

Capitol City SDA Church School
2143 Boulevard Place
Indianapolis, IN 46202



Returning Student

School Enrollment and Registration Packet

2022-2023

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL RE- ENROLLMENT AGREEMENT

We, the undersigned, agree to the following conditions regarding enrollment in Capitol City SDA School for the school year 2022-2023. We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way we can.

To that end:

- We agree to uphold the high academic standards of Capitol City SDA School and will make every effort to see to it that assignments are completed in a timely manner.

- We recognize that as an SDA Christian school, the school is one of a system of church schools operated by the Lake Union Conference of Seventh-day Adventists, and sponsored by the Capitol City, Eastside Hispanic, Eastside Indy, Emmanuel, Haughville, Indy Korean and Tabernacle of Hope Seventh-day Adventist churches in Indianapolis, Indiana, as such we are willing to abide by the operating principles and standards of the school.

- We also recognize that along with all members of constituent churches, we the parents/guardians of students enrolled at Capitol City SDA school as well as our enrolled students are members of the Home and School Association, and as such we accept the invitation to attend the functions sponsored by the school, including its Home and School Association meetings and events held to assist in the programs of the school

- We realize that the school is open to the students from 7:00am-5:30pm (4:00pm on Fridays), and that the school is not responsible for supervising students beyond those limits. We will take responsibility for the timely delivery and pick-up of our son/daughter. A cost of **\$10 per minute** will be incurred for students left after allotted time (beginning at 5:31pm).

- We hereby grant to school authorities the right to photograph and/or videotape, and use the photograph and/or videotape of the above named student during participation in any events related to Capitol City SDA School, and the right to use this media without further compensation to us or our son/daughter or any limitation whatsoever. All negatives and positives, together with prints and other reproductions thereof, and other recordings shall constitute the school's property, solely and completely.

- We agree to adhere to the standards of the school as well as the written policies set forth in the student handbook. We understand that we are responsible to familiarize ourselves with the materials the school provides that communicate its standards and policies.

- We grant permission to the school authorities to discipline our son/daughter and to allow whatever reasonable disciplinary measures are necessary. We further agree to reinforce the discipline of our son/daughter at home. We understand that any student is subject to review for dismissal by the Board of Directors of the school if he/she is disruptive to the educational process or is having a continually negative impact on the school atmosphere. If our student is dismissed, we realize that the current semester's charges are still due and payable and will not be refunded.

Father's signature

Mother's signature

Father's printed name

Mother's printed name

Date

Date

Sharing in the Privilege, Providing Resources for Capitol City SDA School

ILLIANA SDA CHURCHES:

LEVEL I CONSTITUENTS:	LEVEL II CONSTITUENTS:	LEVEL II CONSTITUENTS (cont'd):
Capitol City SDA Church Eastside Indy SDA Church Eastside Hispanic SDA Church Emmanuel SDA Church Haughville SDA Church Indy Korean SDA Church Tabernacle of Hope SDA Church	Park Avenue, Champaign, IL Gethsemane, Danville, IN Lebanon, Decatur, IL East St. Louis, IL Metropolitan, Evansville, IN Body of Christ, Fort Wayne, IN	Cornerstone, Jeffersonville Ephesus, Marion, Marion, IN Philadelphia, Muncie, IN Newburgh, Newburgh, IN Mount Sinai, Peoria, IL Bible Chapel, Springfield, IL Taswell, IN Mount of Olives, Terre Haute, IN

Lake Region Conference of Seventh-day Adventists

Generous Donors and Parents

Parents' Share

Annual Tuition & Registration Fee

	Pre- Kindergarten yearly / monthly	Kindergarten–8 Grade yearly / monthly
Constituent & Non-Constituent:	\$4,000 / \$400.00	\$4,700 / \$470.00

Registration Fee [mandatory]: **\$250** (*per student*)

Extra-Curricular Activities

[Band, CCSDAS Singers, Orchestra]

Intramural (each game rotation) \$15.00 for Soccer

[required-cleats, shin guards, soccer socks];

Volleyball [required-gym shoes, Basketball required

gym shoes]; and \$81.00 for Swimming (included

transportation & YMCA Pool lessons for 7 weeks)

[required swim wear and towel]

(i) Above payments are based on a ten-month payment Plan beginning in August, with the first month's tuition due on or before August 15, and the last payment due by May 15. The school offers other payment plans that allow an enrolled student's annual tuition to be paid as follows:

(ii). Quarterly payment plan where one can evenly split the annual tuition rate over four payments: August 1st or 15th ; Oct 1st or 15th; Jan 1st or 15th and Mar 1st or 15th 2021.

(iii). Semiannual payment plan where the annual tuition rate is split evenly in two and payable August 1st or 15th and January 1st or 15th .

(iv). And the annual payment plan where one pays the entire annual tuition balance on August 1st or 15th.

Tuition refunds will be prorated according to number of school days attended. School earns its tuition based on the number of days school has been in session at the time of withdrawal. If child withdraws before first day of school, then total tuition paid will be refunded by the school. Any fees, e.g. late registration fees are non-refundable.

Annual Family discount of \$200.00 is available to each 2nd child, and a \$400.00 family discount is available to each child after the 2nd child residing in same household. Family discount is applied according to payment plan selected.

Fees for graduation, field trips, before and after school care, loss or damage of textbooks/library books, music gown rental, graduation cap and gown rental, music workbooks, rental of music instruments and/or music equipment, repair and/or replacement cost of damaged music instrument, sports practice packs and extracurricular activities will be assessed as incurred throughout the school year.

Our Commission [John 21:15]

Jesus, "Simon Peter, do you love me as you say you do?"

Simon Peter, "Lord, you know that I love you!" Jesus, "then feed my lambs."

Christian Education, a Priceless Gift: Thank You for Your Support!

Name: Grade (circle one): _____ PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
BEFORE AND AFTERCARE SERVICES
FOR THE SCHOOL YEAR
2022-2023

School hours are **8:00 A.M -3:30 P.M. (2:00 P.M. on Fridays)**. We realize that the school is open to the students from 7:00 A.M.-5:30 P.M. (4:00 P.M. on Fridays), and that the school is **not** responsible for supervising students beyond those limits. For security reasons and out of consideration for the faculty and staff, you must pick your children up by 3:30 P.M. on Monday-Thursday and 2:00 P.M. on Fridays.

Before and Aftercare services can be arranged for your convenience. Before care is from 7:00-8:00 A.M. and Aftercare is from 3:45-5:30 P.M. (Monday-Thursday) and 2:30-4:00 P.M. (Friday). This service is provided at the affordable costs listed below:

Before and Aftercare	\$25.00/per week, per child
Before Care only	\$2.50/per day, per child
Aftercare only	\$2.50/per day, per child

Usage of Before and Aftercare services will be billed to your FACTS account by the 15th of each month, and payment for such billing shall be deducted along with your next scheduled payment on your FACTS agreement.

*Any child in the school after the 5:30 P.M. Monday – Thursday or 4:00 P.M. Friday will be sent with a letter of warning on their first offence. On the second offence, the parents will receive a warning letter concerning CPS **and** will be charged **\$10 for every additional minute thereafter**. Payment is due at pick-up otherwise the FACTS account will be charged the fee. On the third offence, in addition to the \$10 per minute fee, Child Protection Services will be notified of late pick-up.

We will take responsibility for the timely delivery and pick-up of our son/daughter.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Name: Grade (circle one): _____ PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL PARENTS' FINANCIAL COMMITMENT

We, the undersigned, agree to the following financial conditions regarding the enrollment of our son/daughter in Capitol City SDA School for the school year 2022-2023

1. At time of signing Parent's Financial Commitment for Returning Students, we have signed online FACTS agreement to permit automatic withdrawal of:

A. Mandatory registration/book fees which we understand are due at time of enrollment: \$250 (per student)

B. Mandatory registration/book fees which we understand are due at the enrollment: \$130 (per student)

C. Tuition for the 2022-2023 school year, grades K-8: \$4,700

D. Tuition for the 2022-2023 school year, PreK: \$4,000

E. Fees for graduation, field trips, before and after school care, loss or damage of textbooks/library books, music gown rental, graduation cap and gown rental, music workbooks, rental of music instruments and/or music equipment, repair and/or replacement cost of damaged music instrument, sports practice packs and extracurricular activities will be assessed as incurred throughout the school year.

2. Payment of fees incurred online if applying for financial assistance on www.cfslogin.com in 2022-2023.

Please indicate payment option selected for paying tuition and fees when you have signed up FACTS on-line agreement:

_____ By August 1st or 15th, we agree to pay our registration fee and tuition obligation with a single payment of \$4,700, plus any additional applicable fees and/or less allowable discounts.

_____ \$2,350 in two payments through FACTS, the first by August 1st or 15th; and the second by January 1st or 10th, totaling \$4,700, plus any additional applicable fees and/or less allowable discounts.

_____ \$1,175 quarterly payments through FACTS on the 1st or 15th August, 1st or 15th of October, 1st or 15th of January and 1st or 15th of March, totaling \$4,700 plus any additional applicable fees and/or less allowable discounts.

_____ \$470 monthly tuition payments through FACTS on the 1st or 15th of each month from August through May, and registration fee at enrollment for a total of \$4,700 plus any additional applicable fees and/or less allowable discounts.

Please indicate if any of the following options are applicable:

_____ Though we have selected a payment plan above, we are submitting an application for financial aid for this school year; we understand that this agreement will be superseded after the amount of such assistance, if any, is determined.

_____ We have multiple students enrolled at Capitol City SDA School, and thereby are eligible for an annual sibling discount for our son/daughter this school year in the amount of:

* \$200.00 (or \$20.00 if paying tuition monthly) for second child enrolled

* \$400.00 (or \$40.00 if paying tuition monthly) for third and additional child/ren enrolled

We understand that this agreement will be superseded by the implementation of this discount.

_____ We have been awarded the following student grant(s) or, scholarship(s) for our son/daughter for this school year:

- * Worth Student Scholarship in the amount of \$_____
- * Academic Excellence Scholarship in the amount of \$_____
- * CHOICE Student Scholarship in the amount of \$_____
- * Student Grant/Scholarship in the amount of \$_____

We understand that this agreement will be superseded by the implementation of this grant or scholarship.

4. We understand that our financial obligations must be current at the beginning of each semester for our student to be permitted to attend school. We understand and agree that payments not received within ten days after the due date will be charged a \$15.00 late fee. If payments are not received within 45 days of the due date, and if alternative arrangements have not been negotiated, we understand that:

- * Any financial assistance grant will be revoked
- * Our son/daughter will be suspended
- * Records of his or her academic participation will not be released until the account has been paid
- * The school has the right to take legal action to collect the fees due, and we are responsible for all costs of collection, including court expenses and reasonable attorney fees.

5. We understand that if our student withdraws, or is dismissed, prior to the end of the school year, we are responsible for payment of all non-refundable fees plus the entire tuition for the school days attended. In addition, if the withdrawal or dismissal occurs prior to the end of the semester, a withdrawal fee of \$50 is charged to offset the extra administrative effort required.

6. This contract shall be interpreted under the laws of the State of Indiana.

Parent/Guardian's signature

Parent/Guardian's signature

Parent/Guardian's printed name

Parent/Guardian's printed name

Date: _____

Date: _____

Accepted by: _____

*School Board Treasurer
Capitol City SDA School*

Date: _____

Name: Grade (circle one): _____ PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
FOOD ALLERGY FORM FOR NEW STUDENTS
FOR THE SCHOOL YEAR
2022-2023

Dear Parent/Guardian:

Please complete this form in regard to information on your child/children’s allergies. We need to know if you child/children are allergic to any peanut-based additives. This means peanuts or peanut butter. We are trying to provide your child/children with the best-balanced diet under the guidelines of the State. Please fill out the information listed below concerning this matter. Thank you in advance for your support and cooperation.

Child’s Name: _____

Does this student take medication for a particular medical condition? (ex.—diabetes, seizures, asthma, and depression)

Yes *If Yes, list all Prescription medications: *No

Condition:		Medication:	

Allergies: _____

Parent’s/Guardian’s Signature: _____

Allergies and Restrictions

Please List:

CAPITOL CITY SDA SCHOOL
HEALTH HISTORY &
EMERGENCY CONTACT

Student's Last Name

For clinic use only

____/____/____
 Date of Birth



The information you supply on this record is kept confidential

GENERAL STUDENT INFORMATION

Last name (print), first, middle initial:	Sex:	Grade (circle one):
	M F	Pre-K K 1 2 3 4 5 6 7 8

PARENT OR GUARDIAN CONTACT INFORMATION:

Name (print)	Relationship:	Home Phone:
E-mail Address:	Work Phone:	Cell Phone:

PARENT OR GUARDIAN CONTACT INFORMATION:

Name (print)	Relationship:	Home Phone:
E-mail Address:	Work Phone:	Cell Phone:

ALTERNATIVE EMERGENCY CONTACT INFORMATION:

Name (print)	Relationship:	Phone:
E-mail Address:	Work Phone:	Cell Phone:

Please check any of the following physical or mental conditions you currently have or have ever had. Enter the year if known.

<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Allergy injections	<input type="checkbox"/>	Hepatitis/Liver Disease
<input type="checkbox"/>	Anxiety and/or depression	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Kidney/Urinary Problems
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	Neurological Problem or Seizures
<input type="checkbox"/>	Bone/Joint Problems	<input type="checkbox"/>	Skin Problem
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Sleep Disorder
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Thyroid Disorder
<input type="checkbox"/>	Eating Disorder/Low Weight Vision	<input type="checkbox"/>	Vision (other than corrective lenses)/Hearing
<input type="checkbox"/>	Headaches (frequent)	<input type="checkbox"/>	Other (not listed)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

MEDICATION/ILLNESS/INJURY

My child needs to take medication during school hours. How does that work?

Any medication given to a child during school hours must be in its original container with the child's name on it. A Medication Release form must be completed and signed by the parent/guardian with the following information:

1. Child's name
2. Type of Medication
3. Physician's name
4. Amount of dosage to be given
5. Time to be given
6. Number of days to be administered
7. Possible side effects
8. Action plan from your doctor (if applicable)

Please note that the Capitol City S.D.A. School staff is NOT allowed to give the first dosage of any medication. Capitol City S.D.A. School is not permitted to give medication to control or contain fever. Capitol City SDA School may dispense ONLY PRESCRIPTION MEDICATION.

If the child refuses medication, then the incident will be documented and discussed with the child's parent.

What if a child becomes ill or gets injured at school?

If your child becomes ill while at school, our staff will contact you to pick him/her up. School is not designed to handle ill children, so it is important to tend to your child in a timely manner. If your child is injured, staff will treat routine scrapes and cuts. In all cases of serious illness or accident, the Principal or Secretary will contact the parent or guardian directly. In the event they cannot be reached the signed authorization on the child's health form will allow the Capitol City SDA School to secure prompt treatment. Injuries requiring ambulance service or medical attention is the financial responsibility of the guardian.

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the Capitol City S.D.A. School to order X-rays, routine test and treatment for me or my child(ren), and in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the school principal to hospitalize, secure proper treatment for, and order injection(s) and or anesthesia and/or surgery for my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Signature of Parent/Guardian: _____

Date: _____

CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parents or guardian of _____ (name of student) a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of _____ (name of physicians), M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Capitol City SDA Church School (name of organization into whose custody minor is entrusted) or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

The above-named student _____ is NOT covered by health insurance
Present Health Insurance Company: _____ Policy Number: _____

Dated: _____

Father: _____ Witness: _____

Mother: _____ Legal Guardian: _____

Registration Information for Emergency Department Benefits

Family Doctor: _____

Patient Name: _____ Birthday: _____

Address: _____

Telephone: _____ Patient's Social Security Number: _____

If the patient is under age 18 or the Insurance is in another person's name complete this box

Parent or Spouse's Name: _____ Birthday: _____

Address: _____

Parent or Spouse's Social Security Number: _____ Telephone: _____

Employer (of patient or parent): _____

Employer's Address: _____

Name of Insurance Company: _____

IF YOU HAVE AN INSURANCE CARD WITH YOU PLEASE HAVE IT READY TO GIVE TO THE REGISTRATION CLERK

OTHERWISE PLEASE PRESENT YOUR DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

LAKE REGION CONFERENCE MEDIA RELEASE FORM

I, _____, whose address is _____, and my parent or guardian, if I am a minor, hereby give permission to the Lake Region Conference of Seventh-day Adventist (Lake Union) and Capitol City Seventh-day Adventist School, to use, copy, exhibit, publish or distribute my photograph, image, and/or audio recording in official Lake Region Conference business media, including, but not limited to, newsletters, web sites, compact discs, and all other forms of media. It is agreed that the use of my photograph, image, all/or audio recording shall in no way be used in any forum other than for official Lake Region Conference business and shall be used according to the applicable policies of the Lake Region Conference of Seventh-day Adventist.

For a good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to the Lake Region Conference, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which it may be included, in whole, in part, in composite or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image, or audio recording. I hereby release, acquit, and forever discharge the Lake Region Conference, its affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, and/or fees of whatsoever nature or character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image or audio recording for official Lake Region Conference business.

This Media Release contains the entire agreement between the parties regarding the subject matter hereof, shall be interpreted under the laws of the State of Illinois, Indiana, Michigan, or Wisconsin, and shall be binding upon and issued to the benefit of the parties, successors, assigns, heirs, and representatives.

Executed on the: _____ day of _____, 20____

A. I am at least eighteen (18) years of age.

Print Full Name

Signature

or

B. Minor Child

Print Full Name

Signature

I represent that I am the parent or guardian (circle one) of the above-named minor, and I hereby consent to the foregoing on his/her behalf

C. Parent or Guardian

Print Full Name

Signature

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
PARENT & STUDENT ACKNOWLEDGEMENT OF DRESS CODE POLICY
FOR THE SCHOOL YEAR
2022-2023

The Capitol City Seventh-day Adventist School Dress Code Policy has been established as a guide for students and parents that will be in harmony with Christian principles. Parents/Guardians have the primary responsibility for educating their children to appropriate dress standards. After reading the outlined Dress Code Policy, your signature will acknowledge that you have read the policy and agree to uphold it.

It is imperative that your child/ren attend classes in uniform every day. If there is an emergency the parent or guardian will extend a written excuse to the administration. More than three excuses per semester will merit a parent-teacher conference with the intention of cooperation with the family in every way possible with the intent to comply with the school rules outlined in the Student Manual.

I have read the Uniform Policy and agree to abide with all the rules and regulations set therein.

Parent/Guardian Signature

Date

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

SECURITY FORM
FOR THE SCHOOLYEAR
2022-2023

Please fill out this form listing all persons who will be picking up your child/ren this school year. If a person is NOT on this list and you have designated this person to pick up your child/ren, please call and notify our office. Picture ID is required for our office records. All students must be checked in and out of the school building every day. Our responsibility is your child's safety.

NAMES

TELEPHONE NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Student Name: _____

Parent's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
PARENT/GUARDIAN VOLUNTEER OPPORTUNITIES
FOR THE SCHOOL YEAR
2022-2023

One of the distinguishing marks of a private school is the amount of involvement by persons other than the paid staff. Many persons have helped the school in the past by their willingness to assist the teachers at various times during the school year.

How can YOU help at Capitol City SDA School this year? *(Please check at least one area)*

- Volunteer to monitor Before/After Care
- Car Pool/Car Side Service
- Business/Marketing (corporate sponsor liaisons, grant research & writing, and ads)
- Lead/participate in the Home and School Association
- Chaperone on a school field trip, drive the school bus (required to hold CDL permit)
- Hosting (Grandparents' Day, Open Houses, school events)
- Office support (mailings, filing, answering phones, be our school photographer, school website management)
- Maintenance (general, snow removal, repairs, help clean school)
- School Ambassador/Recruitment (follow up with potential families, meet guests at events, help prepare school for opening day)
- Teacher/Staff support (encouragement, prayer, appreciation events, help staff the resources room)
- Tutoring: Math Science English Computer Tech Reading
- Lead out in an After Care Club: Dance Sports Craft Band/Orchestra
- Your Choice: _____

Parents are expected to volunteer and to be involved in the programs and activities of the school to foster to help foster altruistic values in our children, to increase the quality of all school programs and to maintain tuition and fees at a manageable rate. If parents do not volunteer, the school may be forced to hire individuals who would require compensation, forcing the school to pass the cost to student tuition and fees. As a guide to all school patrons, we expect single parent/guardian households to volunteer a total of at least **10 hours per year**, and two parent/guardian households to volunteer a total of at least 20 hours per school year. The school office will maintain a log of hours volunteered throughout the year per household for purposes of recognizing all efforts. Parents/guardians please complete attached volunteer application form.

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
PARENT/GUARDIAN VOLUNTEER APPLICATION FORM
FOR THE SCHOOL YEAR
2022-2023

Last Name*:	First Name*:	
Street Address*:		
City*:	State*:	Zip*:
Date of Birth (MM/DD/YYYY*):		
Home Phone*:	Work Phone*:	
Emergency Contact Person*:	Emergency Contact Phone*:	
Please list your previous experience with school-related activities*:		
Do you have any physical limitation which would affect your ability to provide certain types of volunteer service? *: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes" above, please explain:		
Please state the days and times that you are available to volunteer*:		
Days	Times	
Please list a reference name here:	Telephone number:	

*Fields marked with an * are required.*

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8

CAPITOL CITY SDA SCHOOL
STUDENT BEHAVIOR CONTRACT FORM
FOR THE SCHOOL YEAR
2022-2023



I, consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

I agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

If I disobey or treat others with unkindness or disrespect, the teacher will talk with me and, if necessary, notify my parents of my behavior.

I understand that if I do not follow the school rules, discipline may result. This may include suspension or dismissal.

Student

Date

We agree to support each other and work together.

Parent or Legal Guardian

Date

School Administrator/Teacher

Date

Enrollment Checklist for Returning Students



To Do

- Sign-up online with FACTS by August 2nd and enjoy an early registration fee per enrolled student. An additional \$25.00 late registration fee/per enrolled student will apply to any returning student who's FACTS sign up agreement is completed after August 5th:
 - \$200 on or before Friday, August 2nd
 - \$225 after Monday, August 5th
- Complete the following forms:
 - Enrollment Agreement
 - Obtain parents' signatures
 - Obtain student's signature
 - Parents' Financial Commitment
 - Read Payment Overview of tuition and fees
 - Choose payment option
 - Enroll in the FACTS Payment Program Instructions enclosed
 - Select applicable discount options
 - Obtain parents' signatures
 - Updated Information Sheet
 - Volunteer opportunities & form
 - Medical illness & injury
 - Immunization history
 - Health history & emergency contacts
 - Consent to treatment & health insurance
 - Obtain parents' signatures
- Apply for financial aid if applicable. Read separately enclosed information sheets for prerequisites and deadlines.
- Check Capitol City SDA School's website for scholarship opportunities and deadlines.
<http://capitol22.adventistschoolconnect.org>

Capitol City SDA School is dedicated to providing an excellent Christ-centered education, equipping students for a life of scholarship, leadership and service.