



Tallahassee Adventist Christian Academy
School Year: _____



VPK APPLICATION CHECKLIST

Applications will be reviewed upon the receipt of the following:

Step 1. Complete Admissions Packet

- A. Application for Admission
- B. General Consent Form
- C. Parents as partners contract
- D. Financial Contract
- E. Medical Consent Form
- F. Emergency Care Information
- G. Technology Acceptable Use Policy (New and Returning Students)
- H. Home & School Association Parent Information Form
- I. After-school Student Pick-up Arrangement

Step 2. Gather medical forms and submit everything to school

- A. Original State of Florida blue form up-to-date immunizations (DH 680)
- B. Original State of Florida yellow physical form (current exam within 12 months) (DH 3040)
- C. Copy of original birth certificate or certified copy of birth certificate

Mail or deliver the application as well as above forms to:

Tallahassee Adventist Christian Academy
616 Capital Circle NE
Tallahassee, FL 32301



VPK APPLICATION FOR ADMISSION

I. Applicant Information

Applicant's Name _____
Last First Middle Nickname

Address _____

City _____ State _____ Zip code _____

Home phone number _____

Date of Birth _____ City of Birth: _____ State of Birth: _____

Gender: Male Female

Church Membership: _____ Baptized SDA: Yes /No Date: _____

II. Family Information

Father/Guardian Name _____ Home phone _____ Cell phone _____

Father/Guardian Address _____

If same as student check here

Father/Guardian Email Address _____

Father/Guardian Employer _____ Work phone _____

Work Address _____

Occupation _____ Job Title _____

Mother/Guardian Name _____ Home phone _____ Cell phone _____

Mother/Guardian Address _____

If same as student check here

Mother/Guardian Email Address _____

Mother/Guardian Employer _____ Work phone _____

Work Address _____



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Legal Custody of Applicant: Both Parents Mother Father Other

Applicant Lives With: Both Parents Mother Father Other

If other, please specify _____

Emergency Contact when parent cannot be reached: Name _____

Relation to applicant _____ Phone number _____

III. Education Information

Please list schools previously attended by the student, starting with the most recent.

_____ _____ _____
School Name (#1) School Phone For which grades?

_____ _____ _____
City State Zip Code

_____ _____ _____
School Name (#2) School Phone For which grades?

_____ _____ _____
City State Zip Code

_____ _____ _____
School Name (#3) School Phone For which grades?

_____ _____ _____
City State Zip Code



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For the following questions, please explain on a separate sheet any “yes” responses.

Yes No Has this student ever been evaluated, or referred to evaluation, for learning disabilities / difficulties?

Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?

IV. Background Information

We desire to enroll our child at TACA because _____

What caused you to be interested in sending your child to Tallahassee Adventist Christian Academy?

Parents of TACA student Radio Advertising TV Newspaper Ad

Other _____

Name(s) of school-aged brothers and sisters:

_____	_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>

_____	_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>

Do you have any alumni connection with TACA? ___ Yes ___ No

If yes, student’s name _____ Relationship _____ Graduation year _____

Name of Family Church _____ Pastor’s name _____

Family Doctor _____ Phone number _____



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V. Parent Agreement

In making this application for the registration of my child, I understand and agree that:

1. **The Registration and Matriculation fees are non-refundable.**
2. **In grades 1 - 6, there is an additional New Student Evaluation fee of \$25 which is non-refundable. Applications will not be processed until these fees are paid.**
3. The following factors are considered in the approval of each application for registration in Tallahassee Adventist Christian Academy (TACA):
 - a. Achievement level as indicated by the entrance examination and/or standardized testing.
 - b. Conduct and attitude of the applicant.
 - c. Family's commitment to support the school program through compliance with school policies, requirements, and rules set forth by the school as now and hereafter in effect.
 - d. Applicant's willingness to comply with TACA's expectations of its students both on and off campus.
 - e. Required recommendations.
4. **I agree to pay regular tuition payments on time. Enrollment is considered on an annual basis. It is specifically agreed that if my child is accepted, he/she is registered and enrolled for the full academic year and I agree to pay the full year's tuition. There will be no reduction in the full tuition if the student leaves TACA before the end of the academic year or fails to attend. In its discretion, TACA reserves the right to rescind the enrollment of the student for academic or disciplinary cause prior to the commencement of or during the academic year.**
5. If the student leaves, withdraws, is required to leave for poor academic standing, or is expelled, no part of the tuition shall be refunded, and any unpaid balance for the entire academic year shall become due and payable to Tallahassee Adventist Christian Academy immediately. Any exception to the established written policy will be made by the School Board.
6. A student's enrollment in, and attendance at, TACA is subject to termination if payment of tuition is more than 30 days in arrears, unless a payment plan is approved by the school board. Students for whom tuition is owed to TACA will receive an incomplete on their official transcript instead of a letter grade for all courses taken during the grading period or periods for which tuition is owed until the tuition is paid in full.
7. I will support the school's discipline policies.
8. The school reserves the right to expel any student who does not agreeably abide by its policies, requirements, and rules or any student whose parents or guardians fail to cooperate with the school administration.

NOTE: A complete listing of the school's policies, rules, and requirements is found in the student handbook.



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Tallahassee Adventist Christian Academy reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only.

This form is an application for admission only. Upon completion of all application procedures and Admissions Committee approval, you will be notified of acceptance.

We (I) affirm that the information provided in this application is true to the best of our (my) knowledge.

_____	_____	_____
<i>Date</i>	<i>Signature of Parent/Guardian</i>	<i>Signature of Parent/Guardian</i>

For Office Use Only

- | | | |
|---|---|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Application Fee Paid <i>(new students)</i> | <input type="checkbox"/> Recommendations Received |
| <input type="checkbox"/> Satisfactory Academic Evaluation | <input type="checkbox"/> Handbook Policy Agreement | <input type="checkbox"/> Records Requested _____ |
| <input type="checkbox"/> Birth Records Received _____ | <input type="checkbox"/> Health Records Received _____ | <input type="checkbox"/> Records Received _____ |
| <input type="checkbox"/> Completed Medical Form | <input type="checkbox"/> Registration Fee Paid _____ | <input type="checkbox"/> Tuition Paid _____ |
| <input type="checkbox"/> Parent Agreement | | |

After review and in consideration of the above Parent Agreement, Tallahassee Adventist Christian Academy hereby accepts _____ as a student under the terms of this agreement and all rules and regulations applying to students.

_____	_____	_____
<i>Date</i>	<i>Signature of Principal</i>	<i>Signature of School Board Chairperson</i>



GENERAL CONSENT FORM

Student Name _____

Field Trip Consent

I hereby give permission for my child to go on school-sponsored field trips. I understand that I will be notified of each event and that the student will be well-supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

Yes _____
 No *Initial*

Transportation Consent

My child may ride in transportation provided by TACA in connection with school activities and/or participate in a supervised local walk with their class/school.

Yes _____
 No *Initial*

Consent to Use Student Picture

Tallahassee Adventist Christian Academy has my permission to use photographs or videos of my child in school publications, at their web site, and in promotional material, pending his/her acceptance. (Choice remains for the duration of your child’s enrollment, unless you tell us otherwise).

Yes _____
 No *Initial*

Consent to Use Information in School Directory

Please check the items you DO NOT want to be included in the school directory:

Home Address Cell phone Home phone Email

Yes _____
 No *Initial*

After School Care (if available)

After School Care hours are:

Monday - Thursday from 3:30 pm - 6:00pm
 Friday from 2:30 pm – 6:00pm (Day Light Saving) & 2:30 - 5:00 (Standard Time) A grace period of 30 minutes is given for dismissal.

Yes _____
 No *Initial*

I understand that if I am late picking up my child(ren), I will be charged \$1 per minute for every child that stays passed After School Care’s normal operating hours. I agree to keep my After School Care account current. If my account becomes delinquent, I understand that my child(ren) will be withdrawn from the program until satisfactory financial agreements have been made. I also understand that if I do not pick my child(ren) up by 3:30pm, After School Care charges will apply.

Early Closing Contact/Carpool Permission

In the event that Tallahassee Adventist Christian Academy must close before the end of the school day because of inclement weather or another emergency, and I am unable to pick up my child, he/she may ride home with anyone on the School’s Pick-Up form or an Emergency Contact.

Yes _____
 No *Initial*

Signature of Parent _____

Date _____



PARENTS AS PARTNERS CONTRACT

Student's Name

A key characteristic of TACA is that families become engaged in each child's educational experience. This foundational involvement ensures not only greater potential for success in schoolwork, but it also encourages relationships among families and promotes shared responsibility for the success of the school. TACA parents are required to agree to the following commitments upon their child's enrollment:

1. **A commitment to family involvement.** A key philosophy of TACA is that the success of a child's education is directly related to the level of engagement by parents (or guardians) in their child's scholastic training. Families understand their responsibility to create a culture of learning in their homes that encourages academic pursuits which will deepen the relationship between parents and children.
2. **Regular participation on campus is welcomed.** Parents are asked to serve on campus. There will be a schedule with other parents in your grade level(s) and you will be given an opportunity to serve depending on the needs of your child's class or as requested. Parents serve an average of 5 hours per semester with all work schedules being accommodated. Parents agree to participate at least 10 hours per year.
3. **Moral and Spiritual training begins at home.** Parents (or guardians) agree to actively pursue the moral and spiritual training of children at home. They must agree that parents are personally responsible for moral and spiritual training of their children as a matter of stewardship before God, and that the school is expected to maintain and support the training that is already taking place in the home.
4. **Attendance at Orientation is mandatory.** Held the week prior to classes, orientation is the time to meet faculty and staff and get vital information for your child's success at TACA.
5. **Financial Responsibilities of TACA parents.** All parents are required to establish a financial contract for each school year. The full details of these obligations are outlined in the Financial Contract. There is a process for families with challenging financial situations. Financial obligations include but are not limited to: tuition, fees, classroom supplies, uniforms and fundraising support. If the student leaves, withdraws, is required to leave for poor academic standing, or is expelled, no part of the tuition shall be refunded, and any unpaid balance for the entire academic year shall become due and payable to Tallahassee Adventist Christian Academy immediately. Any exception to the established written policy will be made by the School Board.
6. **On-time attendance is respectful and responsible.** Tardiness is a disruption to the entire class and is uncomfortable to both teachers and other students. TACA parents agree to bring children to class on time. If a student will be absent, the school should be notified immediately (or prior if it is a planned absence). Parents are then responsible to get missed assignments and to ensure those assignments get completed in a timely manner.
7. **Student Handbook.** By my signature, I acknowledge and agree to the policies and procedures found in the TACA student handbook. I have read the above statements and understand that each is an obligation as an TACA parent for as long as my child is enrolled.



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PARENTS AS PARTNERS CONTRACT cont'd

I have read the above statements and understand that each is an obligation as TACA parent for as long as my child is enrolled.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date



FINANCIAL CONTRACT

Registration & Admission: The registration/admission process is finalized only when all steps are completed. This includes the admissions committee, registrar, and financial arrangements. Students owing a balance to another school will not be admitted to TACA until the account has been paid or satisfactory arrangements have been made. I verify that there is not an outstanding balance at any other educational institution for this student. _____(Initial)

Account Balance: Family account statements will be sent by email, USPS, or hand delivery at the beginning of each month and must be paid by the 5th. Financial clearance may be required at the beginning of each nine-week grading period and before graduation. Students may not enroll for the next school year until the account is paid in full. If an account is 60 days in arrears, the student will be asked to withdraw from school until the account is brought to a current status. Final grades, student information, academic records, transcripts, and graduation diplomas will be withheld until the account balance is paid in full. Accounts more than 90 days past due may be submitted to a collection agency. _____(Initial)

Registration Refund: If a student is not accepted, the full registration fee is refunded. If a student withdraws within the first two weeks of the opening day of school, 50% of the registration fee is refunded; students withdrawing within six weeks will receive a 25% refund. After six weeks, no refund will be given. Late registrations through the first semester will pay the full registration amount. Students enrolling during the second semester will pay 2/3 of the full registration amount. _____(Initial)

Tuition Refund: If approved by the board, students withdrawing from school within the first 10 days of a month will be charged half a month's tuition. Withdrawal after the 10th will be charged for the full month.

Initial

Transferring to Another School & Diploma: If a student withdraws from TACA and enrolls in another school, the parent must provide a forwarding address. The student's cumulative record will be sent to the new school upon written request and upon completion of all financial obligations up to the time of withdrawal. TACA reserves the right to withhold transcripts and diplomas due to unpaid accounts.

Initial

Late Fee: A 5% late fee may be applied to any previous month's balance not paid by the 5th of the following month. _____(Initial)

Returned Checks: There is a \$35.00 fee charged for checks returned by the bank. _____(Initial)

Service Fee: Credit card transactions will be subject to applicable service fees. _____(Initial)

Additional Charges: I have read and understand there may be additional charges on my monthly statement including but not limited to after care, tardy fees, lunches, lockers, library, music, physical education, sports, field trips, pictures, outdoor education, home and school and graduation as stated on the Additional Charges information sheet. _____(Initial)

Responsible Financial Person

Name

Signature

Email address to receive financial statements

Relationship to Student
10

Student's Name

Gra



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MEDICAL CONSENT FORM

Student Name

Medical Consent

In an emergency situation where all efforts to contact me have failed, I hereby authorize an adult representative from Tallahassee Adventist Christian Academy to consent to emergency medical and/or hospital care as deemed necessary or my child. Yes No

Initial

Allergy Notification

Please list your child's allergies that TACA needs to be aware of.

Food (Please List) Other (Please List)

Initial

School Medication Administration Authorization Form for Prescription, Severe Allergy, & Asthma

If the medication is a prescription, ask your pharmacist to prepare two containers, one for school and one for home. Herbal supplements and vitamin therapy requires a physician's order.

Name of prescription medication

Name of prescribing physician

Amount to be given / Dosage (ex. 10mg)

Administration (ex. By mouth)

Time to be given at school

Date brought to office

Date picked up

Reason / Health condition

Possible reactions to medications

Father/Guardian & First Emergency Contact

Date

Mother/Guardian & First Emergency Contact

Date

 Signature

 Signature



EMERGENCY CARE INFORMATION

In case of an emergency, the school will contact 911.

Every attempt will be made to contact a parent, guardian, or a designated emergency contact.

<i>Student's Name</i>	<i>DOB</i>	<i>Grade</i>	<i>Gender</i>
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Please list additional adults that may be contacted should TACA's efforts to reach the student's parents or guardians are unsuccessful. **List at least two other adults.**

Name #1

Relationship

Home Telephone

Work Telephone

Cell Phone

E-mail

Name #2

Relationship

Home Telephone

Work Telephone

Cell Phone

E-mail

Name #3

Relationship

Home Telephone

Work Telephone

Cell Phone

E-mail



TECHNOLOGY ACCEPTABLE USE POLICY

TACA's information technology resources are provided for educational purposes only. Your adherence to the following policy is necessary for your continued access to the school's technological resources:

1. Respect and protect the privacy of self and others
 - a. Use only assigned accounts and folders (do not view, use, or copy passwords, data, or access networks to which they are not authorized)
 - b. Keep personal information private (do not distribute, share or post private information about anyone else or yourself)
 - c. Only communicate with your real-life friends when online (do not initiate contact with strangers online. If contacted always tell your teacher)
2. Respect and protect the integrity, availability, and security of all electronic resources
 - a. Observe all network security practices, as posted
 - b. Treat all hardware with care
 - c. Report any security risks or violations to a teacher
 - d. Use only devices provided or approved by the school (do not use personal devices, such as phones, portable game devices, laptops, PDA's, iPods, tablets, etc.)
3. Respect and protect intellectual property
 - a. Observe Copyright laws (do not make illegal copies, or illegal downloads of music, games, videos, graphics, photos, etc.)
 - b. Give credit when using someone else's intellectual property (do not plagiarize)
4. Respect and practice the principles of community
 - a. Communicate only in ways that are truthful, kind, and respectful (No cyber-bullying, do not defame people, do not use defamatory or obscene language, etc.)
 - b. Report threatening or discomfoting materials to a teacher
 - c. Only access materials of good character. (Do not intentionally access, transmit, copy, create, post, or distribute any material that is illegal or against TACA's Christian ethics, morals, or code of conduct)
 - d. Use our technology resources for learning and education (do not conduct business on the school network, do not send spam, chain letters, or other mass unsolicited communications, do not install or download any software)
 - e. Do not use instant messaging technologies

Violations of these rules may result in disciplinary action, including the loss of your privileges to use the school's information technology resources.

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that users are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. TACA reserves the right to update or modify this policy without prior notice.

(Technology Acceptable Use Policy Continued on Next Page)



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TECHNOLOGY ACCEPTABLE USE POLICY cont'd

Student's Agreement

I understand and agree to follow the acceptable use policy.

Student Signature

Date

Parent or Guardian's Agreement

I have reviewed the policy with my child and ensured that he/she understands the rules. I understand that TACA will make every reasonable effort to keep my child from accessing inappropriate materials online, however I will not hold TACA or its employees responsible for the materials my child acquires or views as a result of using the school's technology resources. I give permission for my child to use TACA's technology resources.

Parent/Guardian Signature

Date

(End of Technology Acceptable Use Policy)



HOME & SCHOOL ASSOCIATION PARENT INFORMATION FORM

Tallahassee Adventist Christian Academy and the Home & School Association believe that parental involvement creates a sense of unity between home, school, and the student. This form will assist us in pooling information that will improve parent communication regarding special events, volunteer, committee opportunities and other school related activities. This form is necessary to complete your registration process, and it would be appreciated if you would fill in the "Parent Information" section completely and return with your other registration forms.

Parent Information

Parent's Name

Street Address

City

State

Zip Code

Home Telephone

Work Telephone

Cell Phone

Email

Occupation

Special Skills/Interests

I authorize TACA Home & School to e-mail information to us regarding school events and activities.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Committees

Please select the committees you would like to serve on during the school year. We expect each family to serve on a minimum of one committee.

Orientation Committee

Field Days

Christmas Program

Book Fair

Week of Prayer

Fundraising

Fall Festival

Teacher Appreciation

Other _____

TACA Home & School Association appreciates your continued support and looks forward to a fantastic school year.



AFTER-SCHOOL STUDENT PICK UP ARRANGEMENT

It is important to have current information for students on file with the After School Program in the event you are not able to keep your regular pick-up schedule.

My Child(ren):

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

Student's Name

Grade

- Will be picked up in the pickup zone between 3:00 – 3:30 pm daily
- Will walk home from school daily (written permission on file required)
- Will attend After School Care

Rates

 Rate: \$8/hour per student
 Late pick-up: \$1 per minute per student

Please indicate the days your child will usually attend After School Care below. As closely as possible please indicate the time they will be picked up. This information will assist After School Care in planning for staff and aid the teachers during dismissal time.

Monday	Tuesday	Wednesday	Thursday	Friday
Example 3:30 – 6:00	Example 3:30 – 6:00	Example 3:30 – 6:00	Example 3:30 – 6:00	Example 2:30 – 6:00

Father/Guardian Name

Mother/Guardian Name

Father/Guardian Signature

Mother/Guardian Signature

Best Phone Contact at Pick-up Time

Best Phone Contact at Pick-up Time

(After-school Student Pick-Up Form Continued on Next Page)



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AFTER-SCHOOL STUDENT PICK UP ARRANGEMENT cont'd

Other persons authorized to pick up your child. *(Must show valid state-issued ID at time of pick-up.)*

_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
_____	_____	_____