
AURORA CHRISTIAN ACADEMY STUDENT READMISSION APPLICATION

Please fill out the entire document and return to the school office.

Application Checklist

1. Completed Application for Readmission
2. Payment of fees related to admission process
 - a. Application fee - \$60; After June 1st - \$100

2017-2018
17818 LAWRENCE 2200 AURORA MO 65605
417/678-7515

**AURORA CHRISTIAN ACADEMY
APPLICATION FOR ADMISSION
2017-2018**

STUDENT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Male Female

Email:

Grade Applying For:

Last Completed:

PARENT/GUARDIAN NAMES

Name:

Name:

Living with both parents Divorced Widow Separated Parents Deceased

If not living with both parents, name of parent(s) or guardian/step-parent with whom applicant is living:

RELIGIOUS INFORMATION

Church Where Attending:

Does this student attend services regularly? Yes No

Has this student made a decision to follow Christ? Yes No

STUDENT STANDARD OF CONDUCT

Do you accept the Bible as God's inerrant Word and submit yourself to its principles as a final authority in every area of your life? _____

Will you promise to not draw, wear, or display any anti-Christian symbols? _____

Will you agree to dress according to the uniform guidelines and hair code? _____

Will you agree to dress in public in a manner that will be a consistent, daily example of our Lord Jesus Christ? _____

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? _____

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere.

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 it is necessary.

As a student of Aurora Christian Academy, I pledge to uphold this school's standards against cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program 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.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FINANCIAL AGREEMENT

I/we understand that there is an enrollment fee of \$80.00 per student, if enrollment forms are received by June 1st. After June 1st, the enrollment fee is \$100.00 per student. I/we understand that the cost of tuition is (check the option which applies for this applicant):

Tuition

- \$2,600.00 per year for the first child
- \$2,450.00 per year for the second child
- \$2,300.00 per year for the third child
- \$1,000 per year for each additional child

Book Fee – due upon enrollment

- \$250 – K4 thru 1st grade
- \$300 – 2nd thru 6th grade
- \$350 – 7th thru 12th grade

I/we will pay tuition (check on):

- The total due by August 1st (5% discount will apply)
- Two semi-annual installments due August 1st and January 1st (5% discount will apply)
- 10 monthly installments beginning August 1st.f

I/we understand that additional fees will be billed on the first of each month and are in addition to the tuition.

In the event that a student’s enrollment should terminate prior to the end of the school year, leaving a credit balance against their account, a refund equal to the credit balance, less any discounts, will be issued within 90 days of the student’s termination date, unless a separate debt exists on an account affiliated with the same financially responsible party. In such cases, the credit balance will be applied against the existing debt, with any remaining balance refunded as described above. Students leaving beyond the mid-point of the month owe for the entire month.

If a student needs to take additional coursework that goes beyond what we would consider a normal academic load, then we will consult with the family and bill accordingly.

Any payment not received by the end of the month may result in the parents/guardians being asked to remove the student(s) from school until the balance is brought current.

Should a check or ACH be returned to our office because of insufficient funds, a \$25 fee will be charged, parents will be notified to come in, make cash payment, and pick up the returned check.

By signing below, I/we agree to meet the financial obligations as outlined above and will submit to program requirements.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SIGNATURES

I have read all the materials regarding application registration and payment policies and will abide by them. Furthermore, I have provided ACA with complete, up-to-date, accurate, and factual information to use in the admissions process. Any false or any omitted information could result in denial of admission or immediate withdrawal. I understand that students are admitted to ACA on a year-by-year basis.

Signature of student: _____ Date: _____

Signature of parent/guardian : _____ Date: _____

AURORA CHRISTIAN ACADEMY
2017-2018 Field Trip Permission Slip

I understand that throughout the academic year my son/daughter _____, in grade _____, may have the opportunity to participate in school related, off campus trips. I understand that a faculty member(s) and/or staff member(s) from Aurora Christian Academy will supervise all these trips and that my child will be transported in private or church owned vehicles. I request that my child be allowed to attend all such field trips that he/she is eligible to attend.

Aurora Christian Academy will issue prior notice to all trips and, should I not want my child to attend a specific off-campus, school related trip, I understand that it is my responsibility to notify the teacher and/or office administration, regarding my request to withhold my child from the trip. I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Aurora Christian Academy, its agents, representatives and employees from all claims, damages, or other liabilities for injuries we have or my child has which are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school, or its agents, representatives, or employees.

Signature: _____ Date: _____

Please fill out and return this form with the enrollment application to the Aurora Christian Academy school office.

AURORA CHRISTIAN ACADEMY
2017-2018 Permission to Drive to School

_____ has been granted permission to drive to/from Aurora Christian Academy. This student agrees to abide by all traffic laws and will exhibit proper demeanor while on the Aurora Christian Academy parking lot. Violation of traffic law or poor conduct regarding this privilege may result in denial of use of vehicle on school grounds.

Make of Car _____ Year _____ Color _____

Vehicle license # _____ Driver's License # _____

Date of Expiration _____ Insurance Company _____ Policy # _____

Authorized by:

Parent or Guardian

School Administrator

I agree to abide by all traffic laws and have read and understood the guidelines and responsibilities for driving a vehicle to school as stated in the school handbook.

Student

**MEDICAL AUTHORIZATION RELEASE
AND
PERMISSION TO ADMINISTER MEDICATION**

Name: _____

Date of birth: _____

SSN: _____

Phone: _____

Current address: _____

City: _____

State: _____

ZIP Code: _____

Are all immunizations current? Yes No (If no, please attach exemption form provided by State Health Department)

Medical and Operative Permit

The law requires that parental permission be obtained for certain medical and operative procedures on minors. The parents or guardians should sign the following consent form so that emergency medical procedures may be carried out and so that no unnecessary delays will occur with less urgent medical and operative procedures or situations, which may occur or exist. However, NO operation other than minor surgery will be performed except in an extreme emergency without making reasonable effort for parents or guardians being contacted and fully informed. In no case shall anyone or any organization be liable for your son/daughter concerning accidents. Your child will be taken to St. Johns in Aurora, and if school staff deems the situation an emergency, an ambulance will be called.

Parents/Guardians will be financially responsible for all medical expenses.

Does Aurora Christian Academy have your permission to seek emergency medical treatment for your child? Yes No

In case of accident or injury, please list your Insurance/Hospitalization Company: _____

Name of Persons to contact in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any medications your child is taking: _____

Please list any medications to which your child is allergic: _____

Name of Private Physician: _____ Phone: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Permission to Administer Medication

I, _____, give Aurora Christian Academy permission to administer medication to my child, _____, when and if Aurora Christian Academy staff deems necessary. The dose will be given according to the medication label. Parents will be notified before dosing. Temperature will be taken before the phone call and if temperature is 100 degrees or above, child will need to go home. If student is able to drive, they must have parent/guardian consent. If student is too ill to drive himself/herself home, a parent/guardian will need to pick him/her up.

- Tylenol – 12 years and older
- Children's Tylenol
- Ibuprofen – 12 years and older
- Children's Ibuprofen

**Any medications not listed on this paper must be brought in to be kept at the ACA office, fully labeled with student's name and correct dosage amount*

I am aware that I will be notified by a telephone call before any medication is administered to my child.

Parent Initial: _____ Date: _____ Phone number to be reached promptly: _____