FAITH ADVENTIST
CHRISTIAN SCHOOL
2025-2026 School Year
www.faithadventist.org

Registration Checklist

☐ Enrollment Application

☐ Parent Agreement

☐ Technology Acceptable Use Policy

☐ Medical History

☐ Consent for Treatment

☐ Medical Administration Form

☐ Immunization Record Form 121

☐ Copy of Social Security Card (new students)

☐ Copy of Birth Certificate (new students)

☐ Copy of Parents Driver's License (new students)

☐ Tuition Agreement

☐ $325 Registration Fee

☐ $150 Technology Fee

☐ $380 Monthly Tuition due August 1, 2025 (NOT THE FIRST DAY OF SCHOOL)

Tuition is due on the first of each month.

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(601) 600-2118
faithadventist@gmail.com

Faith Adventist Christian School

Financial Information
2025-2026

Tuition:	$3225
Registration:	$325
Technology:	$150
Total:	$3800

Full year Payment Plans:

1. 12 month payments starting June 2025 — $308 (317 without pre-registration)
2. 11 month payments starting July 2025 — $332 ($345 without pre-registration)
3. 10 month payments starting August 2025 — $360 (380 without pre-registration)
4. Payment in full — $3467.50 (3610 without pre registration)

Mid Year Payment Plans:

1. Registration Fee and Technology Fee: — $475
2. Monthly Fee (for months remaining) — $325

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Enrollment Application

☐ New Student ☐ Returning Student: I have reviewed the previous year's application. I have updated and/or added any missing/changed information. _____ Initial

Student Information

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Male ☐ Female ☐ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

State of Birth _____ City of Birth _____ Grade Entering _____

Is applicant a US Citizen? Yes ☐ No ☐ Is applicant baptized? Yes ☐ No ☐ If yes, when? _____

Father | Guardian Information

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

State of Birth _____ City of Birth _____ Country of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Church/Religion _____

Email _____

Mother | Guardian Information

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

State of Birth _____ City of Birth _____ Country of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Church/Religion _____

Email _____

Family Information

List children of elementary school age or younger

Name _____ Male ☐ Female ☐ Age _____

Name _____ Male ☐ Female ☐ Age _____

Name _____ Male ☐ Female ☐ Age _____

Name _____ Male ☐ Female ☐ Age _____

Emergency Contact Information

Last Name First Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Previous School Information

School _____ Phone _____

Address _____ City _____ State _____ Zip _____

Has your child everbeen dismissed from school? Yes ☐ No ☐

Ifyes, explain _____

_____

_____

_____

_____

_____

Approved Transportation & Pickup

My child is approved to leave campus with the following people.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent | Guardian Signature

I authorize that the above-mentioned information is accurate.

Parent/ Guardian Name _____ Date _____

Signature _____

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Parent Agreement

Student Handbook

I have received the Faith Adventist Christian school Student Handbook. I am aware of the rules and regulations within. I agree to be supportive of these rules and regulations, and to assist my child in observing said rules and regulations. In addition, I agree to supply all information requested by the school in a timely manner.

Initials: _____

Photo Release

I give permission for my child to participate in pictures for the school to be used for school bulletin boards, class projects, local newspaper, school website, and Faith Adventist Christian School Facebook page, Instagram page and, TikTok page.

Initials: _____

Directory Release

I give permission to publish my student's home address and phone number in the student directory. I understand that this directory is for distribution to other students and parents.

Initials: _____

Records Release

I realize that to admit a new student, Faith Adventist Christian School will request all records from the last school attended. I also understand that if my student withdraws from Faith Adventist Christian School, records will be sent at the request of the new attending school.

Initials: _____

Parent | Guardian Signature

I have read all the above items and have initialed all the items that I am in agreement with.

Parent/ Guardian Name _____Date _____

Signature _____

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Consent for Treatment

I/we the undersigned parents/legal guardians of (student name) _____, a minor, do hereby consent to an 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 supervision of any physician and/or surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether 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 any other physician is called by the school or organization.

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 treatment facility or hospital care which might be required but is given to provide authority to the treatment facility or the physician to exercise their best judgement as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort will be made to contact the parents/guardians or emergency contact prior to using this consent.

I/we 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, or through the specified dates indicated.

Start Date: _____ End Date: _____

I/we 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 treatments, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Physician Information

Physician phone _____ Phone: _____

Dentist phone _____ Phone: _____

Preferred Hospital _____ Phone: _____

Insurance Information

Health Insurance Coverage Yes ☐ No ☐

Health Insurance Company

Policy Number _____

I/we understand that we are responsible for any fees incurred that are not covered by insurance.

Parent/Legal Guardian Signature _____

Date _____

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Medication Administration Form

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their chosen physician has prescribed medication for the student. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the student's name, dosage, physician, pharmacy, and the name of the drug.

Student's Name _____

Birth Date _____

School Grade _____

Statement of Physician

Medication Date of Prescription _____

Physician's Name Phone Number _____

Allergies _____

Dosage and Time(s) for administration _____

Illness requiring medication _____

Possible medication side effects _____

Physician's Address _____

Physician's Signature _____

Statement of Parent/Guardian

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever caused by the administration or non-administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

Parent/Legal Guardian Signature _____

Date _____

Email Address _____

Phone_____

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Student Medical History

Has your child had: *(Please check all that apply)*

- ☐ Measles
- ☐ Whooping Cough
- ☐ Polio
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Chickenpox
- ☐ Diphtheria
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Chorea (St. Vitus' Dance)
- ☐ Epilepsy
- ☐ Hay Fever or Asthma

List any other serious illness, operations or injuries and the age at which they occurred:

_____
_____
_____
_____

List any specific allergies your child may have and how they are triggered:

_____
_____
_____
_____

Has your student ever been around anyone known to have tuberculosis?

Yes _____ No_____

Has your student ever been skin tested for tuberculosis?

Yes _____ No _____

Has your student ever had a chest x-ray?

Yes _____ No _____

When was your student's last dentil visit? *(mm/dd/yyyy)* _____

When was your student's last eye exam? *(mm/dd/yyyy)* _____

Use the space below to provide any other information that could be important to your students' health:

_____
_____
_____
_____
_____

I authorize that the above-mentioned information is accurate and up to date.

Parent/Legal Guardian Signature _____

Date _____

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Technology Acceptable Use Policy

As a Christian school we encourage our students to present a positive impression of God, church, school, family, and personal character. We understand that wherever our students and staff are they represent not only Faith Adventist Christian School but Jesus Christ. At Faith Adventist Christian School, we provide educational opportunities and learning for today and tomorrow, through the implementation and use of technology. With this opportunity also comes a responsibility to act in a responsible and ethical manner for the benefit of the entire student body.

Faith Adventist Christian school is committed to the effective and safe use of technology and the school blocks internet access to inappropriate and questionable internet sites. This Technology Acceptable Use Policy is to ensure students are making appropriate and ethical use of technology within the classroom.

DEFINITIONS

Artificial Intelligence **-** refers to the integration of computer systems and tools that simulate human thinking—such as reasoning, problem-solving, learning, and language processing. This can include tools like chatbots, personalized learning software, writing assistants, and data-driven tutoring systems.

Chatroom - an area on the Internet or other computer networks where users can communicate.

Copyright Laws - protection of the ownership and usage rights for creative works including works of art, written words, and media.

Computer Virus - malicious software program loaded onto a user's computer that performs malicious actions.

Cyber Bullying - bullying that takes place over digital devices like cell phones, computers, and tablets, through SMS, Text, and apps, or online in social media or gaming where people can view or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, mean content about someone else, or sharing personal or private information about someone else causing embarrassment or humiliation.

Download - Computers receive data from the Internet such as web pages, images, and files.

Social media - websites and applications that enable users to create and share content or to participate in social networking such as Facebook, Instagram, Twitter, Tik Tok, Snapchat, Tumblr.

Tablets - a mobile device typically with a touchscreen such as an iPod, Kindle Fire, Nook, Galaxy Tab.

Upload – sending data from a computer to the Internet includes sending email, posting photos on a social media site, and using a webcam.

ACCEPTABLE USE

● I will use computers and tablets only to do schoolwork.

● I will use the Internet only in ways the teacher has approved.

● I will be polite and considerate when I use the computer.

● I will follow copyright laws and give appropriate credit to sources and internet sites as needed for content. If in doubt I will ask the supervising teacher or adult for specific guidance in these matters

● If I have or see a problem, I will not try to fix it myself, but I will tell the teacher.

● My teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.

● I will only use artificial intelligence when approved by the teacher.

UNACCEPTABLE USE

● I will not store, save, or download material that is not related to my schoolwork without the expressed permission of the teacher.

● I will not give my password to anyone else, and I will not ask for or use anyone else's password.

● I will not put on the computer my address or telephone number, or any other personal information about myself or anyone else.

● I will not log into social media accounts or chat rooms on College Drive Christian School computers and devices.

● I will not use social media to humiliate or threaten other students, teachers, or staff even when I am not on school grounds.

● I will not take photos, videos, or audio record another student, teacher, or staff member and upload or link them without my teacher's permission.

● I will not bring any software or other unauthorized computer related materials into the school setting.

● I will not play games that a teacher has not approved or use games or other electronic resources that have objectionable content or that engage me in an inappropriate activity.

● I will not try to see, send, or upload anything that says and/or shows obscene language, pornography, or violence.

● I will not try to see, send, or upload anything that is harassing, insulting, or attacking anyone's race, religion, or gender.

● I will not damage the computer or anyone else's work willfully or because of inappropriate behavior. This includes the uploading or creation of computer viruses, taking food or drink near computers, and not following teacher direction carefully so as not to harm the equipment.

● I will not waste or take supplies, such as paper, printer ink, cartridges, or flash drives.

● I will not disrupt the learning environment of any class whether it is in a physical or online setting.

● I know that conduct that is forbidden in school is also forbidden when I use computers outside of school if it interferes with other students' education, and if I break the rules there will be consequences in school.

● I will not use artificial intelligence without my teacher's permission.

CONSEQUENCES

For major offenses students will meet with the principal and any damage incurred are the responsibility of the student and/or parents. The following steps will be taken for students who do not comply with the Technology Acceptable Use Policy:

1. Written Warning and/or Failing Grade
2. Parent/Teacher Conference
3. Loss of technology use for one or more weeks
4. Appear before the school board
5. Suspension
6. Suspension with possible expulsion

STUDENT AND PARENT TECHNOLOGY ACCEPTABLE USE AGREEMENT

I, _____ (student name) understand that technology is a privilege not a right and if I do not follow the acceptable use policy there will be appropriate consequences to protect myself and the whole student body.

Student Signature _____ Date _____

I understand that Faith Adventist Christian School is concerned for the physical, mental, emotional, and spiritual welfare of my students not only in the physical presence of the school but the virtual as well. I understand that technology is a privilege not a right for my students. I, also understand that the Technology Acceptable Use Policy not only pertains to my students' activity, but to mine as well. I will uphold the Acceptable Use Policy for the benefit of my student, the student body, and Faith Adventist Christian School.

Parent Signature_____ Date _____