

**BEREAN JUNIOR ACADEMY**



**“Educating the Mind, Body and Spirit”**

## **STUDENT APPLICATION**

3748 Beatties Ford Road  
Charlotte, NC 28216  
(704) 391-7800  
[www.bereanjracademy.org](http://www.bereanjracademy.org)

## **Berean Junior Academy School History**

The Berean Junior Academy is one of many Seventh-Day Adventist operated Pre-Kindergarten through Eighth grade day schools throughout North America. Seventh-Day Adventists have operated schools for over 100 years in this country. Our National Department of Education is headquartered in Silver Springs, Maryland. BJA, as it is affectionately known by many, has been in operation since 1933 in the city of Charlotte and is the oldest African-American Christian Academy in the city of Charlotte and three surrounding counties. We have graduated many students who have become positive and productive citizens in the community. We are proud to continue this fine tradition year after year.

The Berean Junior Academy has a God-centered curriculum, geared for average to above-average students, where Liberal Arts is stressed and is accredited by the Parochial School Association of North America and holds state recognition from the North Carolina Department of Education, which means that students can matriculate into state accredited schools. The components of the curriculum are the following: Language Arts (Reading, Writing, Spelling, Grammar), Math, Science, Social Studies, Religion, Physical Education, Art and Technology. We have a participatory environment where home and school form a partnership, challenging students to reach their fullest potential.

We believe that the development of the total child is important. The harmonious development of the mental, physical, social, and spiritual aspects of the child is necessary if well-balanced people are to be introduced into our society. Therefore, we believe that young people should be thinkers and not mere reflections of their environment.

Our student body is small, and classes are multi-graded with a ratio of 15 to 1. Students in all grades (K through 8<sup>th</sup>) are required to wear uniforms while in attendance during the day. We begin each day with prayer and remind our students that God loves them and created them in His image. We stress that young people develop their love relationship with God, work hard, be honest, respect others and be positive. Our environment is conducive of learning, drug-free and safe. We provide a bully-free zone with a zero-tolerance policy for violence. Excellence is required and teachers stress that each student do his/her best.

## **Registration Procedures**

**The following two steps must be taken to complete the registration process:**

### **STEP 1**

#### **New Students:**

##### **Kindergarten**

1. Should be 5 years old by August 30th
2. Application Completed
3. Interview Completed
4. Copy of Birth Certificate
5. Copy of Social Security Card
6. Copy of Current Immunizations
7. Current Physical Within The Last 12 Months
8. Consent To Treatment Form Completed
9. Current Physical Within The Last 12 Months

##### **1<sup>st</sup> - 8<sup>th</sup> Grade**

1. Application Completed
2. Interview Completed
3. Copy of Birth Certificate
4. Copy of Social Security Card
5. Copy of Current Immunizations
6. Current Physical within the last 12 months
7. Consent to Treatment Form completed
8. Records Transfer Form completed

#### **Returning Students:**

##### **1<sup>st</sup> - 8<sup>th</sup> Grade**

1. Update Records (address, home/work phone, etc...)
2. Current Shot Records & Current Physical in last 21 months

### **STEP 2**

**FEES: All Registration Fees are TO BE PAID IN FULL BEFORE SCHOOL BEGINS. The first month's tuition is DUE ON OR BEFORE THE FIRST DAY OF SCHOOL. Parents must sign a FINANCIAL CONTRACT for each student.**

# **BEREAN JUNIOR ACADEMY**

3748 Beatties Ford Road Charlotte NC 28216

(704) 391-7800

(704) 919-5955 (fax)

[bereansdaacademy@aol.com](mailto:bereansdaacademy@aol.com)

## **TUITION SCHEDULE**

**School Year 2026 - 2027**

### **KINDERGARTEN TUITION**

<b>Yearly Tuition</b>	<b>\$ 5,800</b>
<b>Registration Fee</b>	<b>\$ 600 (per student)</b>
<b>Monthly Payments (10 installments)</b>	<b>\$ 580</b>

### **GRADES 1<sup>st</sup> - 8<sup>th</sup> One-Time REGISTRATION FEE**

**\$600 (per student)**

### **GRADES 1<sup>st</sup> - 6<sup>th</sup> MONTHLY TUITION**

<b>\$580 - 1<sup>st</sup> Child</b>	<b>\$510 - 2<sup>rd</sup> Child</b>
<b>\$440 - 3<sup>rd</sup> Child</b>	<b>\$370 - 4<sup>th</sup> Child</b>
<b>\$300 - 5<sup>th</sup> Child</b>	

### **GRADES 7<sup>th</sup> - 8<sup>th</sup> MONTHLY TUITION**

<b>\$624 - 1<sup>st</sup> Child</b>	<b>\$576 - 2<sup>nd</sup> Child</b>
<b>\$506 - 3<sup>rd</sup> Child</b>	<b>\$436 - 4<sup>th</sup> Child</b>
<b>\$366 - 5<sup>th</sup> Child</b>	

**SCHOOL HOURS: 8:00 am to 3:00 pm (Monday-Thursday)**  
**8:00 am to 2:00 pm (Fridays)**



**SOUTH ATLANTIC CONFERENCE OF SEVENTH-DAY ADVENTIST**  
Office of Education

## ENROLLMENT FORM

### Student Information (Please print and complete all boxes)

Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other
City	State	Zip	Date of Birth	Place of Birth (City, State, Country)
Baptized Seventh-day Adventist? <input type="checkbox"/> USA <input type="checkbox"/> Other		Date of Baptism:		
Membership Location Name:				
Home Phone (Please Include Area Code)		Primary Language Spoken At Home	Social Security #	

### Mother/Legal Guardian Information (Please print and complete all boxes)

Last Name	First Name	Middle Name	Name Preference
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other
City	State	Zip	Place of Birth (City, State, Country)
Home Phone (Include Area Code)	Cell Phone	Work Phone	Relationship To Student
Baptized Seventh-day Adventist? <input type="checkbox"/> USA <input type="checkbox"/> Other		Date of Baptism:	
Membership Location Name:			
Email		Marital Status	# Years of Education Completed
Occupation	Employer		Employer Phone

### Father/Legal Guardian Information (Please print and complete all boxes)

Last Name	First Name	Middle Name	Name Preference
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other
City	State	Zip	Place of Birth (City, State, Country)
Home Phone (Include Area Code)	Cell Phone	Work Phone	Relationship To Student
Baptized Seventh-day Adventist? <input type="checkbox"/> USA <input type="checkbox"/> Other		Date of Baptism:	
Membership Location Name:			
Email		Marital Status	# Years of Education Completed
Occupation	Employer		Employer Phone

## **Language & Education Form**

**(Page 1 of 2)**

### **Language Information**

Is English the primary language spoken at home?    Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what language is the primary language? \_\_\_\_\_

Is the family able to communicate in English?    Yes \_\_\_\_\_ No \_\_\_\_\_

The school will attempt to provide translation, however, if necessary, the family must provide a translator for communication and participation in activities.

### **Educational Background**

Has the student ever had a psychological/educational assessment?    Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever received exceptional/educational services?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which services?    \_\_\_\_\_ Comprehensive Education (small group remediation)  
\_\_\_\_\_ Hearing Disabilities  
\_\_\_\_\_ ESL (English as a Second Language)  
\_\_\_\_\_ Speech Therapy  
\_\_\_\_\_ Gifted  
\_\_\_\_\_ Other \_\_\_\_\_

Has the student ever repeated a grade?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grade and explain. \_\_\_\_\_

Has the student ever skipped a grade?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grade and explain. \_\_\_\_\_

Has the student ever been suspended, expelled, asked to withdraw from school, arrested, or on probation?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain.



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Office of Education

## Language & Education Form (Page 2 of 2)

Has the student experienced any limitations?      Yes      No

If yes, in which areas and explain.

Academic

Behavioral

Physical

Social

### Legal Documents

Are there legal custody restraint documents?      Yes      No

If yes, please make available all legal documents for school office records.

Custody:    Father \_\_\_\_\_      Mother \_\_\_\_\_      Both \_\_\_\_\_      Other \_\_\_\_\_



**Consent To Treatment For 20\_\_\_\_\_ to 20\_\_\_\_\_**  
**(Page 1 of 2)**

**Medical Information**

Students entering South Atlantic Conference schools for the first time or students entering the Pre-K or Kindergarten program **MUST** have a physical, dated within the past year, from a physician, on file with the school. Immunization records and a copy of the student's birth certificate **MUST** be on file **PRIOR** to the beginning of classes.

It is imperative that the staff of **Berean Junior Academy** is aware of any potential life-threatening illness that your child may have. Please check the following that apply to your child:

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_  
Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_  
Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
Other: \_\_\_\_\_

Current Medications \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_, a  
(Student Name)

minor, do hereby consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special

**Consent To Treatment For 20\_\_\_\_\_ to 20\_\_\_\_\_**  
**(Page 2 of 2)**

supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, where such diagnosis or treatment is rendered at the office of said physician or at the licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before the school or other organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis, treatment, or hospital care which might be required, but is given to provide authority to the school, or the physician, to exercise their best judgment as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort be made to contact parents/guardians or emergency contacts prior to using this consent.

I hereby authorize any hospital or physician, which has provided treatment to the above named minor to surrender physician custody of such minor to the above agent upon completion of treatment.

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

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original. ***I am responsible for any fees incurred not covered by insurance.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## **Field Trip Annual Student Permission Form**

**20\_\_\_\_\_ - 20\_\_\_\_\_**

**(Page 1 of 2)**

Parents, please read the following regarding this field trip form. In order for your child to participate, you must complete this annual permission slip form turned in with your child's registration packet. Please keep all consent to treatment information updated in the office.

### **Field Trip Information**

Field trips are planned outings taken by classes as a learning enrichment activity. Teachers will provide the administrator and local board of education, at least one month in advance, the key learning's and objectives of the planned activity. Parents will be given notice of all field trips at least 4 days prior to the event. A fee may be required for a field trip.

### **Transportation**

**Conference Policy:** *“School buses with a seating capacity of 24 or more pupils must comply with state requirements. Nonpublic schools operating school buses seating less than 42 students must comply with state requirements. Drivers of school owned vehicles are to complete and file a driver's questionnaire before transporting students.”*

### **Special Procedures and Considerations**

Your child's participation in the field trip is voluntary. **Your written consent is necessary for your child to participate.**

Field trips may potentially involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to personal property. You are encouraged to inquire in advance concerning the nature, details, and potential risks of this field trip.

Your child shall be subject to the school's Handbook policies at all times related to his/her participation in the field trip. As a condition of participating in the field trip, your child shall also be required to comply with all instructions and safety precautions communicated by school officials.

You acknowledge that the school, its board members, employees, the Seventh-day Adventist Church, and all agents and associations of the church may not be held liable for injuries and damages that may arise out of, or in connection with, the field trip. Any injuries or damages arising out of, or in connection with, the field trip, may therefore not be covered by school and student insurance. For these reasons, it is recommended that you obtain appropriate insurance from qualified sources to cover

## **Field Trip Annual Student Permission Form**

**20\_\_\_\_\_ - 20\_\_\_\_\_**

**(Page 2 of 2)**

medical expenses and other costs that could result from injury to your child, and damage to, or destruction of, property belonging to you or your child, which may arise out of, or in connection with, your child's participation in the field trip.

### **Field Trip Permission and Assumption of Risk**

I hereby grant permission for my child, \_\_\_\_\_, to participate  
(Student Name)

in the field trips and associated activities during the school calendar year, subject to the *Special Procedures and Considerations* specified on this form. In consideration of the school allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the school, its board members, employees, the Seventh-day Adventist Church, and all agents and associations of the church and its associations, from any and all liability, claims, causes of action, damages, and demands of any kind whatsoever (except willful and wanton acts or omissions), that may be brought by my child, or on my child's behalf, for any and all damages, including personal injury to my child, arising out of, or in connection with, my child's participation in the field trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the field trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

\_\_\_\_\_  
*Signature of Parent / Legal Guardian*

\_\_\_\_\_  
*Date*

## **Media Consent and Release 20\_\_\_\_ - 20\_\_\_\_**

Throughout the school year students attend programs, activities, field trips, and events along with normal classroom routines that support their education, promote community service, or encourage positive behavior. With the principal's approval, occasionally, staff, parents, and local media cover these events by taking photographs or video. This may include newspaper, television, websites, or other media production. This also includes the school's website, classroom web pages, and yearbook.

By signing below, you agree that you have been notified of the possibility that your child may be included in photographs or video and authorize the use for public print, display, or broadcast.

\_\_\_\_\_ I give permission for my child's name or photograph to be used for school-related public media.

\_\_\_\_\_ I do not give permission for my child's name or photograph to be used for School-related public media (student will still be allowed to attend the activity or program).

\_\_\_\_\_ \_\_\_\_\_  
Parent Signature Date

This form will stay in effect for the current school year. If at any time you wish to change this form, please ask for a new one in the school office.

## **Internet Usage and Bring Your Own Device (BYOD) Agreement**

**(Page 1 of 3)**

The Conference's and school computer network is designed to be an integral component of teaching and learning at the school. Students are responsible for good behavior on the school computer network. The network is provided for the student to conduct research and to communicate with others in relation to school work. As such, students, parents and teachers must agree to abide and comply with the Conference's and school's electronic device policies (internet usage and BYOD) set forth in the school's handbook.

**Electronic Devices:** Use of certain electronic devices is permitted at the school as described below. Electronic devices are classified as disruptive, non-disruptive, and mobile phone devices. Permissibility of each type of electronic device is described. We agree to the following terms and conditions of the school's acceptable use policy pertaining to electronic devices:

**Disruptive Devices:** Mobile/cell phones, recording devices, radios, pagers, laser pointers, any device for playback of music or other recorded media, headphones/earbuds, etc., and other electronic devices deemed distracting to the educational environment ARE NOT permitted in any area of THE SCHOOL, including: cameras on non-disruptive an mobile/cell phones to take still pictures or videos unless done under direct supervision of the classroom teacher or school administrator. Misuse of permissible electronic devices in a manner distracting to other students or school personnel is not tolerated.

**Non-Disruptive Devices:** Non-disruptive devices are defined as electronic devices primarily used for educational purposes. These include: laptops, netbooks, tablets, and eReaders.

- These may be used during classroom instructional time as permitted by the classroom teacher.
- Students may access the school's network. The primary purpose of the network is to support those engaged in academic work. Therefore, students may not use the school's computers or personal non-disruptive devices for any other reason.
- Students are to adhere to all laws concerning the use and distribution of copyrighted software and materials.
- Students are to use appropriate and respectful language at all times.
- Students are responsible for their accounts at all times and not to share user names and passwords.
- All rules governing plagiarism apply to information found by the computer: Copying and pasting is plagiarism.
- Students may only access electronic mail at the permission of the teacher or administration.
- Students are to handle all school equipment carefully or they will be held responsible to replace it.
- The school makes no warranties of any kind whether expressed or implied for the information gained through the internet.

## **Internet Usage and Bring Your Own Device (BYOD) Agreement**

**(Page 2 of 3)**

- The school will not be held liable for broken, stolen, or lost personal non-disruptive devices.
- Use of school owned equipment and internet access is monitored, and employees and students have no expectation of privacy in activities utilizing school or conference owned equipment or networks, whether the use is on or off contract time.

**Mobile/Cell Phones:** No students, in grades Pre-Kindergarten through fourth grade, may bring a cell phone to class. Special allowance is being made for students in fifth through eighth grades to bring cell phones to school; however, these phones must be labeled with the student's name, turned off, and turned in to the teacher at the beginning of the school day. Phones will be returned at the end of the school day. The Conference and school reserves the right to inspect the files of all electronic devices used in violation of the handbook. The school will not be held liable for broken, stolen, or lost mobile/cell phones.

**Social Networking:** Employees who maintain personal social networking sites shall not allow the school's students to access personal sites, except for members of immediate family.

Students who engage in personal social networking outside of the school will be held liable for profanity, obscenities, bullying, derogatory statements, harassment, or statements indicating intent to harm, damage, or deface school property, or such incidents. This includes statements directed toward another student of the school, a parent of the school, a faculty or staff member of the school, any member of the local board of the school, the pastoral staff of the constituent church(es), or staff members of the South Atlantic Conference of Seventh- day Adventists. When notification of such violation is brought to the attention of the school board or the principal of the school, immediate disciplinary action will be taken. Disciplinary action strives to be corrective in nature, but may lead to expulsion by the consent of the school board of education.

Personally identifiable student information, to include photographs, continues to be subject to the Family Education and Rights in Privacy Act (FERPA) and shall not be included on personal sites, unless the student is a family member.



SOUTH ATLANTIC CONFERENCE OF SEVENTH-DAY ADVENTIST  
Office of Education

## **Internet Usage and Bring Your Own Device (BYOD) Agreement**

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**Consequences For Inappropriate Use of Electronic Devices:** Violation of the appropriate use of electronic devices, as described above, will result in an immediate office referral by the classroom teacher. Two referrals will result in an out-of-school suspension. Three referrals will result in confiscation of the device, turned over to the office, and a fine of \$100 to be paid by the parents, not placed on the school bill. The device will be returned to the parents when the fine has been paid.

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Parent Signature

Date

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Student Signature

Date

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Teacher Signature

Date



SOUTH ATLANTIC CONFERENCE OF SEVENTH-DAY ADVENTIST  
Office of Education

## REQUEST FOR STUDENT RECORDS

### TO THE APPLICANT'S PARENT/GUARDIAN

**BEREAN JUNIOR ACADEMY** requires official records from the applicant's current school in order to complete the application process. I, \_\_\_\_\_,  
(Parent/Legal Guardian Name)

hereby give permission to the school secretary or principal at **3748 Beatties Ford Road, Charlotte NC 28216**, who acts as the school registrar, to request school records for

\_\_\_\_\_ to be sent to  
(Student Name)

**Berean Junior Academy**, where he/she has enrolled in grade \_\_\_\_\_.

These records are to include progress or grade reports, attendance records, health records, and all psychological and assessment records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**SOUTH ATLANTIC CONFERENCE OF SEVENTH-DAY ADVENTIST  
Office of Education**

## TO THE APPLICANT'S CURRENT SCHOOL

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(School FAX Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
Zip Code)

The student named above has applied to **Berean Junior Academy, 3748 Beatties Ford Road, Charlotte, NC 28216**. In order for us to complete enrollment, we request for the student's cumulative record to be sent via mail to the above address or via **fax to (704) 919-5955**. Please include the following information:

1. All of the student's grade reports and official transcripts from your school plus any from other schools he/she has previously attended.
2. All Testing Results.
3. All Health Records.
4. All Educational and Psychological Assessments, RTI Documentation, and IEPs or 504 plan, if applicable.
5. Attendance Records.
6. Behavioral Records.

\_\_\_\_\_  
Signature of Requesting School Secretary or Principal

\_\_\_\_\_  
Date

*Request From Applicant's Current School*

**BEREAN JUNIOR ACADEMY**  
**3748 Beatties Ford Road**  
**Charlotte NC 28216**  
**(704) 391-7666**

**Sponsorship Form**

Dear Family/Friends:

We need your help this year with sponsorship for educational expenses for my child(ren). We are making a sacrifice to give our child(ren) a Christian education and would appreciate any funds that you are able to donate to assist in this process. We feel that our child will have a better opportunity at success if placed in a Christian environment now, while their young minds are still being molded.

You can choose to make a 10-month commitment or a one-time donation - either is appreciated. Please complete the form below and return it to Berean Junior Academy by August 15. Make all checks and money orders payable to Berean Junior Academy.

I praise God for you and thank you in advance for making a Christian education possible for my child(ren).

Please CIRCLE the amount you agree to contribute on a 10-month commitment cycle or a one-time donation for the year.

(10-month cycle)

(One time donation)

\$ 10.00/month	=	\$ 100.00/year	\$100.00
\$ 20.00/month	=	\$ 200.00/year	\$200.00
\$ 30.00/month	=	\$ 300.00/year	\$300.00
\$ 40.00/month	=	\$ 400.00/year	\$400.00
\$ 50.00/month	=	\$ 500.00/year	\$500.00
\$100.00/month	=	\$1000.00/year	\$1000.00

SPONSOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

SPONSORED STUDENT: \_\_\_\_\_

Amount of Commitment: Yearly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_

## BEREAN JUNIOR ACADEMY SCHOOL UNIFORMS

Any student who comes to school without being properly uniformed **WILL NOT BE ADMITTED TO CLASS**. Proper uniform attire for all students is as follows:

Grade Level	Weekday	UNIFORM CODE	
		Boys	Girls
K-8 <sup>th</sup>	Monday	*White Shirt *Navy Blue Cardigan Sweater/Vest *Navy Blue or Black Pants *Navy Blue or Black Necktie *Black/Brown Belt *Dress Socks (Black/Navy Blue) *Casual School Shoes (Black with Rubber Sole - No Color)	*White Peter Pan Collar Blouse *Navy Blue Cardigan Sweater *Navy Blue or Black Skirt/Skort *Black or Navy Blue Tights or Socks *Casual School Shoes (Black with Rubber Sole - No color)
K-8 <sup>th</sup>	Tuesday-Thursday	*Hunter Green or Yellow Polo Shirt *Navy Blue or Black Pants/Dress Shorts *Black/Brown Belt *Black/Navy Blue Socks *Casual School Shoes (Black with Rubber Sole - No color)	*Hunter Green or Yellow Polo Shirt *Navy Blue or Black Skirt/Jumper/Skort/Pants/Dress Shorts *Black or Navy Blue Tights or Socks *Casual School Shoes (Black with Rubber Sole - No color)
K-8 <sup>th</sup>	Fridays	Students may dress down in their own clothes for \$1.00	Students may dress down in their own clothes for \$1.00
K-8 <sup>th</sup>	Everyday	No Torn or Sagging Pants Allowed	Mo Makeup, Fingernail Polish, or Jewelry of Any Kind

[Please click here to visit our website for details regarding the full list of uniform requirements, pricing, and sizing guides.](#)

**Dress shorts may be worn through the end of September ONLY and must be knee-length. Friday dress down clothing should be appropriate for school according to the School Handbook dress code policy - No graphic T-shirts, no short shorts/skirts, no sleeveless tops, etc...**

**Strict adherence to the school uniform policy will be enforced!!! We thank you in advance for your cooperation.**

## Student Registration Checklist

**20** \_\_\_\_\_ **- 20** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_  
Last Name                      First Name                      Middle

**ALL** items listed below must be completed and turned in together with your registration packet and registration fees paid in order for your child to enter the classroom on the first day of school.

### Application Checklist

1. \_\_\_\_\_ Enrollment Form
2. \_\_\_\_\_ Language and Education Information
3. \_\_\_\_\_ Emergency Contact & Pick-Up List
4. \_\_\_\_\_ Consent To Treatment
5. \_\_\_\_\_ Field Trip Annual Permission Form
6. \_\_\_\_\_ Parent Contract
7. \_\_\_\_\_ Internet Usage & BYOD Agreement
8. \_\_\_\_\_ Media Consent & Release
9. & 10. \_\_\_\_\_ Financial Agreement
11. \_\_\_\_\_ Request For Student Records
12. \_\_\_\_\_ Student Recommendation

### Items For Parents To Bring

- \_\_\_\_\_ Last Report Card
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ HRS Immunization Form 680
- \_\_\_\_\_ Physical Exam Form DH 3040

Notes:

#### Office Use Only:

_____ Scholarship	Application Received	Date: _____
_____ Private Pay	Admission Committee Acceptance	Date: _____
_____ Pre-K	Application Entered	Date: _____
	School Promo Gift Given	Date: _____
Bus Stop _____		