACCINATIONS:

- **Pneumococcal Conjugate Vaccine (PCV)**
 - Age appropriate immunization with PCV is required for children up to five years of age. Children aged five years or older are not required to receive PCV, as it is not licensed for healthy children in that age range.
- **Meningococcal Conjugate Vaccine (MCV)**
 - One dose of meningococcal vaccine for sixth grade entry, 11 or 12 years or older, is required.

- The use of meningococcal conjugate vaccine is preferred, but meningococcal polysaccharide vaccine (MPSV) may be used if the conjugate vaccine is unavailable.
- **Tetanus-diphtheria-acellular pertussis vaccine (Tdap)**
 - One dose of Tdap regardless of interval since last dose of tetanus-containing vaccine is required for students at sixth grade entry, 11 or 12 years or older, with option for Td for individuals who cannot receive pertussis containing vaccines.

If there is a problem, please see the administrator for a new deadline date. Below is an example of the Kentucky Certificate of Immunization Status. Please keep in mind that three (3) days un-excused absence is considered truant and nine (9) days is considered habitual truant. All truancies shall be forwarded to the court and its representatives in the matter upon the request of the principal.

PLEASE CONSIDER THIS YOUR FIRST NOTIFICATION. **CAC wishes to emphasize these are state law requirements in Kentucky. We will assist you, if possible, to allow your child to be in compliance; however, compliance is mandatory.**

I object to immunization being given to my child, _____, as required by KY State Law concerning health measures for children.

PLEASE MARK EITHER RELIGIOUS OR MEDICAL OBJECTION BELOW. **(A MEDICAL EXEMPTION MUST HAVE A PHYSICIAN SIGNATURE):**

Religious Objection ☐ *(check if applicable)*

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

Medical Objection ☐ *(check if applicable)*

I, *(Physician name printed)* _____,

certify that receiving *(particular immunization)* _____

is or may be detrimental to this child's health.

Physician's Signature: _____

Date: _____

OFO/DSS

Kentucky Dental Screening/Examination Form for School Entry

KDESHS005

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Student Name: _____ <div style="display: flex; justify-content: space-between;"> Last First Middle </div>		Test Type (check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam
Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female		
Parent or Guardian: _____ <div style="display: flex; justify-content: space-between;"> Name Relationship </div>		Screener's Name: _____ Screener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____ Professional affiliation: (Please check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dentist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> APRN </div> <div> <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Registered Nurse with training <input type="checkbox"/> Physician </div> </div>
Address: _____ City: _____ Phone Number: _____ School: _____ Date of Exam/Screening ____/____/____		
Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	
Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	Treatment Urgency: (Check one) <input type="checkbox"/> 0 No obvious problem <input type="checkbox"/> 1 Early dental care needed <input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked.	
Comments:		

DRESS UNIFORM		DRESS UNIFORM		CASUAL UNIFORM		CASUAL UNIFORM	
Girls		Boys		Girls		Boys	
K-4 K-5 1 st - 4 th Grades	Shirt: White, rounded collar blouse	Shirt: White Oxford	Dress or Casual uniform may be worn Shirt: White, red, or navy polo, purple or gold polo with CAC monogram Pants/Shorts/Pinafore***: Khaki or Navy Belt: Solid plain brown, black or navy Socks: Solid white, navy or tan Shoes: Oxford, loafer, or athletic shoe. NO gadgets, roller skates, etc. will be Allowed Optional: CAC monogrammed sweatshirt; navy cardigan sweater**	Shirt: White Oxford or white, red or navy polo; purple or gold polo with CAC monogram Pants/Shorts: Khaki or Navy Belt: Solid plain brown, black or navy Socks: Solid white, navy or tan Shoes: Oxford, loafer, or athletic shoes. NO gadgets, roller skates, etc. are allowed Optional: CAC monogrammed sweatshirt; Navy cardigan sweater**			
	Dress: Plaid Pinafore***	Tie: Navy (may have subdued colors)					
	Tights/Socks: White or navy tights, White or navy knee socks, White socks	Pants: Navy					
	White socks	Belt: Solid brown, Black, or Navy					
	Shoes: Dress Shoes – solid black, dark brown or navy	Socks: Navy*					
	Optional: Navy Cardigan Sweater**	Shoes: Dress Shoes, solid black, brown or navy					
		Optional: Navy Cardigan Sweater; Navy V-Neck Sweater Vest**					
5 th -12 th Grades	Shirt: White Oxford with white tank top or camisole underneath	Shirt: White Oxford	Dress or Casual uniform may be worn Shirt: White oxford blouse, white, red, hunter green or navy polo; purple or gold polo with CAC monogram Pants/Shorts/Skirt***: Khaki or Navy (9 th -12 th only) have option of long straight khaki or navy skirt Belt: Solid plain brown, black or navy Socks: White socks with shorts; navy socks with navy pants; tan socks with khaki pants. Shoes: Oxford, loafer, or athletic shoe. NO gadgets, roller skates, etc. are allowed Optional: CAC monogrammed sweatshirt; navy cardigan sweater; navy or green crew or V-neck sweater**	Shirt: White Oxford; white, red, hunter green or navy polo; purple or gold polo with CAC monogram Pants/Shorts: Khaki or Navy Belt: Solid plain brown, black or navy Socks: Solid white, navy or tan Shoes: Oxford, loafer, or athletic shoes. NO gadgets, roller skates, etc. are allowed Optional: CAC monogrammed sweatshirt; Navy award sweater; navy or green crew or V-neck sweater**			
	Dress: Plaid Skirt***, Navy long straight skirt option(9 th –12 th only)	Tie: Navy (may have subdued colors)					
	Tights/Socks: White or navy tights, White knee socks, White socks; Nylons (7 th -12 th grades only)	Pants: Navy					
	Shoes: Dress Shoes. Girls' heels not more than 2" high. Solid black, dark brown or navy	Belt: Solid plain brown, black, or navy					
	Optional: Navy Award, Cardigan or Crew Sweater**	Socks: Navy*					
		Shoes: Dress Shoes, solid black, brown or navy					
		Optional: Navy Award, crew or V-Neck Sweater **					

*White socks may be worn with navy or khaki pants except for chapel day.

*If physical problems occur when wearing colored socks, white socks may be worn for chapel

**Sweaters and Pinafores in 1st-12th grades should be no shorter than mid-knee length.

***Skirts and Pinafores in 1st-12th grades should be no shorter than mid-knee length.

CASUAL SHOES: acceptable colors are white, grey, black, brown, or a combination, thereof.

Only a touch of any other subdued colors will be accepted. (Check handbook for regulations)

CHRISTIAN ACADEMY OF CARROLLTON

1703 Easterday Road, Carrollton, KY 41008 - (502) 732-4734 - christianacademycarrollton@gmail.com

MEDIA RELEASE

RELEASE AND AUTHORIZATION FOR USE OF YOUR CHILD(REN)'S NAME, PHOTOGRAPH, OR VIDEO REPRODUCTION.

Date: _____

As Guardian and/or Parent of (student #1) _____,

(#2) _____, (#3) _____, a minor under the age of twenty-one, hereby authorize the Christian Academy of Carrollton to use picture through the media or video recordings of said minor, and any reproductions thereof, and further the release gives permission to use the name of said minor in connection with the picture or video for any and all news feature promotional purposes or for any other lawful purpose.

Please sign and return for your permission to video or take a photo for media release of your child.

Signature of Parent or Guardian _____

Street _____

City _____ State _____ Zip _____

Cooperation Commitment

Mission Statement

The mission of the Christian Academy of Carrollton is to provide a biblically-based, Christ-centered learning environment, which promotes spiritual maturity, academic excellence, and personal growth, ministering to the whole child.

Parent/Student Commitment

The Christian Academy of Carrollton's success is directly dependent upon God's blessings. We believe God will bless the Academy on the basis of the purity of parental motivation, commitment, and involvement. Because of this, each parent is required to sign the following statement of cooperation.

1. We believe the education of our children is our primary responsibility. We recognize the Christian Academy of Carrollton has a similar vision and will help us in training our children. We, therefore, trust the direction of the Academy in helping us bring our children to full maturity in Christ. We will submit ourselves to the delegated authority of the Academy in order that our children may realize full maturity in Christ.
2. We sincerely pledge our loyalty to the philosophy, aims, and ideals of the Christian Academy of Carrollton.
3. Realizing our attitude toward staff and policies of the Academy in every way will directly affect the behavior of our children; we will support and uphold the purpose of the Academy in every way and will abide by the discipline and regulations of the administration.
4. At no time will we participate in destructive criticism of the staff or the Academy to our children or others. However, we will instead, if a problem arises, go directly to the staff or administrator in a Christian manner as indicated in Matthew 18:15-16 and in the spirit of Galatians 6:1-5.
5. The staff and administration is hereby given full discretion in the disciplining of our children. The procedures for disciplining students are:
 - A. Several efforts will be made to control a student's behavior. The staff will make a deliberate effort to work with the parents to avoid further action.
 - B. If the problem persists, the student will be brought to the office, to talk with the administrator and possibly with parents.
 - C. Parents will be expected to cooperate fully with the school disciplining their child. If we do not receive cooperation from the parents in this area, the student will not be allowed to attend the Academy.
6. The Academy reserves the right to dismiss any student if parental cooperation cannot be obtained, or if a student, after sincere parent and staff effort, refuses to cooperate in the educational process.
7. We, parents and student(s), have read CAC's Student-Parent Handbook and agree to comply with the rules and regulations and to uphold the policies and principles within the handbook.
8. We hereby pledge to attend the Academy's meetings for the purpose of communication, evaluation, and training.
9. The Administrator and School Board will stand behind CAC's teachers in discipline procedures and the rules and regulations set out in the Student-Parent Handbook.

I give Christian Academy of Carrollton (CAC) permission for my child to take part in all school activities, including sports activities and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school.

Thank you for your support and cooperation, without which the Academy would not be possible.

I (We) understand and agree with the above Cooperation Commitment.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Other Parent/ Guardian Signature _____ **Date** _____

(If applicable)

Tuition Payment Method

Please indicate your choice below by checking the appropriate box.

- ☐ Option 1 - Single payment due in full to Christian Academy by August 1, 2018
- ☐ Option 2 – 10 Month Plan due the first of each month (Aug. 2018 – May 2019)
- ☐ Option 3 – Quarterly Plan due Aug. 1, 2018, Nov. 1, 2018, Jan. 1, 2019, and May 1, 2019
- ☐ Option 4 – Semi-Annual Plan due Aug. 1, 2018 and Jan. 1, 2019

Tuition Statement

Based on the aforementioned tuition rates (not including the registration and book fee), the total amount our family owes for the 2017-18 school year is: _____.

Tuition is paid at Blake's Tax Service

Attn: Sandy Graham
P.O. Box 456, Carrollton, Kentucky, 41008
(502) 732-4470

I (We) agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees.

I (We) understand that tuition that becomes two months past due will prevent the student from being admitted to class, from receiving any schoolwork, and from receiving his/her report card until the account is paid in full.

Responsible Financial Party Information

PRINTED NAME(S) _____

SIGNATURE(S) _____ DATE _____

MAILING ADDRESS: _____

Tuition Policy

Policies

We understand that tuition and other fees are necessary in order for Christian Academy of Carrollton to successfully fulfill its mission. We commit ourselves to promptly meet our financial obligations in accordance with Biblical stewardship. We also understand and agree to comply with the following tuition policy:

- The registration fee is non-refundable unless we are unable to accept the enrollment of your child.
- Monthly tuition payments paid between (and including) August 1 and May 1 should be made via cash or checks to the Christian Academy of Carrollton. There will be a \$30 fee for any returned checks.
- The school will provide a 10-day grace period for tuition payments, but any payment made after that grace period will incur a **10% late fee on any outstanding charges remaining on your account.**
- Tuition that becomes two months past due will prevent the student from being admitted to class, from receiving any schoolwork, and from receiving his/her report card until the account is paid in full.

Fair Share Agreement

We understand that the costs involved in operating Christian Academy of Carrollton significantly exceed the amount charged in tuition and fees. Therefore, we agree to do our Fair Share to bridge the gap between costs and tuition. We pledge to prayerfully consider supporting the ministry of the school. This Fair Share can be met through voluntary tax-deductible gifts to Christian Academy of Carrollton and/or through participation in fundraising activities.

Current Rates (2018-2019)

REGISTRATION FEE:

- Registration Fee - K-12, \$250/student, not to exceed \$520 per family. **However, if paid by 5/5/18 the early registration fee is \$195/student, not to exceed \$450.** This fee is non-refundable except if for any reason we do not accept your child.

TUITION SCHEDULE:

- Half-day K4 and K5 = 1st child \$2,700/yr (10 mo. at \$270/mo.), 2nd child \$2,550/yr (10 mo. at \$255/mo.), 3rd child \$2,450/yr (10 mo. at \$245/mo.)
- Full-day K4 and K5 = 1st child \$3,580/yr (10 mo. at \$358/mo.), 2nd child \$3,340/yr (10 mo. at \$334/mo.), 3rd child \$3,330/yr (10 mo. at \$333/mo.)
- First through eighth grades = 1st child \$3,050/yr (10 mo at \$305/mo.), 2nd child \$2,700/yr (10 mo. at \$270/mo.), 3rd child \$2,300/yr (10 mo. at \$230/mo.)
- High School = 1st child \$3,250/yr (10 mo. at \$325/mo.), 2nd child \$3,100/yr (10 mo. at \$310/mo.), 3rd child \$3,000/yr (10 mo. at \$300/mo.)

BOOK FEE:

- If paid by **July 3**, book fees will be at a discounted rate!
- Book fees are mailed at the beginning of summer (late May/early June)
- Book fees include basic supplies for K-4 - 6th grade (pens and pencils, paper, notebooks, crayons, glue, etc.) **except a box of tissues, a roll of paper towels, and hand sanitizer or Clorox wipes, and backpack/lunchbox, which your child will bring on the first day of school.** Book fees also include all textbooks and materials for the school year (some rented and some purchased), a copy of the yearbook, a subscription to *God's World News*, and cost for special programs, technology, labs, and competitions for different grades. Achievement tests and scoring are also included in the book fees.

FOR OFFICE USE ONLY:

Registration fee received Date: _____ By: _____ Check (# _____) Cash _____

Book fee received Date: _____ By: _____ Check (# _____) Cash _____

Tuition Payment Schedule (*circle one*) Annually Semi-annually Quarterly Monthly

Total yearly family tuition amount: _____

Total monthly family tuition amount: _____