



# CHRIST DOMINION

*Equipping a worshipping generation of world changers.*

## STUDENT ENROLLMENT - CLASSROOM PROGRAMS

*Prospective Parents/Guardians: We welcome you to the admissions process of Christ Dominion Academy. Our goal is to bring together a cohesive student body which can thrive spiritually, socially, and intellectually. Each applicant's academic potential, scholastic motivation, moral character, and extracurricular interests will be taken into consideration.*

### SECTION A: STUDENT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

Student is entering grade:  K  1  2  3  4  5  6  7  8  9  10  11  12

Does this student need public busing?  Yes  No

In what school district does this student reside?

Brookville Area School District

Clarion-Limestone School District

Punxsutawney School District

Redbank Valley School District

Clarion Area School District

Armstrong School District

### SECTION B: PA ACT 195/90 AUTHORIZATION

*State Law Acts 195 & 90 authorize the loan of textbooks & instructional materials by the Secretary of Education to children enrolled in non-public schools. CDA is responsible for requesting the specific textbooks and materials to be loaned to your children. The law requires, however, that a parent of each child attending the nonpublic school individually request a loan of textbooks and instructional materials. Please sign and date here so that we may petition the State on your behalf.*

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my above named child attending Christ Dominion Academy.

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

### SECTION C: PHOTO/VIDEO RELEASE

*Periodically, Christ Dominion Academy produces advertisements, brochures, newsletters, web pages, and the like. In the production of these items, we like to include photos of the students who attend the Academy. If you are willing to allow the use your child's photo in these types of publications or promotions, please indicate that approval by completing the form below.*

*NOTE: Neither your child's name nor address will be included with your child's picture when publishing on the Web.*

I  DO  DO NOT give permission for image, photographs, videos or school work of my above named child to be used as described above. I am willing to release any such material into the public domain and understand that no monetary compensation will be given for the use of the materials.

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

## SECTION D: ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION

*“Therefore one must be in subjection, not only to avoid God’s wrath but also for the sake of conscience. For because of this you also pay taxes, for the authorities are ministers of God, attending to this very thing. Pay to all what is owed to them: taxes to whom taxes are owed, revenue to whom revenue is owed, respect to whom respect is owed, honor to whom honor is owed. Owe no one anything, except to love each other, for the one who loves another has fulfilled the law.” -Romans 13:5-8*

I pledge to pay my financial obligations to the school regularly and on time.

I understand that if a student is withdrawn or expelled, the current month’s charges will not be refunded.

I understand that assessments will be made to cover any damage done to school property by my child(ren), and pledge to see that proper restitution is made.

I understand that tuition alone cannot cover the cost of quality education at Christ Dominion Academy, and agree to support and participate in fund raising activities to help minimize further tuition increases.

I understand that all school records will be retained by Christ Dominion Academy until my bill has been paid in full.

I understand that a fee of \$35 will be assessed for each check returned for non-sufficient funds.

I understand and agree with the following refund schedule in the event that I have to withdraw my student from Christ Dominion Academy during the school year:

90% refund for withdrawals after July 15<sup>th</sup> until two weeks from the start of the first quarter; 75% refund for withdrawals within one month of the start of the first quarter; 50% refund for withdrawals before the end of the first quarter; withdrawals after the first quarter are still obligated to pay the full annual tuition

I, the undersigned, am financially responsible for all charges incurred while the above named student is in attendance at Christ Dominion Academy. I further understand that finance charges will accrue on all unpaid charges and will be computed by a ‘period rate’ of one percent (1%) per month, which is an ANNUAL PERCENTAGE RATE of twelve percent (12%) applied to the prior balance after deducting current payments and/or credits to the account. I agree to pay all costs related to collection of unpaid balances, including attorney fees, collection costs, and interest.

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

## SECTION E: CHURCH AFFILIATION

*Weekly attendance at a Bible-believing Christian church is required of all CDA students. Please provide the following information concerning your place of worship:*

My church affiliation is currently at:

Church Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor’s Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand the church attendance policy of Christ Dominion Academy and will abide by it. I give my pastor or church secretary permission to discuss my attendance with the Headmaster of Christ Dominion Academy.

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

## SECTION F: PARENT COVENANT

Having read and understood Christ Dominion Academy's Parent/Student Handbook, including the Statement of Faith, Educational Philosophy, and Statement of Purpose, I realize that the following are basic principles which Christ Dominion Academy holds to be essential for home and school to work together to ensure a truly Christ-centered and God-honoring education:

1. I believe that God has given me the primary responsibility for training my children, and that the school is to be an extension of my home.
2. I desire to have my children receive a distinctively Christ-centered classical education which ministers to the needs of the whole child. I will seek to teach Biblical principles and truths to my children, and make relevant applications of God's Word to the circumstances of our family life.
3. My goal for the instruction of my children is spiritual and academic excellence built on the foundation of Christian character. I will seek to develop my children's character according to the standards of God's Word.
4. I will endeavor to develop and maintain a Godly atmosphere in my home by exercising control over inappropriate influences on my children and by modeling a Christ-like life to the best of my ability.
5. I will demonstrate my faith to my children through personal devotion to the Lord Jesus Christ and through faithful involvement in a Bible-believing church. I understand that this includes weekly attendance and acknowledged pastoral authority.

All custodial parents or guardians involved in Christ Dominion Academy must make these affirmations, declaring wholehearted agreement by signing this covenant. Whenever appropriate, non custodial parents will also be asked to sign.

Declaration of agreement with the previously stated affirmations will result in the following practical outworkings of my beliefs:

I, as a parent, agree to read and discuss with my child(ren) all rules and regulations of Christ Dominion Academy as set forth in the Parent/Student Handbook, and on their behalf I agree to accept and abide by them.

I hereby delegate to the school the authority to discipline my child(ren) as necessary. I further agree to cooperate and discipline my child(ren) in the home when needed.

I understand that the school expects regular church attendance on the part of all parents and students, and I agree to support my child(ren) in taking their place in the Body of Christ.

I agree to support the academic standards of Christ Dominion Academy by providing a place at home conducive to studying and by requiring my child to complete all assignments and homework.

I will support the standards of the school which do not tolerate immorality, profanity, disrespect of authority, or any conduct which would dishonor the Lord, His Word, or His Church.

I understand that Christ Dominion Academy reserves the right to expel any student who refuses to comply with the regulations and discipline procedures.

I have carefully read all of the items above and agree thereto:

*(Signatures of both parents are required whenever possible.)*

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

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

## SECTION G: EMERGENCY CONTACT INFORMATION

Parents (guardians) please complete all the information requested below. This information is needed in order to adequately respond to emergency situations while your child is in school. Please remember to notify the Academy in writing if and when changes to this information take place.

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child lives with:  Mother  Father  Both  Other: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of local contact if parents are not available: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Names of Siblings at school:

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Is there anyone with whom you do not permit your child to leave the building?

No  Yes: \_\_\_\_\_

Name of student with whom we can send homework when your child is ill:

\_\_\_\_\_ Grade: \_\_\_\_\_

Please provide instructions to follow in case of an early dismissal and parents cannot be reached:

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## SECTION H: MEDICAL INFORMATION

**Health Conditions.** List any unusual health conditions that we should know (allergies, conditions, medications, etc.). Use attached explanation if needed:

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**Eyeglasses.** Should this student be wearing glasses while at school?  Yes  No

**Non-Prescription Medications.** I understand that some nonprescription medications, which may include the following medications, might cause my child to suffer an adverse reaction or other serious medical condition. I hereby release, waive, discharge and covenant not to sue Christ Dominion Academy, Living Church, or their employees, officials, agents or volunteers for any liability for damages, injury or death that may result from ill effects or adverse reactions to this medication. I authorize this medication to be administered at the Academy by staff persons or volunteers who are not physicians, licensed registered nurses (RNs), or licensed practical nurses (LPNs). I understand, acknowledge and approve that the individuals administering the medication do not have any form of medical license and will not perform a medical assessment of my child prior to administering the authorized medication. *(Please mark with an X if you give permission; no mark will mean that no permission is given.)*

- Antacid.....Tums or Roloids; chewables; for nausea
- Burn Spray .....topical spray; for pain relief of abrasions and sunburn
- Hydrocortisone .....1% topical cream; for bug bites and skin irritations
- Antihistamine.....Benadryl or similar; pill/liquid; for hay fever, hives, allergic reactions
- Acetaminophen.....Tylenol or similar; pill/liquid; for fever or pain
- Ibuprofen .....Advil or similar; pill/liquid; for fever or pain

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If both parents/guardians reside in the household, both signatures are required.)*

**Emergency Release.** I, the undersigned, do hereby authorize officials of Christ Dominion Academy to instruct the physician named below or EMS personnel to render such treatment as may be deemed necessary in an emergency, for the health of my child, \_\_\_\_\_. In the event the parent/guardian or physician named on this form cannot be contacted, officials of Christ Dominion Academy are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. Signing this form shall release Christ Dominion Academy and staff members from any liability of any nature in assisting said child during a medical emergency.

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_