



Cyber School

Enrollment Packet

Patricia Smith, Director

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Grace Academy Enrollment Packet

Enrollment Checklist for: _____
Child's Name (Last, First, MI)

FOR OFFICE USE ONLY

- Application (3 pages)
- Immunization (Form 3231)
- Birth Certificate – Grace Academy Pre-K – 8th only
- Social Security Number – Grace Academy Pre-K – 8th only
- Form 3300 - Ear, Eye and Dental Certificate (Pre-K 4 year olds ONLY)
- Driver License – Grace Academy Pre-K – 8th only
- Medical Care Information Form
- Child Emergency Contact & Pick-Up Information Form
- Media Recording Release Form
- Internet Usage Standards For Students
- General Information/Behavior/Children w/ Disabilities & Liability Waiver
- Vehicle/Transportation Emergency Medical Information Form
- Allergy and Medical Ailment Information Form Letter from Physician Detailing
- Authorization to Dispense External Preparations
- School supply list (provide to parent)
- Parental Agreements with – Grace Academy (Child Care Facility)
- Parent Handbook, Policies and Procedures
- Biting Policy signed & returned to office
- Acknowledgement of Policies (signed & returned to office)
- Financial Agreement (signed & returned to office)
- Code of Student Conduct
- Acknowledgement of Receipt of Code of Student Conduct (signed & returned to office)

STUDENT INFORMATION**Referred by:** _____ **Date:** _____**Mark program desired:** ☐ Grace Academy (K-8th) ☐ Pre-K ☐ Summer Camp
☐ Before School ☐ After School ☐ Before & After School**Start Date:** _____ **Withdrawal Date:** _____**Student's Legal Name:** _____ **Home Phone:** _____**Preferred Name:** _____ **Current Age:** ____ **Grade:** _____**Date of Birth:** _____ **Place of Birth:** _____ **State:** ____ **Gender:** ☐ M ☐ F**Primary Language in Home:** _____ **Number of Siblings:** _____ **Ages:** _____**Home Address:** _____ **City:** _____ **ST:** ____ **ZIP:** _____**Mailing Address** (if different): _____ **City:** _____ **ST:** ____ **ZIP:** _____**Student resides with:** ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____**Last School/Facility Child Attended:** _____**Reason for Leaving:** _____**Student's grades have been** ☐ Superior ☐ Above Average ☐ Average ☐ Below Average**Has student failed any grade levels?** ☐ No ☐ Yes - Which grade(s): _____

(If yes, please provide details below)

Has student ever been suspended or expelled from previous school(s) ☐ No ☐ Yes

(If yes, please provide details below)

Has student ever been evaluated for or diagnosed with any of the following:☐ Physical Emotional ☐ Psychological ☐ Learning Disability? Please Provide Details:

My child has the following special needs or concerns:

Please provide details or indicate none below:

The following special accommodation(s) may be required to most effectively meet my child's needs while at Grace Academy:

Please provide details or indicate none below:

Reason(s) for selecting Grace Academy:

Please Provide Details:

Other children in the family/home currently enrolled or applying to Grace Academy:

NAME (Last, First, MI)	AGE	GRADE Current or Applying for	CURRENT STUDENT at Grace Academy?		APPLYING TO Grace Academy?	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FAMILY INFORMATION

Mother/ Father - Full Name: _____ **Has Custody?** ☐ Y ☐ N

Mailing Address (if different than student): _____

Place of Employment (Name and Address): _____

Home Phone: _____ **Day/Work Phone:** _____ **E-Mail Address:** _____

Other Live-In Person - Full Name: _____ **Has Custody?** ☐ Y ☐ N

Place of Employment (Name and Address): _____

Mother/ Father - Full Name: _____ **Has Custody?** ☐ Y ☐ N

Mailing Address (if different than student): _____

Place of Employment (Name and Address): _____

Home Phone: _____ **Day/Work Phone:** _____ **E-Mail Address:** _____

Other Live-In Person - Full Name: _____ **Has Custody?** ☐ Y ☐ N

Place of Employment (Name and Address): _____

Home Phone: _____ **Day/Work Phone:** _____ **E-Mail Address:** _____

Legal Alert

Is anyone legally barred from contacting this student? ☐ N ☐ Y

If yes, court documentation & physical description must be provided to Grace Academy.

Person's Name: _____ **Relationship to student:** _____

Please list in order of desired contact:

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1.					
2.					
3.					

****Today's Date:** _____ **Parent/Guardian Signature:** _____

GENERAL INFORMATION

A current copy of the applicant's Georgia School Certificate of Immunization (**Form 3231**) is required by law and must be submitted to GA before the applicant can attend school (Pre-K-12th grade).

GA also requires a copy of each **child's birth certificate** and an Ear, Eye and Dental Certificate (**Form 3300** [*only required for 4 year olds {Pre-K}])

Document Name	Current Document Submitted or on file?
Form 3231	<input type="checkbox"/> YES <input type="checkbox"/> NO
Form 3300*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Birth Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO

Has the applicant ever repeated a grade? ☐ NO ☐ YES

(If yes, please provide details below)

Has the applicant or anyone in the family ever attended KIP? ☐ NO ☐ YES

(If yes, please provide details below and dates of attendance)

Has the applicant ever had any discipline or emotional problems in school? ☐ NO ☐ YES

(If yes, please provide details below)

Is there any reason the applicant cannot go back to the school last attended? ☐ NO ☐ YES

(If yes, please provide details below)

The information provided by me in this application is to the best of my knowledge complete, accurate and true. I understand that all students in grades, Pre-K through 8th, and their parents/guardians may be interviewed by the administration before final acceptance. I agree to abide by the school's policies, procedures and requirements contained in the Parent Handbook . I understand that the application fee is non-refundable.

MEDICAL CARE INFORMATION

Child's Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____ **ST:** ____ **ZIP:** _____

Student resides with: ☐ Both ☐ Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Please provide emergency contact information below and include information for two alternates.

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					

Child 's Doctor/Clinic Name: _____ **Phone Number:** _____

Health Insurance Company: _____ **Policy Number:** _____

Answer medication questions below.

	Long-Term Medication taken by child within last 30 days	Child has allergies	Date of Last Tetanus Injection
1			
2			
3			

List past serious illnesses or hospitalizations with dates of occurrence below.

	Illness or Hospitalizations for	Date	Comments
1			
2			
3			

Describe below all physical conditions or illnesses, mental health disorders or mental development disabilities which may limit the child's participation in academy programs or activities.

Describe below any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs.

Medical Care Authorization

I hereby give Grace Academy, Inc. permission to provide first aid care to my child _____. In the event I cannot be reached, I hereby authorize Grace Academy, Inc. to transport my child to the nearest hospital emergency room, Wayne Memorial Hospital 865 S 1st Street, Jesup, GA 31545. I grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia) . I agree to accept financial responsibility for all medical expenses incurred.

****Today's Date:** _____ **Parent/Guardian Signature:** _____

CHILD EMERGENCY CONTACT & PICK-UP INFORMATION

The following people have permission to pick up my child/children from Grace Academy. Please inform your pick up person that their identification will be verified with valid state license or identification to allow for pick up.

Child's Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____ **ST:** ____ **ZIP:** _____

Parent/Guardian Name: _____

Contact Numbers: Home: _____ **Cell:** _____ **Work:** _____

List Person(s) authorized for child pick up.

	Name	Relationship to Child	Relationship to Parent/Guardian	Primary Phone	Other Identifying Information (if any)
1		Mother/Guardian	Self		
2		Father/Guardian	Self		
3					
4					

****If at any time this list needs to be updated, please contact our office immediately.***

Legal Alert

Is anyone legally barred from contacting this student? ☐ N ☐ Y

If yes, court documentation & physical description must be provided to GA.

Person's Name: _____ **Relationship to student:** _____

****Today's Date:** _____ **Parent/Guardian Signature:** _____

MEDIA RECORDING RELEASE FORM

I, the undersigned, do hereby grant permission to Grace Academy to use the images of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Grace Academy website.

☐ **Deny permission** to use my child's image at all.

☐ **Grant permission** to use my child's image in the following ways - (Mark all that apply):

☐ **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Grace Academy. for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

☐ **Limited usage 1:** I want my child's image used within the Grace Academy setting only (not in the larger community).

☐ **Limited usage 2:** I want my child's image used for educational materials only (not marketing). This could be either within Grace Academy or in the larger community. One example of this could be videos in parent education classes.

☐ **Limited usage 3:** I want my child's image used on printed materials only (no digital or video use).

****Today's Date:** _____ **Parent/Guardian Signature:** _____

ENROLLMENT APPLICATION PACKET

INTERNET USAGE STANDARDS FOR STUDENTS

Use of the Internet is a Privilege, not a Right

Student use of Grace Academy, Inc. computers, networks and internet services is a privilege, not a right. Unacceptable use/activity, or any other non-compliance with these guidelines, is considered a violation of academy rules and may result in cancellation of privileges as well as additional disciplinary and/or legal action. The director shall have final authority to decide whether a student's privileges will be denied or revoked. Students will use the system for instructional and fun purposes only as it relates to classroom and curricular assignments and activities.

No Expectation of Privacy

Grace Academy. retains control, custody and supervision of all computers, networks and internet services and reserves the right to monitor all computer and internet activity by students. Students shall have no expectation of privacy in their use of academy computers.

Users shall not:

- 1) Attempt to access information for which they are not authorized. If students violate computer lab rules, privileges will be denied or revoked for the remainder of the term and parent/guardian will be notified.
- 2) Reveal his/her full name, home address or telephone number on the internet without prior permission from supervising teacher. Students are not to meet people they have contacted through the Internet without parental permission. Students are to inform their supervising teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.
- 3) Harass other users by sending annoying, obscene, libelous, or threatening messages. Users shall report any conduct that they feel can be defined as harassment to their teacher or school administrator immediately.
- 4) Use the access for illegal, unethical, or obscene purposes. Users shall respect copyright laws and licensing agreements pertaining to material entered into and obtained via the system.
- 5) Use the access for "for-profit" or commercial business activities. Grace Academy. assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.
- 6) Access sites that are not in direct support of lesson activities.
- 7) Intentionally develop programs or engage in activities that disrupt other users or infiltrate computer or network security.
- 8) Students will observe the standard of courtesy and behavior consistent with the practices and policies of Grace Academy. when sending or publishing messages or transmitting data or other information on the internet.
- 9) Disconnect any component of any workstation.
- 10) Use any illegal copies of software at any workstation.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

ENROLLMENT APPLICATION PACKET

GENERAL INFORMATION / BEHAVIOR/ CHILDREN w/DISABILITIES / LIABILITY WAIVER

GENERAL INFORMATION

I understand that Grace Academy does not provide insurance to cover any child who may sustain any injury while participating in this program.

If my child _____ should become ill or injured during this activity, I understand that KIP staff will: 1) contact me immediately, or 2) contact the person I have designated if I cannot be reached. Should I or the persons designated be unable to be reached, Grace Academy is authorized to contact my child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

BEHAVIOR

Grace Academy youth programs cannot accommodate children who exhibit aggressive or disrespectful behavior. Children who are unruly or who present a disciplinary problem may be dismissed from the program to ensure the safety of all. I understand that if my child's behavior presents a problem, he/she may be removed from the program.

CHILDREN WITH DISABILITIES

Grace Academy will make reasonable accommodations for children with mild mental disabilities.

LIABILITY WAIVER

All athletic and recreational activities involve some risk of accident or injury. Grace Academy does not provide insurance, nor does it assume responsibility for such accidents or injuries. Participation in program activities and the use of its equipment is at your own risk.

Your signature below indicates that you have read and agree with and will abide by these terms.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

ENROLLMENT APPLICATION PACKET

VEHICLE/TRANSPORTATION EMERGENCY MEDICAL INFORMATION

Child's Name: _____ **Date of Birth:** _____
Home Address: _____ **City:** _____ **ST:** ____ **ZIP:** _____
Student resides with: Both Parents Mother Father Guardian Other _____

Please provide emergency contact information below and include information for two alternates.

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					

Child 's Doctor/Clinic Name: _____ **Phone Number:** _____
Health Insurance Company: _____ **Policy Number:** _____

Answer medication questions below.

	Long-Term Medication taken by child within last 30 days	Child has allergies to	Date of Last Tetanus Injection
1			
2			
3			

Describe below if the child has any special medial needs and conditions.

Medical Care Authorization

In the event of an emergency involving my child, and if Grace Academy is unable to contact me by phone or otherwise get in touch with me, I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian Signature: _____ **Date:** _____
Witness Signature: _____ **Date:** _____

Grace Academy uses the medical facility indicated below.

Wayne Memorial Hospital
865 S 1st Street
Jesup, GA 31545
912-427-6811

ENROLLMENT APPLICATION PACKET

ALLERGY & MEDICAL AILMENT INFORMATION FORM

Child's Name: _____ **Date of Birth:** _____

Indicate below what if anything the child is allergic to and the symptoms indicating a reaction.
If there are none, please write "none" on the first line.

Allergic to	Displays these symptoms

Indicate below if the child has any illness or condition and provide a description of it in the space provided. If there are none, please write "none" on the first line.

Illness or Condition	Displays these symptoms

Does the child know how to manage his/her allergy/conditions: ☐ Yes ☐ No

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Phone Number: _____

**** Please attach a letter from your child's doctor that clearly describes the allergy or medical condition, any medications taken for the allergy/condition, and any adverse reactions we should be aware of.**

ENROLLMENT APPLICATION PACKET

AUTHORIZATION to DISPENSE EXTERNAL PREPARATIONS FORM

Parental Authorization

Except for first aid, Grace Academy personnel shall not dispense prescription or nonprescription medications to a child without specific written authorization from the child's parent/guardian or specified physician. Such authorization will include, when applicable:

- Date
- Child's full name
- Name of the medication
- Prescription number
- Dosage (if any)
- Specific dates and times to be dispensed
- Signature of parent/guardian

I _____, the parent/guardian of _____ (child), give permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- ☐ Baby Wipes
- ☐ Band-aids
- ☐ Neosporin or similar ointment Bactine or similar first aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- ☐ Baby Powder
- ☐ Other (please specify) _____

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT APPLICATION PACKET

PARENTAL AGREEMENT WITH GRACE ACADEMY

Grace Academy agrees to provide day care for _____ (child's name)

Monday – Friday from 8:00 AM to 3:00 PM from August through May.

Check the applicable meal plan and snacks your child will participate below.

☐ Breakfast ☐ Lunch ☐ Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes:

- Date
- Child's full name
- Name of the medication
- Prescription number
- Dosage (if any)
- Specific dates and times to be dispensed
- Signature of parent/guardian

Medication will be in the original container with my child's name indicated.

My child will not be allowed to enter or leave the facility without being escorted by a parent/guardian, person authorized by parent/guardian or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. This includes contact telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

Grace Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., that involve my child.

Grace Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Grace Academy to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Grace Academy. I understand that Grace Academy will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in Grace Academy activities.

Parent/Guardian Signature: _____ Date: _____

Grace Academy: _____ Title: _____ Date: _____

ENROLLMENT APPLICATION PACKET

ACKNOWLEDGEMENT OF POLICIES

To ensure that you, the parent/guardian, have read and agree to the Policies of Grace Academy, you must sign, and return the following form to the office at the time of enrollment. A copy for your records will be made available upon request.

I/We, _____ and _____
have read and understand all Policies and Guidelines of Grace Academy.

I/We agree to abide by all policies stated in the Parent Handbook and Financial Agreement. I/We understand that we will be notified, in writing, of any changes in these policies. Any complaints, concerns, or grievances against Grace Academy will be made in writing and/or telephone call and will be followed up in a timely manner.

I/We also understand that any breach of policies and contracts may be grounds to terminate childcare. A two week notice will be given in such circumstances unless the infraction is severe enough to warrant termination without notice.

This arrangement will be effective: _____

*Please complete this form and turn into the office at time of enrollment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Childcare Provider: **Grace Academy**

Witnessed by: _____ Date: _____

ENROLLMENT APPLICATION PACKET

FINANCIAL AGREEMENT

Patricia D. Smith, Director

25 County Shop RD, Ludowici, GA 31316

(912) 545-9255 (Office)

graceacademyteam@gmail.com www.graceacademykids.com

Student's Name: _____ Current Age: _____ Grade: _____

Mark program desired: ☐ Grace Academy Cyber School (K-8th) ☐ Pre-K

☐ Before & After School ☐ Summer Camp

Grace Academy fees are indicated below.

Yearly Registration	Fees
Pre-K (Non GA Funded)	\$100.00
New Cyber Academy Students K-8th	\$300.00
Returning Academy K-8th	\$200.00
Before & After School/Summer Camp	\$50.00

*Families with two (2) children attending Grace Academy (PreK - 8th) will receive a 10% discount on registration fees. Families with three (3) children attending Grace Academy (PreK - 8th) will receive a 15% discount on registration fees. There are no additional discounts off tuition for multiple children.

Weekly Tuition	Fees
Pre-K (Non GA Funded)	\$115.00
Grace Academy Cyber School (K-8 th) 8AM – 3PM	\$120.00
Before & After School (Cyber Students)	\$30.00
Summer Camp	\$100.00

***All fees are non-refundable**

ENROLLMENT APPLICATION PACKET

FINANCIAL AGREEMENT Page 2

Please select ONE OPTION (For office use only)

Registration Fee Payment Options

Registration is \$_____ and will be paid as indicated by the option selected below.

☐ **Option 1** – Payment in Full: Registration fee is due by August 5th

☐ **Option 2** – Pay in two parts: \$_____ due by August 5th and September 5th

☐ **Option 3** – Payment in three equal parts: \$_____ due by August 5th, September 5th and October 5th

Tuition Payments

Tuition payment in the amount of \$_____ will be paid weekly bi-weekly or monthly

Registration Fees are due in full no later than October 31st or the last Friday in October should the 31st fall on the weekend. Failure to pay in full by November 1st or the 1st Monday in November will result in your child not being allowed to attend Grace Academy and/or be picked up as part of the Afterschool program. **(Initial here: _____)**

Tuition Payments are due every Monday, in advance regardless of child's absence or school closure due to inclement weather. Payments made after Monday or the allotted time will accrue a \$10.00 late fee for each week that an account has a balance greater than \$0.00. **Once an account is past due, on the following Monday your child will be withdrawn. The ONLY time payment is NOT expected is if you withdraw your child from the program. (Initial here: _____)**

Monthly Payments: If paying monthly, payment is due on the 1st of every month. If your account becomes 6 days delinquent, your child will not be allowed to attend Grace Academy and/or picked-up for as part of the Afterschool Program (ASP) on the 7th day without receiving the full balance due. **(Initial here: _____)**

Forms of Payment: Grace Academy accepts cash, money orders, credit/debit cards, Cash APP (\$graceacademy) or checks for payments. You may also set up an automatic draft from a financial institution. There is a \$2.50 credit/debit card administration fee. If you prepay and withdraw your child without a two week notice, no refund will be provided. **(Initial here: _____)**

Returned Check/Credit/Debit Fees: Returned checks will be assessed a non-refundable \$35.00 processing fee. Only cash will be accepted after the first returned check. Return credit/debit payments will be assessed a non-refundable \$15.00 processing fee. **(Initial here : _____)**

Withdrawal: In the event that you choose to withdraw your child from Grace Academy, for any reason, you will be responsible for giving written notice two weeks in advance of withdrawal date or two weeks tuition if notice is not given. If you withdraw for medical reasons or other special circumstance (as determined by the Board of Directors of Grace Academy on a case-by-case basis and in its sole discretion), fees *may* be waived. Requests must be submitted in writing to the Director who will bring the request before the Board of Directors for a vote. You will be notified of the decision within 30 days. Parents will receive a two week notice if Grace Academy cannot provide service for their child. **(Initial here : _____)**

Late Arrival Fees: If you arrive after Grace Academy closes at 6:00 p.m., or the Grace Academy Cyber Academy or Pre-k program has ended for the day at 3:00 p.m., you are considered late. A fee of \$1.00 is assessed for every minute after the closing time. The late fee is due when you pick up your child. Payment by cash, Cash APP or check is accepted. Please be prepared to pay late charges. **(Initial here : _____)**

My signature below indicates that I understand the above payment options and guidelines and pledge to make on time payment.

Parent/Guardian Name: _____ (Print)

Parent/Guardian Signature: _____ Date: _____

Grace Academy Transportation Agreement

This is to certify that I, _____, (parent/guardian)

give, Grace Academy permission to transport my child, _____ (child's name)

Before School

from: **Grace Academy** at _____ AM/ PM
Pickup Location

to: _____ at _____ AM/ PM
Delivery Location

My child will be transported on the dates indicated below.

After School

from: _____ at _____ AM/ PM
Pickup Location

at _____ AM/ PM

to: **Grace Academy**
Delivery Location

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Grace Academy is authorized to receive my child. In the event the authorized person/facility is not present to receive my child, the following procedures are to be followed:

Please call me, _____, parent/guardian at () _____
or, someone from the emergency contact list provided.

_____ is approximately ____ miles from Grace Academy.
Location

In the event that my child is not to be transported as outlined above, I agree to notify **Grace Academy**,
by noon on the pickup day.

(Parent/Guardian Signature)

Date

CODE OF STUDENT CONDUCT STUDENT RIGHTS AND RESPONSIBILITIES

Outline of Student Rights and Responsibilities for

Grace Academy

ACKNOWLEDGEMENT OF RECEIPT BY PARENTS/GUARDIANS

Please read and review this Code of Student Conduct with your child and emphasize your child's role in helping to maintain a safe and orderly learning environment. This document also includes important information relative to you and your student. Please sign below to acknowledge that you and your child received the Code of Student Conduct Handbook.

Parent/Guardian Signature Date

Student's Name Student's Grade

Please indicate how you would like to receive the Code of Student Conduct.

☐ Email (provide email address here: _____) ☐ Hardcopy