



Student Registration

Student's Name _____ Grade in August _____

Address _____

Home Phone _____

Birth Date _____ Baptized S.D.A. _____ Date _____

Physician's Name _____ Phone _____

Student's known allergies _____

Preferred course of action to be taken when exposed to allergens _____

Parent/Guardian Contact Information

Father's Name _____ S.D.A. _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Baptized S.D.A. _____ Date _____

Occupation _____ Work Phone _____

Mother's Name _____ S.D.A. _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Baptized S.D.A. _____ Date _____

Occupation _____ Work Phone _____

Guardian's Name _____ S.D.A. _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Email _____ Baptized S.D.A. _____ Date _____

Occupation _____ Work Phone _____

Alternative Emergency Contact _____

Phone Number _____ Relation to student _____

Parent/Guardian Signature _____ Date _____



Movie Viewing Permission Form

From time to time, teachers may show **G or PG-rated films** that support classroom learning, reinforce historical or biblical themes, or connect to our school's spiritual mission. These films are used as a supplement to instruction and are selected carefully for age-appropriateness and educational value.

Examples may include films such as *The Prince of Egypt*, *King of Kings*, or other similar faith-based or historically relevant content.

. If you prefer that your child not participate in movie viewings, an alternate supervised activity will be provided when possible.

Please indicate your preference below:

Yes, my child may watch approved **G or PG-rated films** shown for educational or spiritual purposes.

No, I prefer that my child **not watch any G or PG-rated films**. I understand my child will be given an alternative activity when such films are shown.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer opportunities may include school events, fundraising activities, campus work days, or other needs identified by the school administration.

Failure to meet this requirement may jeopardize receiving worthy student aid in the future.

Referral Incentive Policy

Inez Wrenn SDA School values families who help grow our school community. To encourage referrals, the school offers a tuition credit to families who refer new students.

If a currently enrolled family refers a new student who enrolls at Inez Wrenn SDA School, the referring family will receive a tuition credit equal to ten percent of their monthly tuition payment for one month.

The tuition credit will be applied after the referred student has completed their first full month of enrollment and tuition has been paid.

A family may receive multiple referral credits if more than one student enrolls as a result of their referral. Each new student enrollment qualifies for one referral credit.

The referred family must indicate the name of the referring family during the application or registration process for the referral credit to be applied.

Referral credits apply only to currently enrolled families and cannot exceed the referring family's monthly tuition amount. Credits have no cash value and may only be applied toward tuition.

The school administration reserves the right to verify referrals and approve the application of referral credits.



Inez Wrenn SDA School Financial Form

Yearly Pre-registration and Registration

- To hold your child’s enrollment at Inez Wrenn SDA School, please complete all registration forms and pay the non-refundable registration fee of \$25 (per student) by the first business day in April. This fee will be applied to your registration balance.
- Yearly Registration Fee, per student, of \$300 is due by our Back-to-School Registration Day.
- Discount-when you pay a \$25 pre-registration fee, by the **Pre-Registration Deadline**, (April 18 ,2024) you will receive a discount of \$25 when your balance of \$250/student is paid in full by the “Back to School” Registration Deadline and Work Bee.

Example: **\$300 - \$25 (pre-registration fee) - \$25 (discount) = \$250 (balance due at registration)**

[registration fee – pre-registration fee – discount = **Balance due at Back-to-School Registration Day**]

- Yearly Technology fee, per student, of \$50 is due by our Back-to-School Registration Day.

Tuition: Grades K-8 tuition is as follows for 10 months:

- Non-Constituent student = \$430 monthly
- Constituent members = \$400 monthly
- Family monthly fees:

Non-Constituent	Constituent
<ul style="list-style-type: none"> ● First child = \$430 ● Second child = \$410 ● Each additional child = \$400 	<ul style="list-style-type: none"> ● First child = \$400 ● Second child = \$380 ● Each additional child = \$370

- The monthly tuition is to be paid by the 10th day of each month from August through May. If the 10th falls on a Saturday or a Sunday, tuition is due the Monday after the 10th. If tuition is not received on time, a \$25 late fee may be charged.
- Those who choose to pay the full year’s tuition by the end of August will receive a 5% discount.
- The signed financial agreement is considered a binding agreement. If the family’s financial situation changes during the year, it is the responsibility of the parent/guardian to make arrangements with the school treasurer regarding tuition. Unless these arrangements are made with the treasurer, payment will be expected in a timely

manner. If an account falls behind two months without arrangements being made, the parent may be asked to withdraw their child and records will be held until payment or arrangements are made.

(A constituent member is a child, parent, grandparent, or guardian that is a member of the Crossville SDA Church).
(over) (updated 03/15/26)

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Student(s) Tuition Calculation Worksheet

1. Student Name: _____ Tuition monthly \$ _____
2. Student Name: _____ Tuition monthly \$ _____
3. Student Name: _____ Tuition monthly \$ _____
4. Student Name: _____ Tuition monthly \$ _____

\$300 Entrance Fee per student-Total \$ _____

Family Total Tuition monthly for 10 months \$ _____

Worthy Student Scholarship for 10 months \$ _____

Financial Agreement

I understand that my child/children's tuition is _____ per month for 10 months, and that it is due the 1st business day of each month beginning in August.

****The first month's tuition and the entrance fee is due by August 1st.***

Please mail your monthly payment (*postmarked by the 1st*) to:

INEZ WRENN S.D.A. SCHOOL
P.O. BOX 2659
CROSSVILLE, TN 38557

I agree to and understand that it is my responsibility to make this monthly payment without receiving any further statements. I agree to pay the amount listed above as scheduled to maintain my child(s) scholarship.

Signed _____ Date _____

Mailing Address _____

Home Phone _____ Cell Phone _____

MEDIA RELEASE FORM

For value received, I, _____ (participant/parent of participant), hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists (Georgia-Cumberland Conference) or its assigns, to use my name or the name of my family member who is a minor, as listed below, as well as my likeness/image (photographs and/or videos), and other information (or that of family member who is a minor) for the purpose of media publications including, but not limited to: videos, email blasts, social media, brochures, newsletters, magazines, general publications, website, news releases, advertising, publicity, or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses. The images will not be used commercially.

Please initial the paragraph below and fill out the following information for whichever is applicable to your present situation:

_____ - I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print)

_____/_____/_____
Birthdate

Address

Signature

Date

— OR —

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Minor's Name (please print)

_____/_____/_____
Minor's Birthdate

Address

Parent or Legal Guardian's Name (please print)

Parent or Legal Guardian's Signature

Date

CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parents or guardian of (Name of Student or Member) _____,
a minor, do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or
treatment and hospital service that may be rendered to said minor. It is understood that reasonable effort will
be made to contact the student's doctor.

It is further understood that the school is authorized and will seek medical treatment in a perceived
emergency. This consent is given in advance of any specific diagnosis or treatment which might be required
and is given to authorize (Name of Organization into Whose Custody Minor is Entrusted)

Inez Wrenn SDA School

or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

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



The above named student
() is
() is not
covered by health insurance.

Present Health Insurance Company: _____

Policy Number: _____

Is this student currently taking any medications? No Yes
Explain: _____

Does this student have any allergies? No Yes
Explain: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Dealing with Parent Complaints/Concerns

The Conference K-12 Board of Education has voted the following Conflict Resolution procedure for adoption and use in all schools. The procedure is mindful of due process and founded on the Biblical principles of Matthew 18. Any questions regarding the fundamental philosophy and/or procedures prescribed should be directed to the Office of Education.

Parent*/Teacher Complaint Procedure:

1. **Complainant is to meet with the teacher alone or as a family to deal with the issue/complaint. Under no circumstance is the issue/complaint to be discussed with any other party.
2. If the complaint remains unresolved after Step 1, the unresolved complaint is to be taken to the school principal/head teacher for the purpose of securing assistance in finding resolution. **A meeting among the three parties (principal, complainant and teacher) is to be held with the principal chairing the meeting. The principal is to keep minutes of the meeting including all relevant issues and/or agreements discussed. The minutes are to be reviewed by all parties prior to the completion of the meeting. Should the grievance involve the school principal, the school board chairman would serve as the facilitator and keep minutes. Should the principal be involved, the Office of Education is to be notified.
3. At each instance in which a complaint is registered, the teacher should have the right to address the complaint directly. If the complaint remains unresolved then the complaint will be referred to the Executive Committee of the School Board. At this point, the Office of Education is to be directly involved.
4. If, after the aforementioned steps prove unsuccessful, and the complaint remains unresolved, a final appeal of the issue can be made to the School Board. In order to insure fairness, the teacher is to be present at this meeting. A representative from the Office of Education will be invited by the school board chairman to participate in the discussion of the issues. Should the complainant be a member of the school board, he/she will remove himself/herself from the decision-making process relative to the issue at hand. A final resolution to the complaint will be acted upon at this level. All parties are to be officially notified, in writing, of the school board's decision.

* or other individual

** all meetings with the teacher(s) and/or principal must be by appointment

Parents Signature

INEZ WRENN SEVENTH-DAY-ADVENTIST SCHOOL

Permission Form For Obed River Park

The Following students have permission to go with Inez Wrenn to the Obed River Park any time this school year.

Student's Name (s) _____

Parent's Signature _____

Date _____