FAITH ACADEMY BELLVILLE

12177 Highway 36
Bellville, TX 77418
Established 1994

Phone: (979) 865-1811
Fax: (979) 865-2454
faithacademybellville.org
office@faithacademybellville.org

Thank you for your interest in Faith Academy!

Enclosed is some basic information about our school. Please take time to review it and feel free to call our office with any questions you may have. You may also want to visit our website at www.faithacademybellville.org.

We always welcome visitors and encourage you to come by to tour our campus and to meet Faith Academy family.

STEPS FOR ADMISSION

1. **Tour** the Faith Academy campus and pick up admissions material or download admissions materials from the school website.

2. **Return** the following paperwork in person, email, fax or mail for review by the Faith Academy administration:

18 months~*Nursery School ~ Pre-School Pre-Kindergarten ~ Kindergarten*	*Grades 1-12*
1. Application for Admission 2. Home Language Survey 3. Copy of Birth Certificate 4. Copy of Immunization Record 5. Family Information / Permission (one per family) 6. Parent Commitment	1. Application for Admission 2. Three Letters of Recommendation 3. Authorization to Release Information 4. Home Language Survey 5. Copy of Birth Certificate 6. Copy of Immunization Record 7. Copy of the most recent report card and/or transcript of all courses completed 8. Copy of the results from the most recent standardized test 9. Student Computer Contract 10. Parent Commitment 11. Family Information / Permission (one per family)

3. After ALL of the above mentioned paperwork is received and reviewed, you will be contacted in regard to scheduling an **entrance screening / interview.** This is required for students entering **Kindergarten – Grade 12**. The entrance screening requires the payment of a $100 fee and is due on the date of the screening.

4. The administration will contact parents to **review screening results** and to discuss final enrollment or denial of enrollment.

5. **Orientation and final enrollment** for any age Faith Academy student will not be complete until the following information is received for each child:
   - Signed Financial Contract
   - Payment of registration fee of $150 per student or $300 per family

COST OF ENROLLMENT

FEES (all fees are non-refundable)		
ENTRANCE SCREENING *All students entering grades K-12. Younger students upon request of administration.*	**$100 per student**	
REGISTRATION *Includes ONE Faith Academy yearbook per family.*	**$150 per student**	**$300 per family**

TUITION (annual rate)	5 DAYS	3 DAYS
TODDLER / NURSERY *8 a.m. - Noon* *Age 2 by Sept. 1*	**$3650**	**$2650**
PRE-SCHOOL *8 a.m. - Noon* *Age 3 by Sept. 1*	**$3650**	**$2650**
PRE-KINDERGARTEN *8 a.m. - Noon* *Age 4 by Sept. 1*	**$3650**	
ELEMENTARY SCHOOL *8 a.m. – 3:10 p.m* *Kindergarten – 5th Grade*	**$5250**	
JUNIOR HIGH / HIGH SCHOOL *8 a.m. – 3:15 p.m.* *6th Grade – 12th Grade*	**$5850**	

TUITION DISCOUNTS

Your oldest child pays full tuition. Each additional child receives a 10% discount on tuition.

An additional 5% discount is awarded for total family tuition paid in full by August 1.

Tuition is due in 10 installments, due on the1st of each month, August - May.

FALCON Center

For students needing individual instruction in a specific area, an additional FALCON fee may be added as needed

EXTENDED CARE (monthly rate)	5 DAYS	3 DAYS
Noon – 3 p.m. or **3 p.m. – 6 p.m.**	**$160**	**$95**
Noon – 6 p.m.	**$310**	**$190**
Drop In Days	*Occasional use of Extended Care may be purchased for $25 per day, but is limited to 5 days per month before monthly rate is applied.*	

CURRICULUM, CLASS & NOK FEE annual rate

Early Education Center students in **Toddler, Nursery School, Pre-School and Pre-Kindergarten** and elementary students in **Kindergarten, 1st Grade and 2nd Grade** will be charged a fee to cover the costs of curriculum, general classroom needs and Night of Knights class project. The fee will be included on the enrollment contract.

This fee for students in **3rd Grade – 12th Grade** will be assessed when curriculum is purchased from Faith Academy.

CURRICULUM / ACTIVITIES

CURRICULUM

Faith Academy believes that a quality education is the result of teachers that are Christian in practice and philosophy, and a curriculum that integrates God's truth into all courses and adequately prepares the student for future educational endeavors.

It is Faith Academy's desire to have a curriculum that challenges the student, stimulates curiosity, promotes creativity, teaches the discipline of study habits, develops critical thinking, and encourages individual responsibility.

CAMPUS OFFERINGS

Faith Academy is housed on more than 30 acres along Hwy. 36, south of Bellville. The campus features five buildings, including an early childhood building, elementary building, junior high building, high school building, ag and weight room building, as well as a gym, playground and athletic fields.

The faculty and staff at Faith Academy work hard to create a loving, caring, and safe environment where the student is nurtured in personal growth, challenged academically, and directed to high standards.

Students are required to respond with "Ma'am" and "Sir" at all times. A dress code with a variety of clothing choices is also enforced. Corporate chapel services are held weekly, with daily Bible teaching in each classroom.

In addition to traditional curriculum, secondary students are offered a variety of extracurricular courses, which may include art, , computer, music, journalism, yearbook publication, home economics, theater arts, and agriculture science.

Athletics are also available as student enrollment allows. Traditionally, fall sports include cross country, football and volleyball. Winter and spring sports may include basketball, baseball, softball, track and field. Cheerleading is also offered.

The administration stresses that the head of each home is chiefly responsible before God for the discipline of each child. On campus, students are subject to the principles of "Discipline With Love", a policy with more than 40 years of success. Parents are required to attend a parent class and to observe their child in the classroom for at least one hour each semester.

Sharing the Gospel of Jesus Christ and raising Him up as the standard is the mission at Faith Academy.

MISSION / FOUNDATIONS

MISSION

Faith Academy is to be a place of encouragement and excellence in academic and character training where The Light of the World, Jesus Christ, lives in and enlightens those who teach and learn.

PHILOSOPHY

The educational philosophy of Faith Academy is based on a God-centered view of truth and man as presented in the Bible. The purpose of the school is to raise up Jesus Christ as the standard of excellence in education and the student's identity in Christ as the foundation of his spiritual, mental, physical and social development. The authority for such an education comes both from God's command and from the fact that parents are responsible for the total education and training of their children. At the parent's request, Faith Academy becomes a partner in giving this education.

HISTORY

Faith Academy began as an idea from a committee in 1993. Classes began for the first time in the fall of 1994 with nine students in kindergarten through fifth grade. A grade was added each year, and in May 2003, Faith Academy held its first senior graduation.

AFFILIATIONS

Faith Academy is an evangelical interdenominational school. It is not aligned with or supported by a particular church or denomination. It is a member of Association of Christian Schools International and is fully accredited with the Texas Alliance of Accredited Private Schools.

NON-DISCRMINATION

Faith Academy admits students, faculty and staff of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available by the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

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Application for Admission

18 months ~ Nursery School (age 2) ~ Pre-School (age 3) ~ Pre-Kindergarten (age 4) ~ Kindergarten (age 5)

Grades 1-12

Students must be the appropriate age on September 1 of the school year they are applying for.
Please complete application in its entirety. If information does not apply, please denote with N/A.
If it is determined that information submitted on this application is not complete or truthful, the enrollment may be denied or the student may be dismissed from Faith Academy.

Date of Application _____ / _____ / _____ (Month / Day / Year) **Grade Level Applied for** _____

18 months, Nursery School, Pre-School OPTIONS: 3-day _____ 5-day _____
18 months, Nursery School, Pre-School, Pre-Kindergarten OPTIONS: Noon Dismissal _____ 3 p.m. Dismissal _____ After 3 p.m. Dismissal _____

Student _____
Full Legal Name *First* *Middle* *Last*

Date of Birth _____ / _____ / _____ (Month / Day / Year) **Age** _____ **Sex** _____

Mailing Address _____
Street / P.O. Box *City* *State / Zip Code*

Father's Name _____ **Mother's Name** _____

Phone (daytime) _____ **Phone (daytime)** _____

Email _____ **Email** _____

Occupation _____ **Occupation** _____

Employer _____ **Employer** _____

Parents are: _____ married _____ separated _____ divorced _____ one parent deceased

_____ student living with natural parent and step-parent (please elaborate)

_____

Is the student living with at least one parent? _____ Yes _____ No

If "no", with whom is the student living (grandparent, guardian, relative, etc.)? _____

_____

If parents are divorced or separated, who has legal custody of the student? _____

Names and ages of brothers and sisters: _____

If other than the parents or guardians, list the name of person responsible for tuition and fee payments:

Name _____ Mailing Address _____
Street

_____
City *State* *Zip Code*

Please list schools previously attended:

School	*Location*	*Dates*	*Grades Completed*

Is the student eligible to return to all previously attended schools? _____Yes _____ No

Has the student's absences and/or tardies exceeded any prior school attendance policies? _____ Yes _____ No

Has the student ever been placed on academic probation? _____ Yes _____ No

Has this student ever failed a grade? _____ Yes _____ No

If you answered "yes", what year and grade level was failed? _____

Has this student been in special classrooms, received accommodations (IPE, 504, etc.), or received modifications to curriculum in previous schools? _____ Yes _____ No

If you answered "yes", please explain and provide pertinent records: _____

_____

Does this student have a history of physical or emotional conditions, learning differences or ADD/ADHD that required professional attention or which might require special attention at Faith Academy? _____ Yes _____ No

If you answered "yes", please explain and provide pertinent records: _____

_____

Does this student take any prescription medications? _____ Yes _____ No

If you answered "yes", please list medication names, dosages and when taken _____

_____

Please add any further information which may assist in the guidance of your child at Faith Academy, such as medical, physical, emotional, information, etc. _____

_____

Has the student ever been suspended, expelled or asked to leave any prior school? _____ Yes _____ No

If you answered "yes", please explain. Include the name of the school and the name of the principal.

_____

_____

Has the student ever been arrested or had charges filed against them by a law enforcement agency? ___ Yes ___ No

If you answered "yes", please explain: _____

_____

Please describe this student's interests, talents and abilities: _____

_____

In regard to the student's birth: Premature? _____ Yes _____ No Caesarean? _____ Yes _____ No

Were there any situations during the delivery? _____ Yes _____ No

Please elaborate: _____

Other comments about the birth: _____

Was the child breastfed? _____ Yes _____ No How long? _____

How long did the child crawl? _____ At what age did the child walk? _____

Did/does the child have frequent ear infections? _____ Yes, how often _____ No____ Tubes? _____

Did the child have a normal "defiant period" at age 2? _____ Yes _____ No or at age3? _____ Yes _____ No

Does the child wear glasses or contact lenses? _____ Yes _____ No

Please indicate (yes or no) if you are a Christian. _____ Student _____ Father _____ Mother _____ Guardian

What church does your family attend? _____ Members? _____ Yes _____ No

How often do you attend church and/or Sunday school? _____ Weekly _____ Frequently _____ Infrequently

Why do you desire that your child enter Faith Academy? _____

_____

From what source did you first receive information about Faith Academy? _____

List any particular interests you have and would be willing to share with the school: _____

_____

THREE RECOMMENDATIONS are required for students entering Grades 1-12.

The enclosed recommendation forms must be completed by:

1. **Two academic instructors who taught this student within the past year.**
2. **One church or social activity leader.**

Please make sure the forms are completed in full and returned to Faith Academy.

Faith Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission policies, educational policies, financial assistance policies, athletics and other school administered programs.

Faith Academy

12177 Hwy. 36 ~ Bellville, TX 77418

STUDENT RECOMMENDATION

Student Name _____ Grade Level Applying For: _____

Parent Signature _____ Date _____

INSTRUCTIONS FOR THE APPLICANT: After completing the above information, please give this form to a teacher or social leader to complete. You should provide the person you give this form to with a stamped envelope addressed to Faith Academy ~ 12177 Hwy. 36 Bellville, TX 77418 so they can mail it directly to Faith Academy.

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INSTRUCTIONS FOR THE PERSON COMPLETING THIS FORM: Please complete the following information carefully and candidly. Your assistance is appreciated. Return the form to Faith Academy in the envelope provided by the applicant.

Please respond to the following checklist:

MOTIVATION
- ☐ Highly motivated
- ☐ Usually purposeful
- ☐ Aimless
- ☐ No opportunity to observe

CONCERN FOR OTHERS
- ☐ Generally concerned
- ☐ Shows some interest in others
- ☐ Indifferent
- ☐ No opportunity to observe

ACCEPTANCE BY OTHERS
- ☐ Highly respected
- ☐ Liked by others
- ☐ Avoided by others
- ☐ No opportunity to observe

RESPONSE TO AUTHORITY
- ☐ Consistently respects authority
- ☐ Average respect for authority
- ☐ Little respect for authority
- ☐ No opportunity to observe

RESPONSIBILITY
- ☐ Conscientiously reliable
- ☐ Usually dependable
- ☐ Irresponsible
- ☐ No opportunity to observe

INTEGRITY
- ☐ Consistently trustworthy
- ☐ Usually honest
- ☐ Frequently dishonest
- ☐ No opportunity to observe

EMOTIONAL STABILITY
- ☐ Consistently well-balanced
- ☐ Usually well-balanced
- ☐ Subject to moodiness
- ☐ No opportunity to observe

INDUSTRY
- ☐ Willingly does assigned work
- ☐ Need occasional prodding
- ☐ Fails to do required work
- ☐ No opportunity to observe

LEADERSHIP & INFLUENCE
- ☐ Consistently exerts good influence
- ☐ Cooperative
- ☐ Detrimental influence
- ☐ No opportunity to observe

SOCIAL MANNER
- ☐ Socially at ease
- ☐ Average social facility
- ☐ Lacking in social facility
- ☐ No opportunity to observe

RELATION TO STUDENT
- ☐ Teacher
  SUBJECT: _____
- ☐ Pastor
- ☐ Sunday School Teacher
- ☐ Coach
- ☐ Other _____

WOULD YOU RECOMMEND THAT WE ACCEPT THIS APPLICANT?
- ☐ Yes
- ☐ No

COMMENTS: _____

_____

_____

PRINTED NAME: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

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AUTHORIZATION TO RELEASE INFORMATION
GRADES 1-12

I, _____ authorize the release of the records for

STUDENT NAME: _____ _____
Last First Middle Birth Date

Most Recent School: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

The following records may be released:

- ___ Transcript of subjects and grades
- ___ Attendance record
- ___ Psychological or other individual test results
- ___ Special education records, if applicable
- ___ State / Standardized test results
- ___ Birth Certificate
- ___ Immunization / Health records
- ___ Discipline records

I am the parent, guardian, or custodian of the subject of these records.

_____ _____
Parent/Guardian Signature Date

REQUEST FOR RECORDS

To the Registrar:

Please send the above records, if available for this student, as soon as possible. We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you in advance for your prompt cooperation.

_____ _____
Registrar Date

Faith Academy

Established 1994

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(979) 865-1811 ~ (979) 865-8631
www.FaithAcademyBellville.org

HOME LANGUAGE SURVEY

FAMILY LAST NAME: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

What language is spoken in your home most of the time? _____

What language does the parent speak most of the time? _____

What language does the child speak most of the time? _____

The purpose of this form is to identify students in need of English language development services.

_____ _____

Parent / Guardian Signature *Date*

_____ _____

Student Signature (Grades 9-12) *Date*

Faith Academy Bellville

Student Computer Contract

Below are policies that will regulate Student use of the Internet, Computers, and iPads. These rules have been designed to keep our computer and classroom functioning at the highest of standards. In order to have access to the Internet, Computers, and iPads, please read the following and sign below.

1. Students should not bring food or drinks into any computer lab.
2. These computers should only be used for educational use, and **ONLY** the programs the teacher allows are to be used.
    a. Instagram, Twitter, Facebook, Internet Games, Youtube, Chat Rooms, Instant Messengers, Blog Websites, Fantasy Football/Basketball, etc are **NOT** permitted
3. Students may not under any circumstances install software onto the computers.
4. Students hacking, altering unauthorized files, or using the network in any way other than that intended will lose their computer privileges.
5. Students must not move any equipment or cables. Keyboards and mice must not be swapped between machines. If any type of maintenance is required let your teacher know.
6. Any behavior which threatens the physical safety of the equipment or other students will lead to the loss of privileges.
7. **NEVER** give your passwords to anyone!
8. No inappropriate language will be tolerated.
9. Do not modify the desktop, screensaver, etc. in any way on computers and iPads.
10. Students may not download anything from the internet without their teacher's permission.
11. Check your workstation everyday when you enter and leave the classroom. You are responsible for your workstation. Keep it clean.
12. The schools iPads are to be used for classroom projects only. No pictures or music are to be stored on them.
13. **NO** student is allowed in the computer labs unsupervised.

Consequences:

1st offense: Tally
2nd offense: Call Home
3rd offense: Loss of computer privileges

These policies and procedures must be adhered to, and any violations of them will be met with zero tolerance.

- Students must abide by their signed contracts.
- The use of the computer is a privilege, not a right.
- If this contract is broken, the student's privilege will be revoked.

Student: _____ Grade: _____

Parent/Guardian: _____ Date: _____

Proverbs 24:3 NLT A house is built by wisdom and becomes strong through good sense.

Faith Academy of Bellville

POLICY 1.01-16 PARENT COMMITMENT

1. I have read and understand the school's philosophy of an education that is Christian. I have read and understand the school's Statement of Faith and agree that my child will be taught according to these Scriptural principles.

2. I accept the challenge to "train up a child in the way he should go" (Proverbs 22:6), and pledge that this training will be carried on in the home. I place my trust in Faith Academy to extend that training more completely.

3. I understand that I have responsibility before God to be actively involved in the education and discipline of my child. I agree to uphold and support the high academic standards of the school by providing a peaceful place at home for my child to study, and to give my child encouragement in the completion of homework assignments.

4. I will faithfully support the school through prayers and positive attitude, and in keeping with Matthew 18:15, I am committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of by using the school's chain-of-command.

5. It is important to have a partnership between Faith Academy and every parent/guardian of enrolled students. Each semester, parents are urged to participate fully in in and agree to the following areas:

    a. I agree to attend parent kick-off night.

    b. I agree to attend at least one parent class each semester.
    Classes will be offered on a variety of subjects. Classes will be offered in both the evenings and mornings. Dates, times and topics will be announced in the weekly FYI email. Parents should make sure to sign in at the parent class to receive credit for attendance.

    c. I agree to participate and support the school's two important fund raisers through donations of time and/or resources.
    FALL: Golf Tournament ... SPRING: Night of Knights
    Volunteer opportunities abound and will be available in the months leading up to the events, as well as the many hours needed on the day of the events. Information about volunteer opportunities will be announced in the weekly FYI emails. Parents should make arrangements with the Fund Raising Coordinator to receive credit for volunteering. A recommended volunteer time should be planned for around 4 hours.

    d. I agree to observe my child(ren) in the classroom for one hour each semester.
    If multiple children are enrolled (K-12), the one hour may be broken up between them all. Parents must sign in at the front office and follow all policies regarding campus visits to receive credit for a classroom observation.

    e. I agree to attend one parent / teacher conference for each of my children each semester.
    These conferences are scheduled to receive the 1st Nine Weeks Report Card in October and the 3rd Nine Weeks Report Card in March.

    f. I agree to come for a conference and administer discipline if I am called.

    g. I agree to follow all dress code policies in regard to by child(ren) as they are listed in the policy manual for both on-campus and off-campus activities.

    h. <u>RECORDS OF PARTICIPATION AND SUPPORT OF THESE AREAS WILL BE MAINTAINED BY OFFICE PERSONNEL. If parents fail to participate in any of these areas, they will be contacted by an administrator. Failure in participation in these areas may forfeit the privilege of attending Faith Academy. (See #11)</u>

6. I understand and will fulfill my financial commitment to pay for the education al services the school is providing for my child. I understand that BOOKS for Nursery School through 2nd Grade are to be purchased from Faith Academy with ½ of the amount due by May 1 and the balance due by July 1 or a date set by the Financial Director if enrollment is completed after July 1. BOOKS for 3rd Grade through 12th Grade are to be purchased individually either from Faith Academy or a source of the parents' choice. Students will not be admitted to classes without correct curriculum.

7. I understand that TUITION, if broken into monthly payments, is due on the 1st of the month and after the 5th of the calendar month, a $10 per day late charge will be assessed. Tuition consistently not paid by the 5th of the month will be reason for removal of student from the academy. Faith Academy will withhold records for failure to pay tuition. Should I incur financial difficulties, I will give the academy an opportunity to work with me and abide by the governing board's decision.

8. I pledge that if, for any reason, my child does not respond favorably to the school, I will do everything in my power to cooperate with the school to help my child make the necessary adjustments (a nine-week probation period is usually adequate for new students). If adjustments cannot be made, then I agree to amicably withdraw my child by the end of the nine-week grading period at the latest. I understand that should I withdraw my child for any reason; the tuition (if paid in full) will be refunded for only months unused. (Ex: If withdrawal is on the 5th of October, October tuition will not be refunded.) All other fees are non-refundable. Records will not be released to receiving schools if a family has an outstanding balance with Faith Academy.

9. I agree to show proof of current insurance coverage on the enrolled child/children during school activities. If I choose to have no insurance coverage, Faith Academy will not be held responsible for my family's accident or health matters.

10. If I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with Faith Academy and/or its legal corporate entity in keeping with 1 Corinthians 6:1, I agree to submit to a board of conciliation the members of which have been selected by me and officials of the school, rather than taking the dispute to a civil court. I agree the procedure to be followed, including costs involved, would be that which has been established by the Christian Legal Society.

11. I, as parent/guardian of the student applicant, do sincerely give my pledge to the above items for as long as my child(ren) are enrolled at Faith Academy. I understand that failure of the parents or child to comply with the established policy, parental commitment, or failure to meet financial obligations may forfeit my child(ren)'s privilege of attending Faith Academy.

Signature of Father	*Signature of Mother*	*or Signature of Guardian*
Date	*Date*	*Date*

Revised 09-07-18

Faith Academy

PERMISSION / TRANSPORTATION

STUDENT NAME: _____ STUDENT CELL # _____

STUDENT NAME: _____ STUDENT CELL # _____

STUDENT NAME: _____ STUDENT CELL # _____

STUDENT NAME: _____ STUDENT CELL # _____

PARENT NAMES: _____
LAST *FATHER* *MOTHER*

FATHER CELL #: _____ MOTHER CELL #: _____

FATHER WORK #: _____ MOTHER WORK #: _____

IN CASE OF EMERGENCY, AND PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ PHONE: _____

FAMILY DOCTOR:

NAME: _____ PHONE: _____

INSURANCE:

_____ NO INSURANCE _____ PRIVATE PROVIDER POLICY / ID #: _____

EMERGENCY MEDICAL CARE / INSURANCE

_____YES _____ NO *(please initial)*

I hereby authorize any staff member of Faith Academy of Bellville to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician called by Faith Academy of Bellville may treat and do whatever is necessary for the health and well-being of my child(ren). It is understood that a conscientious effort must be made to notify me (parents or guardians) before such action will be taken. I also agree to accept responsibility for the cost of the above medical services even if this family is un-insured. Insurance information for this family will be kept up to date by this family in the school's data base.

MEDICATION ADMINISTRATION

_____YES _____ NO *(please initial)*

Faith Academy of Bellville keeps only Basic First Aid supplies in the school office and classrooms. The stocked supplies include, but may not be limited to Band Aids, first aid tape, gauze pads and wraps, cotton balls, Q-Tips and cold packs. **All over the counter medication should be provided by parents in the original container. Prescription medications should be provided in the original container from a pharmacy with the student's name on the label. All medication should be accompanied by the approved Faith Academy medication form with written and signed instructions by the student's parent. All medication will be administered by authorized school personnel. Self medication is strictly prohibited.** After being informed of Faith Academy of Bellville's medication administration policy, I hereby consent to allow my child(ren) to be given Basic First Aid by school employees. I will provide the necessary medications and written instructions if needed at any time during the school term.

OFF-CAMPUS ACTIVITIES

_____YES _____ NO *(please initial)*

I hereby consent to allow my child(ren) to participate in off-campus field trips and athletic activities supervised by Faith Academy of Bellville employees.
I understand my child(ren) will be transported in a Faith Academy of Bellville vehicle or private vehicle approved by the school's administration. I hereby release Faith Academy of Bellville and/or staff and/or vehicle drivers from any liabilities and/or responsibilities in connection with any accident or injury resulting from school-related trips.

PLAY EQUIPMENT

_____YES _____ NO *(please initial)*

I hereby consent to allow my child(ren) to use all age-appropriate play equipment at Faith Academy of Bellville and to participate in all of the activities of the school which are age appropriate.

MEDIA / PROMOTIONAL LITERATURE / WEBSITE

_____YES _____ NO *(please initial)*

I hereby consent to allow school-related information and/or photographs of my child(ren) to be released to area media, to be placed in promotional literature, and to be placed on the Faith Academy of Bellville website.

I (WE) hereby waive and release any and all rights and claims against Faith Academy of Bellville and their agents and employees for any and all injuries and damages resulting from medical referral or any school activities, including athletic events. By signing below, I am affirming my consent or deferral of consent as initialed above. I acknowledge I have read and understand and agree to the information on this form.

PARENT SIGNATURE: _____ DATE: _____

or GUARDIAN SIGNATURE: _____ DATE: _____

TURN OVER AND FILL OUT THE BACK !!!

LAST NAME: _____

*****ONLY UPDATE THIS SIDE IF NEEDS TO BE CHANGED FROM WHAT WE HAVE ON RENWEB/FACTS***

EMAIL ADDRESS(es) TO BE USED FOR SCHOOL CORRESPONDENCE:

_____

_____

_____

FRIENDS OR RELATIVES AUTHORIZED TO PICK UP YOUR CHILD(REN) FROM SCHOOL:

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

PLEASE LIST ALL ALLERGIES and ALL DAILY MEDICATION NAMES, DOSAGES and WHEN TAKEN for ALL children, identified by name:

_____

_____