**ADMISSIONS PROCESS**

Summit Academy’s open application period for the 2024-2025 academic year is now open. We are excited to work with you and your children to give them a quality, biblical worldview education!

The admissions process includes the following steps:

1. Parents should fully complete an Application for Admission for each student. All applicants should submit all the items listed on the Application Checklist and the Application Fee and any applicable Scholarship Application and required supporting documentation.
2. After we have received all application forms and fees, a time will be set up for academic assessment of all **new** students. **Returning** students’ behavior, attendance, academic effort, and family support will be considered before acceptance to Summit for the following year.
3. Family interviews will be scheduled for **new** student applicants. The prospective student, as well as both parents or guardians, should attend the interview.
4. After evaluation of submitted forms, testing results, and parent/guardian interview, a decision will be made by the admissions committee regarding status for entry into the school. Each family will receive an email with the decision and next steps, if applicable.
5. If a student is accepted into Summit Academy, application fees are non-refundable.
6. If you have any questions throughout the application process, please contact us at carolfulkerson@msn.com or call Mrs. Fulkerson at: 513-379-8731.

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach additional pages as necessary to fully answer application questions.*

Student’s Name: Gender: Birth Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

First Middle Last

Student’s Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street | |  |  |  | City |  | State | Zip |
| Student lives with: o Father o Mother | | | | o Both Father and Mother | | o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| School mailings should be sent to (check all that apply): | | | | | |  |  |  |
| o Father | | o Mother | o Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Father’s Information: | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Name: | Mr. / Dr. / | Rev. |  |  |  |  |  |
|  | Address: | |  |  |  |  |  |  |
|  | Home Phone: | |  |  | Cell Phone: |  |  |  |
|  | Email Address: | |  |  |  |  |  |  |
|  | Employer: | |  |  |  | Business Phone: |  |  |
|  | Marital Status: | | o Married | o Divorced | o Widowed | o Separated | o Single |  |
| Mother’s Information: | | |  |  |  |  |  |  |
|  | Name: | Ms. / Mrs. / Dr. / Rev. | |  |  |  |  |  |
|  | Address: | |  |  |  |  |  |  |
|  | Home Phone: | |  |  | Cell Phone: |  |  |  |
|  | Email Address: | |  |  |  |  |  |  |
|  | Employer: | |  |  |  | Business Phone: |  |  |
|  | Marital Status: | | o Married | o Divorced | o Widowed | o Separated | o Single |  |

Legal Guardian’s Information (if other than parent):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: Mr. / Ms. / | Mrs. / Dr. / | Rev. |  |  |  |
| Relationship to student: | |  |  |  |  |
| Address: |  |  |  |  |  |
| Home Phone: |  |  | Cell Phone: |  |  |
| Email Address: |  |  |  |  |  |
| Employer: |  |  |  | Business Phone: |  |
| Marital Status: | o Married | o Divorced | o Widowed | o Separated | o Single |

Local School District in which Student resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Schools Attended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Grade(s) Year

Name of School Grade(s) Year

Has the student ever repeated a grade? If yes, please tell us which grade and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been suspended, expelled, or had any behavioral diﬃculty in school? If yes, please tell us which grade and why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been referred or treated for (check all that apply):

o Learning Disabilities o Language Processing o ADHD/ADD o Emotional Diﬃculties

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial test date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Most recent test date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Please submit a copy of the most recent test results.

Does the student have any physical disabilities? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any allergies? If yes, please list them and explain their severity. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any other medical conditions that we should be aware of? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why do you desire a Christian education for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your family is aﬃliated with or regularly attends a church, please tell us the name of the church.\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The application process at Summit Academy includes a family interview for new student applicants. The prospective student, as well as both parents or guardians, should attend the interview. (Exceptions to the requirement that both parents participate may be made in special circumstances.) Please indicate below which days of the week you are available for the family interview. We will contact you to schedule a specific date and time after reviewing your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPTIONAL -- You may choose to specify the student’s race and ethnicity, but you are not required to do so.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Race: | o African American | | o Alaskan Native/Native American | | | o Asian/Pacific Islander |
|  | o Caucasian / White | | | o Mixed Race | o Other | o I prefer not to specify |
| Ethnicity: | o Hispanic | o Not Hispanic o I prefer not to specify | | | |  |

***Nondiscriminatory Policy:*** *Summit Academy of Southwest Ohio recruits and admits students of any race, color,**and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. In addition, the school does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, employment, scholarship and loan programs, and athletic and other school-administered programs. Summit Academy of Southwest Ohio will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.*



To the best of my ability, I have provided accurate information on this application.

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

Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Application Submission**

You may drop oﬀ your completed application materials in person at Summit Academy, or mail them to:

Summit Academy of Southwest Ohio

Oﬃce of Admissions

10400 Carolina Trace Rd.

Harrison, Ohio 45030

***Your child and your questions are important to us. Feel free to call us at (513) 379-8731 or email us at*** ***carolfulkerson@msn.com***.

**APPLICATION CHECKLIST**

The following items must be submitted to Summit Academy so that the admissions process can be completed:

* Application for Admission (returning students should complete p.1, plus any other information that has changed), including Financial Application
* Signed acknowledgement that students will to be taught according to Summit Academy’s Statement of Faith
* Records Request form (for new students, Grades 1-12) \*
* Student Pick Up Authorization form
* School Participation Consent and Release Form
* Online Course Participation Parental Consent Form
* Acceptable Use Policy for Electronic Information and Internet Form
* Photo/Video Release form
* Emergency Medical Authorization form
* Asthma Action Plan (Required for students with asthma)
* Food Allergy and Anaphylaxis Emergency Care Plan, and signed Information Sheet for Students with Food Allergies (Required for students with allergies)
* Student’s up-to-date Immunization Record\*\*, and any other medical records relevant to school participation
* Student’s Birth Certificate (or alternate document permitted by Ohio Revised Code §3313.672) (Required for new students)
* Any current or expired Individualized Education Program (IEP) (Required for students who have an IEP)
* A certified copy of a Court Order allocating parental rights (Required for students subject to such court order)
* Tuition Responsibility form
* Application Fee
* Scholarship Applications and Required Supporting Documentation

* To enable Summit Academy to best meet students’ academic needs, we may administer an incoming assessment to kindergarteners and to other students whose academic records do not include standardized test scores from the previous academic year. These assessments will be administered by appointment during the summer.
* Parents who decide not to immunize their child for reasons of conscience or for religious convictions may submit a signed written statement to that eﬀect in lieu of an immunization record. (Per Ohio Revised Code §3313.671)

**MISSION STATEMENT**

Summit Academy of Southwest Ohio exists to glorify the Lord Jesus Christ and to provide students with a strong Biblical foundation from which they can launch a clear understanding of the world.

This will be accomplished by:

* immersing students in the truth of God’s Word
* preparing students academically and spiritually for their unique calling and service to God
* setting high academic standards that challenge students to reach their full potential, while supporting, encouraging, and equipping them to meet that challenge
* empowering outstanding Christian faculty and staﬀ to use their creativity and passion to engage students in high level critical thinking skills
* creating a nurturing environment that models Christ’s love and cultivates Christian character.

**STATEMENT OF FAITH**

* There is one God, eternally existent in three persons: God the Father, His Son Jesus Christ, and the Holy Spirit.
* The Bible is the divinely inspired, the only infallible, written Word of God. Its assertions are factually true in all of the original writings. It is the supreme authority in everything it teaches.
* Jesus Christ came to earth as God in human flesh. He was born of the virgin Mary, lived a sinless life on earth, spoke words of truth, performed miracles, and willingly gave His life as an atoning sacrifice for the sins of all who believe in Him.
* Jesus Christ rose from the dead in bodily form, ascended to heaven, and is currently seated at the right hand of God the Father. He shall return in person to this earth as Judge of the living and the dead.
* The account of origins presented in Genesis is a simple but factual presentation of actual events and therefore provides reliable information about the origin and history of life, mankind, the earth, and the universe.
* The special creation of Adam (the first man) and Eve (the first woman), and their subsequent fall into sin, is the basis for the necessity of salvation for mankind.
* Death (both physical and spiritual) entered into this world subsequent to and as a direct consequence of human sin.
* All mankind are sinners, inherently from Adam and individually by choice, and are therefore deserving of God’s wrath and condemnation.
* Freedom from the penalty and power of sin is available to man only through the sacrificial death and shed blood of Jesus Christ and His complete and bodily resurrection from the dead.
* Salvation is a gift received by faith alone in Christ alone and expressed in the individual’s repentance, recognition of the death of Christ as full payment for sin, and acceptance of the risen Christ as Savior, Lord, and God.
* The Holy Spirit enables the sinner to repent and believe in Jesus Christ.
* The Holy Spirit lives and works in each believer to produce the fruits of righteousness.
* Satan is the spiritual adversary of both God and mankind.
* Those who do not believe in Christ are subject to everlasting conscious punishment, but believers enjoy eternal life with God.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that Summit Academy of Southwest Ohio provides both religious and academic instruction in accordance with the above Statement of Faith, and I agree to permit my child to receive such instruction.**

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

Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LUNCH INFORMATION**

**Lunch and Snack**

Every student must bring a packed lunch, including a drink. A refrigerator is available at the school to keep lunches cool. To preserve the carpeting of New Vision Church, students must not bring brightly-colored drinks, such as Kool-Aid (lemonade is okay), grape juice, cranberry juice, colored soft drinks, or other drinks which may stain carpeting. Milk and water are excellent drink options.

On Fridays, students may purchase pizza for **$1.50** per slice. If you choose to purchase pizza for your child, please send cash to school with him or her on Friday morning in an envelope marked "Pizza money." (Please send a drink and any sides or extras your child may need, even if you are purchasing pizza.)

In addition to their packed lunch, students should bring one or two healthy, non-messy snack, which they will be given time to eat at their desks mid-morning. Good options include an apple, banana, pear, grapes, cheese stick, or pretzels. (Foods which have the potential to be messier, including oranges, yogurt, and peanut butter, should be reserved for lunch time.)

**SUMMIT ACADEMY OF SOUTHWEST OHIO**

**TUITION and FEES**

**2024-2025**

**Application Fee for 2024-2025 school year:**

**Priority Application Fee - $125 per student** (non-refundable) fee to be submitted

with all 2024-25 application forms **on or before February 15, 2024.**

**Regular Application Fee - $300 per student** (non-refundable) fee to be submitted

with all 2024-25 application forms **after February 15, 2024.**

**TUITION RATE K – 8TH GRADE STUDENTS**

Regular Tuition Rate: $6,166

Priority Tuition Rate: $5000

**TUITION RATE 9TH – 12TH GRADE STUDENTS**

Regular Tuition Rate: $8,408

Priority Tuition Rate: $6,850

The regular tuition rates (listed above) equal the current Ed Choice Scholarship rates.

**PRIORITY APPLICATION FEE AND TUITION RATES:**

If a family meets **ALL THREE** of the following criteria, they will be eligible for the PRIORITY APPPLICATION fee and PRIORITY TUITION rates for the 2024-25 school year:

1) Complete and submit all application forms by February 15, 2024.

2) Submit application fee of $125/per student application by February 15, 2024.

3) **Submit first tuition payment by July 1, 2024.**

**New students** applying after February 15, 2024, may qualify for the Priority Tuition

Rate if their first tuition payment is received **within 10 business day of application OR by July 1, 2024, whichever date is later.**

To receive any discounts, including the **multi-child discount**, families must qualify for the priority tuition rate by meeting above eligibility requirements.

**Multi-child Discount: 1st child** – Full tuition - Priority Tuition Rate

**2nd child** --25% discount off Priority Tuition Rate

**3rd child** -- 75% discount off - Priority Tuition Rate

Other discounts may apply for families with 4+ children from one family who enroll during the priority application period.

**A NOTE ON TUITION AND FEES**

Summit Academy of Southwest Ohio is a non-profit organization whose sole reason for existence is to glorify the Lord Jesus Christ by providing students with a strong Biblically-based education that will prepare them both for their purpose in this world and for eternity. To that end, we strive to keep tuition rates as low as possible, in order to make Christian education an aﬀordable option for families.

**Summit Academy invests more money in educating each child than the child's parents pay in tuition.**

Student tuition and fees cover only about 75% of educational costs. For the remaining 25%, we rely on small donations contributed by generous individual donors who make personal financial sacrifices so that children in our community can learn about Jesus.

Some of our instructional staff have worked on a volunteer basis, giving many hours to educate children without receiving any form of compensation. The school's administrative team and board of directors also give their time without any compensation. Summit Academy pays for utilities to New Vision Church who allows us to use their facility at less than expected cost. We praise the Lord for the generosity of His people, which enables the school to keep operating expenses, and therefore tuition, as low as possible.

Nevertheless, the school incurs regular and significant costs for curriculum, educational supplies, teachers’ salaries, payroll taxes, oﬃce equipment and supplies, school furnishings, insurance, compliance with legal requirements, computers and technology equipment, online courses, facilities maintenance and supplies, required state and local filings, and numerous other regular expenses.

Summit Academy's board of directors is solidly committed to operating the school within its budget. Each year, program and budgeting decisions are made in order to provide an exceptional education to each enrolled student. Teachers are hired, best curriculum books are purchased, classrooms are assigned, and a program is designed with your specific child in mind. For this reason,

**Parents who enroll a child must commit to paying the full year’s tuition, consistently and on time.**

In order to provide a consistent program for students, and to be able to fulfill financial commitments we make with staff (based upon the number of projected students), we ask families who enroll a student at Summit Academy to commit for a full school year. If a family finds it necessary to withdraw their student from Summit Academy during the school year, a formal withdrawal form must be signed, reimbursement to Summit Academy must be made for all books used by or purchased for the student, (K - $200, 1-8 - $350, and 9-12 - $400), and tuition must be paid by the family for the remainder of the quarter.

Finally, as a 501(c)(3) nonprofit organization, all donations to Summit Academy are tax-deductible. If your employer has a corporate giving program or matches your personal contributions, these additional funding sources would help us expand our educational program and oﬀer scholarships for students who would not otherwise be able to attend. Your tax-deductible contributions are always welcome and much appreciated.

We are grateful for the opportunity to team with your family and serve your child, partnering with you to help fulfill God's command to teach your child His truth diligently throughout each day (Deuteronomy 6:6). We're looking forward to a rewarding academic year!

Summit Academy of Southwest Ohio Board of Directors

I have reviewed the Note on Tuition and Fees and agree to the terms listed for the 2024-2025 school year.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Financial Guarantor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Guarantor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be paid according to the following schedule:

Student’s Name

**Annual payment option:**



**Semi-annual payment option:**



**Monthly payment options:**

**10-month payment option:**



The full year's tuition, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be

paid by July 1, 2024.

Half of the annual tuition, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be paid by July 1, 2024, and the other

half will be paid by January 15, 2025.

10% of the annual tuition, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

will be paid by the first day of each month July 1, 2024 through April 1, 2025.

**11-month payment option:**



9.1% of the annual tuition, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be paid by the first day of each month July

1, 2024 through May 1, 2025.

**12-month payment option:**



8.34% of the annual tuition, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

will be paid by the first day of each month July 1, 2024 through June 1, 2025.

Tuition payments will be accepted on days when school is in session. Student drop-oﬀ and pick-up times are the preferred times for accepting tuition payments. Payments may also be mailed to the school and will be credited as being received when they are delivered to the school (or, if they are delivered on a non-school-day, then the payment will be credited the next day that school is in session). Tuition payments cannot be made on weekends or other days when school is not in session.

Our tuition processing system will automatically generate a **$30.00 late fee** for tuition and fee payments which are 5 or more days late. For example, if a tuition payment is due on October 1st, a late fee of $30.00 will be assessed if the payment is not received by October 5th. If the 5th day of a month falls on a weekend or non-school day, payments must be received on the school day before the weekend to avoid the late fee. Any check that is returned by the bank will incur a **$30.00 returned** **check fee**. If a student's account becomes more than 30 days past due, the student may becomeineligible to attend Summit Academy. The student's parents will need to meet with the administration and make arrangements to settle the account before the student may return to school.

Please note that all financial obligations must be satisfied before a student's records (including achievement test scores, grade reports, transcripts, and other records) will be released to the student's parent or guardian or to another school requesting the records.

Person Responsible for Tuition Payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Responsible for Tuition Payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of the school your child currently attends / previously attended)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address of the school your child currently attends / previously attended)

This is to request a copy of the records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who

(name of your child)

has applied for admission to Summit Academy of Southwest Ohio for the 2024-2025 academic year.

Please send a copy of this student’s records through the most recent grading period, including:

Grades and written Teacher Comments

Achievement and Aptitude Test results

Proficiency Test results

Speech and Hearing Test results

Psychological and Special Needs Testing reports

Attendance and Disciplinary records

Immunizations

Individualized Education Program

Transcripts or any other student records

Please send school records to: Summit Academy of Southwest Ohio Oﬃce of Admissions

10400 Carolina Trace Rd.

Harrison, Ohio 45030

(513) 379-8731

carolfulkerson@msn.com

**Permission to Release Records**

*This is to certify that I authorize the release of a copy of my child’s records to Summit Academy of Southwest Ohio as required for the school’s admissions process.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

**STUDENT PICK UP AUTHORIZATION**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summit Academy will only release your child to persons you have authorized in advance. Please list below any individuals who will be picking up your child on a regular basis, as well as any other individuals who are authorized to pick up your child. Be sure to include the names of parents and guardians, as well as any relatives or carpool drivers on the list.

If on any school day your child needs to be picked up by a person who is not listed on this Student Pick Up Authorization form, you will need to submit a signed written note to the school before the end of the school day authorizing that person to pick up your child for that day.

Picture I.D. Required: Please ensure that the person who is picking up your child is prepared to show their driver's license or other government-issued photo identification.

You may update this form, and add or remove authorized pick up persons, at any time during the school year by stopping in the school oﬃce during regular oﬃce hours.

**REGULAR PICK UP PERSONS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Relationship to Student** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**OTHER AUTHORIZED PICK UP PERSONS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Relationship to Student** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

**SCHOOL PARTICIPATION CONSENT** **AND RELEASE FORM**

In consideration for the opportunity to enroll my child/children,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name(s) of child/children enrolling at Summit Academy of Southwest Ohio*

at Summit Academy of Southwest Ohio (the "School"); and in consideration for the academic, social, spiritual, physical, and enrichment benefits to my child/children derived from participating in the School's activities; and for other good and valuable consideration, the receipt and suﬃciency of which are hereby acknowledged, I, the undersigned Parent/Guardian, hereby acknowledge that activities at the School and School-sponsored activities involve risk of accidents and personal injuries, and I agree to release, waive, forever discharge, and to hold harmless and release from liability the School, its agents, teachers, volunteers, administrators, board members, oﬃcers, contractors, members, employees and any other associated persons, including owners or landlords of the premises utilized by the School, of and from any and all claims, actions and damages for accidents, personal injuries, disabilities, death, emotional distress, or damage to personal property or other property that I or my child/children may sustain as a result of participation in the School, its program or activities. I also hereby assume all risk of personal injury, sickness, death, damage and expense as a result of such participation.

I give my consent for my child/children to participate in all activities at the School, as well as all activities sponsored by the School, including field trips and other activities on and oﬀ School premises. I understand and agree that for School-sponsored activities and field trips, my child/children may at times leave the School premises, and I give my consent for my child/children to walk, ride in a bus or privately-owned vehicle, or use other forms of transportation for such activities a the discretion of School personnel. I certify that my child/ children are able and physically fit to participate in any School activities, unless I have notified the School otherwise in advance, in writing. If my child has a medical condition which may aﬀect his or her participation in School activities, or which may be relevant to a medical professional in case of an emergency, I have noted it on the Emergency Medical Authorization form and in the Application for Admission. I also agree to be responsible for the conduct and actions of my child/children and to take full financial responsibility for any damage to any property, School facilities, or equipment caused by myself or my child/children.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, the remaining portion shall, notwithstanding, continue in full legal force and eﬀect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and legally-binding, and not a mere recital. I further state that I have carefully read and understood in full the foregoing agreement, and as my own free act I sign this release.

Signature of Mother/Guardian Date

Printed Name of Mother/Guardian

Signature of Father/Guardian Date

Printed Name of Father/Guardian

**ONLINE COURSE PARTICIPATION** **PARENTAL CONSENT FORM**

Please complete this form as verification of consent for your child to utilize the *BJU Press Christian*

*Classroom Online* and *A Beka Academy* programs. Your child will have access to various features ofthe programs, including: online texts and documentation (ie. lesson information as well as attached

PDF or other files created by *BJU Press* or *A Beka* as part of the course content), course video content produced by *BJU Press* or *A Beka*, and the course calendar.

As the the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*name(s) of enrolled child/children*

I hereby authorize my child to fully register and participate in the use of the *BJU Press Christian*

*Classroom Online* and the *A Beka Academy* programs. I understand that in consenting to my child'sregistration at the site, I am enabling my child to participate in all communication aspects of the site and to view course content .

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Printed Name of Parent/Guardian |  |

**ACCEPTABLE USE POLICY FOR SCHOOL-PROVIDED ACCESS TO ELECTRONIC INFORMATION, SERVICES, AND INTERNET**

**Policy Statement**

Summit Academy of Southwest Ohio is pleased to offer its students and employees access to the Internet, a tool for life-long learning. Our school recognizes the value of information accessibility, both as a valuable tool in the educational process and as a foundational element in a free society. In the spirit of the Christian mission and core values of the school, Summit Academy of Southwest Ohio has established parameters for Internet use at the school.

**Acceptable Use at School**

In making decisions regarding access to the Internet, Summit Academy considers its own stated educational mission, goals, and objectives. This policy therefore applies to students, faculty, staff, administrators or anyone else authorized to use the Summit Academy resources. Summit Academy expects that faculty will blend thoughtful use of the Internet throughout the curriculum and will provide guidance and instruction to students in its use. As much as possible, access from Summit Academy to Internet resources should be structured in ways that point students to those which have been evaluated prior to use. While students will be able to move beyond those resources to others that have not been previewed by faculty, they shall be provided with guidelines and lists of resources particularly suited to learning objectives.

Families and Summit Academy Employees should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet that could result in unwanted financial obligations for which a student’s parent/guardian or Summit Academy Employee would be liable. Outside of school, families bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies, magazines, books, recordings and other possibly offensive media.

**The purpose of school-provided Internet access is to facilitate communications in support of research and education. To remain eligible as users, students’ use must be in support of and consistent with the educational objectives of Summit Academy. Access is a privilege, not a right. Access entails responsibility.**

**Terms and Conditions of Use**

Students using Summit Academy-provided Internet access are responsible for good behavior online, just as they are in a classroom or other area of the school. The same general rules for behavior and communications apply. Students should not expect that files stored on school-based computers will always be private. Administrators and faculty may review files and messages to maintain system integrity and ensure that users are acting responsibly. All USERS must abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

* Be polite. Do not be abusive in your messages to others. Hate mail, harassment, discriminatory remarks and other antisocial behaviors are prohibited.
* Use appropriate language. Do not swear, use vulgarities, or other inappropriate language.

* The system must NOT be used to access, view, upload, download, or distribute pornographic, obscene, or sexually explicit material.
* Do not reveal your full name, phone number, or home address, or those of others. Note that electronic mail (email) is not guaranteed to be private. Network storage areas will be treated as school property. Summit Academy personnel may review files and communications.

Material relating to or in support of illegal activities will be reported to the authorities.

* The sending out of “chain letters” is considered a misuse of the system and may result in the loss of the user’s account.
* Be reasonable in the amount of time you use the system. Be considerate of other users. Time limits may be imposed.
* Curricular use will take precedence over independent use.
* Respect the integrity of the computing system. Do not intentionally develop or activate programs that harass other users, infiltrate a computer system or alter the software components of a computer or computer system. These include, but are not limited to: viruses, forging e-mail, hacking, and attempting to use administrative commands.
* Do not vandalize by harming or destroying the data or hardware on this system or any other system.

**Security and Misuse**

Security of any computer system is essential. Access to electronic resources is intended for the exclusive use of its authorized users. **Any problems that arise from the use of an account are** **the responsibility of the account holder. Misuse may result in suspension of the account privileges.** This may include, but is not limited to:

* Trespassing in another’s work or files
* Giving out your password or the password of others
* Attempting to login to another user’s account
* Failing to notify the supervising staff member of a security problem
* Giving another’s password to a third party or misrepresenting ownership of passwords
* Intentional disruption of the network
* Inappropriate use of the Internet
* Playing recreational games (unless specifically authorized by supervising teacher)
* Transmitting or knowingly receiving any materials in violation of any United States or state regulation
* Using the Summit Academy network, computers, or other technology equipment for commercial activities
* Conducting personal or private business (Faculty and staff will be governed by a “reasonable use” policy regarding personal business.)

Summit Academy will periodically revise the Acceptable Use Policy and will make determinations on whether specific uses of the network are consistent with the intent of the Policy.

**Social Media**

Items placed on Facebook, MySpace, Twitter, YouTube, and other internet sites by students who in any way identify themselves as a Summit Academy student must reflect Christ-like conduct as outlined in the Parent-Student Handbook. As representatives of Summit Academy, students should not submit anything to a site that includes objectionable content or that reflects negatively on others. Violation of these policies may result in:

* Detention and parent contact
* Saturday Detention
* In-School Suspension
* Suspension
* Expulsion

(The severity of the offense will determine which of the above consequences are assigned.)

**Consequences of misuse**

Any violations of school policy and rules may result in loss of school-provided access to the Internet. Summit Academy may monitor any users’ school-provided access to the Internet to ensure appropriate use. Such monitoring may include (but is not limited to) monitoring of web sites visited, “chat room” conversations, and email contents. Disciplinary action may be determined by the administrator or teacher in keeping with existing procedures and practices regarding inappropriate language or behavior. When and where applicable, law enforcement agencies may be involved. Faculty and staff are held to the same standards; violations could result in dismissal.

**Disclaimer**

Summit Academy makes no warranties of any kind, neither expressed nor implied, for the Internet access it is providing. The school will not be responsible for any damages users suffer, including, but not limited to: loss of data resulting from delays or interruptions in service. The school will not be responsible for the accuracy, nature, or quality of information stored on school diskettes, hard drives, or servers; nor for the accuracy, nature, or quality of information gathered through school-provided Internet access. The school will not be responsible for personal property used to access school computers or networks or for School-provided Internet access. The school will not be responsible for unauthorized financial obligations resulting from School-provided

access to the Internet. While the school’s intent is to make Internet access available in order to further educational goals and objectives, students may find ways to access other materials as well. Even should the school institute technical methods or systems to regulate students’ Internet access, those methods could not guarantee compliance with the school’s Acceptable Use Policy. Ultimately, however, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name Printed Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**PHOTO/VIDEO RELEASE**

In the course of normal academic and school-sponsored activities, Summit Academy of Southwest Ohio may wish to use photographs, audio clips, or video clips of students on school bulletin boards, in the school's publications, on its website, or in general media releases on a controlled basis. Any such photographs, audio clips, or video clips would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

*I hereby grant Summit Academy of Southwest Ohio permission to use my child’s photograph, audiotaped and/or videotaped image for the purposes mentioned above. I further grant permission to allow my child to be photographed, audiotaped, and/or videotaped. Such photographs, audio clips, and video clips would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.*

Student’s Name

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian

**STUDENT DRESS CODE**

The Summit Academy dress code is meant to encourage and guide our students to dress in a manner that exudes dignity, modesty, tidiness, and appropriateness. It is also intended to deter negative peer pressure regarding styles, trends, and brand-name clothing. Appropriate dress for school should be conducive to a positive and productive learning atmosphere. The following tables summarize Summit Academy’s student dress code.

**GENERAL RULES FOR ALL CLOTHING**

|  |  |
| --- | --- |
| **All Clothing Must Be:** | **Clothing Must Not Be / Have:** |
| * Clean * Well-fitting (correctly sized for * the child) * Classic fit / Traditional Cut * Gender Appropriate | * Holes, rips, tears, or stains * Cut-off edges (i.e. without hems) * Words, pictures, symbols, and large logos\* * Sequins, gems, studs, beads, embroidery, or lace * Visible undergarments * Shiny, stretchy, or sheer material * Oversized * Tight or form-fitting (unless worn underneath other clothing) * Inappropriate, offensive, or revealing |

* Clothing may have a small logo (maximum 2” height, 2.5” width).

**ITEM-SPECIFIC RULES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Requirements** |  | **Prohibitions** |
| **Shirts** | • | Polo, Oxford, Turtleneck, or Mock | • | No sleeveless shirts |
|  | • | Turtleneck styles only | • | No prints or patterns |
|  | Must have a collar |  |  |
|  | • | Solid color, plaid, or striped styles only |  |  |
|  | • | Polo and Oxford styles must have a |  |  |
|  |  | minimum of three buttons and be worn with |  |  |
|  | • | no more than two buttons open |  |  |
|  | Must be an appropriate length to cover the |  |  |
|  |  | waistline at all times |  |  |
| **Sweaters,** | • | A collared shirt must be worn underneath | • | No prints, patterns, |
| **Sweatshirts,** |  | (Polo, Oxford, Turtleneck, or Mock |  | stripes, plaids, or multi- |
| **Sweater** | • | Turtleneck) |  | colored |
| **Vests,** | Must be a solid color |  |  |
| **Cardigans,** | • | Solid color sweater or sweatshirt with no hood may be worn during school hours |  |  |
| **Blazers** |  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Requirements** |  | **Prohibitions** |
| **Pants (for** | • | Navy Blue, Black, or Khaki Dress Pants, | • | No prints, patterns, |
| **boys and girls)** | • | Uniform Pants, or Nice Jeans |  | stripes, plaids, or multi- |
|  | Must be a solid color | • | colored |
|  | • | Pants must be worn above the hips | No sweatpants, athletic |
|  |  |  |  | pants, fleece, etc. |
| **Capris** | • | Navy Blue, Black, Khaki, or Nice Denim | • | No prints, patterns, |
|  | • | Must be a solid color |  | stripes, plaids, or multi- |
|  |  |  | • | colored |
|  |  |  | No sweatpants, athletic |
|  |  |  |  | pants, fleece, etc. |
| **Shorts, Skorts** | • | Navy Blue, Black, Khaki, or Nice Denim | • | No prints, patterns, |
|  | • | Must be a solid color |  | stripes, plaids, or multi- |
|  | • | Minimum fingertip length | • | colored |
|  |  |  | No athletic shorts |
|  |  |  | • | No shorts Nov 1 - Apr 1 |
| **Skirts** | • | Solid color or plaid styles only | • | No prints, patterns, or |
|  | • | Navy Blue, Black, Khaki, or Nice Denim |  | stripes |
|  | • | Minimum fingertip length |  |  |
|  | • | Grades K-5 must wear shorts, leggings, or |  |  |
|  |  | tights underneath (shorts worn underneath |  |  |
|  |  | do not need to be fingertip length and |  |  |
|  |  | should not readily show when standing or |  |  |
|  |  | sitting) |  |  |
| **Dresses/** | • | Solid color or plaid styles only | • | No prints, patterns, or |
| **Jumpers** | • | Must have a collar and sleeves, or be worn |  | stripes |
|  |  | with a collared shirt or turtleneck |  |  |
|  | • | underneath |  |  |
|  | Minimum fingertip length |  |  |
|  | • | Grades K-5 must wear shorts, leggings, or |  |  |
|  |  | tights underneath (shorts worn underneath |  |  |
|  |  | do not need to be fingertip length and |  |  |
|  |  | should not readily show when standing or |  |  |
|  |  | sitting) |  |  |
| **Leggings/** | • | Navy Blue, Black, Khaki, Tan, or White | • | May not be worn alone |
| **Tights (for** | • | Must be a solid color |  | (i.e. in lieu of pants) |
| **girls)** |  |  | • | May only be worn under |
|  |  |  |  | dress-code-compliant |
|  |  |  |  | skirts, skorts, dresses, or |
|  |  |  | • | pants |
|  |  |  | No prints, patterns, |
|  |  |  |  | stripes, plaids, or multi- |
|  |  |  |  | colored |
| **Item** |  | **Requirements** |  | **Prohibitions** |
| **Belt (optional)** | • | Solid or woven leather or faux leather |  |  |
|  | • | Black, Brown, Tan, Navy Blue, or White |  |  |
|  | • | Must be a solid color |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Shoes** | • Appropriate for weather and school | • | No flip flops |
|  | activities | • | No oversized heels or |
|  |  | • | soles |
|  |  | No wheels |

Parents and students should consider all the activities of their academic day as they plan what clothing to wear. Students will go outside for recess unless it is raining, snowing, or below 20 degrees. It is important that you make sure your child is dressed appropriately for the weather. Please ensure that your child brings or wears a jacket or coat each day from November 1 through April 1. A hat, gloves, and scarf may also be needed for very cold days. Proper footwear for outdoor play is also very important. Crocs, open-toed shoes and sandals are not ideal for outdoor play and may contribute to a child’s injury. In addition, parents should send one dress-code-compliant sweater, sweatshirt, or light jacket to be kept at the school from October 15 to April 30, in case there is a day when your child needs an extra layer.

Dress code for field trips will usually be the same as if the student was in the classroom. On those occasions when the dress code for a field trip or activity day will diﬀer from a regular school day, students and parents will be notified in writing in advance. Student dress on those days must still be in keeping with the Biblical perspective regarding modesty and appropriateness. Clothes may not be form fitting or tight, and any logos or wording must be school-appropriate and not oﬀensive.

Any questions regarding the dress code may be directed to the school oﬃce. If there is any question about the appropriateness of a specific garment, the student or parent should check with the teacher or principal before wearing the item.

**Grooming**

Hair is to be neatly groomed and clean at all times. It should not interfere with vision or the performing of school activities. For boys, the eyebrows and earlobes are to be exposed, and the back of hair should not extend below the collar. A student's hair should not be styled, colored, or dyed in a way that would draw excess attention to him or her. No hats are permitted to be worn at school.

For girls, any jewelry should be kept modest and appropriate to the student's age. In the interest of safety, only stud earrings (i.e. no hoops or dangles) will be permitted. Jewelry is not permitted for boys.

**Dress Code Enforcement**

The school administration is given the authority to interpret and enforce the dress code during school and at school functions. Parents volunteering at the school or accompanying students on field trips are also expected to comply with the spirit of the dress code by dressing modestly and appropriately. All students are expected to abide by the dress code for the entire school day. Inappropriate clothing may result in immediate parent contact. In the case of a dress code violation, the following actions will be taken:

1. The parent will be contacted by the school
2. The student must obtain a change of clothes before returning to class
3. Continued non-compliance may lead to further disciplinary action

Name of Student: Birth Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Grade: Home Phone Number:

Student Address:

Street City State Zip

**PARENT(S) / GUARDIAN(S) AND EMERGENCY CONTACTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Call** | **Name** | **Relationship** | **Day Phone** | **Cell Phone** | **Listed on** |
| **Order** |  |  |  |  | **Student** |
|  |  |  |  |  | **Pick Up** |
|  |  |  |  |  | **Form?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Is there a legal custody order that applies to this student? \_\_\_\_\_\_ If yes, please give any details related to medical authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if your child has any of the following:

1. Allergies (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Medications\* (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Inhalers\* (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other medical concerns or conditions to which medical personnel should be alerted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

**EMERGENCY CARE INFORMATION**

Preferred Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

page 1 of 2

**CONSENT OR REFUSAL TO CONSENT**

**(Please complete Part I OR Part II below)**

**PART II: REFUSAL TO CONSENT**

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian for Refusal to Consent Date

Printed Name of Parent/Guardian

**PART I: CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian for Consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent/Guardian

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**Asthma Action Plan**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_ Grade: School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**The following is to be completed by the PHYSICIAN:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Asthma severity (circle one): mild intermediate | | | \_mild persistent | | \_moderate persistent | | severe persistent | | |
| 2. Medications (at school AND home): | | |  |  |  |  |  |  |  |
|  | *A. QUICK-RELIEF*” Medication Name | |  | MDI, oral, neb? |  | Dosage or No. of Puffs |  |  |  |
|  | 1. |  |  |  |  |  |  |  |  |
|  | 2. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | *B. ROUTINE* Med Name (eg, anti-inflammatory) | |  | MDI, oral, neb? |  | Dosage or No. of Puffs | Time of day | | |
|  | 1. |  |  |  |  |  |  |  |  |
|  | 2. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | *C. BEFORE PE, EXERTION* Medication Name | |  | MDI, oral, neb? |  | Dosage or No. of Puffs |  |  |  |
|  | 1. |  |  |  |  |  |  |  |  |
|  | 2. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. For student on inhaled medication (all students must go to health office for oral medications):

[ ] Assist student with medication in office [ ] Remind student to take medication [ ] May carry own medication, if responsible

**4**.Circle Known Triggers:tobacco pesticide animals birds dust cleansers car exhaust perfume mold cockroach cold air

cleansers exercise Other:\_\_\_\_\_\_\_\_\_\_

1. Peak Flow: Write patient’s personal best peak flow reading under the 100% box (below); multiply by .8 and .5, respectively

**Yellow Zone**

**Starting to cough, wheeze or feel short of breath.**

*Action for home or school: Give quick-relief med; notify parent.*

*Action for Parent/MD: Increase controller dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 100% |  |  |  |  |  |  |  | 80% |  |  |  |  |  |
|  |  |  | **Green** | | |  |  |  |  |  |  |  |
|  |  |  |  |  | **Zone** | | |  |  |  |  |  |  |  |
|  | Peak flow = |  |  |  |  | Peak |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | No | | | | |  | flow = |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | \_\_\_\_\_ |  | Symptoms | | | | |  | \_\_\_\_\_\_\_ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

50%

Peak

flow=

\_\_\_\_

**Red Zone**

**Cough, short of breath, trouble walking or talking**

*Action for home or school:*

*Take quick-relief meds;*

*-If student improves to yellow zone, send student to doctor or contact doctor.*

*-If student stays in red zone, begin Emergency Plan.*

**School Emergency Plan:** If student has: a) no improvement 15–20 minutes **AFTER** initial treatment with quick-relief medication,

1. Peak flow of < 50% of usual best, c) trouble walking, or talking, or d) chest/neck muscle retractions with breaths, hunched, or blue color, then: 1) Give quick-relief meds; repeat in 20 minutes, if help has not arrived; 2) Seek emergency care (911); 3) Contact parent. **In yellow or red zone?** Students with symptoms who need to use quick-relief meds frequently may need change in routine controllermedication. Schools must be sure parent is aware of each occasion when student had symptoms and requires medication.

|  |  |  |  |
| --- | --- | --- | --- |
| Physician’s† Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: |  | Date: | |
| Office Address: | Office Telephone: |  |  |

†Includes nurse practitioner or other health care provider as long as there is authority to prescribe.



**A form that permits school and health care provider to**

**exchange information must accompany this form.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Telephone Number(s )/ Names of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be duplicated or changed to suit your needs and your patients’ needs.

**INFORMATION FOR STUDENTS WITH** **FOOD ALLERGIES**

Summit Academy seeks to provide the safest possible educational environment for students with food allergies. We are best enabled to do so when parents and physicians work with the school to create a plan to minimize the risk of accidental exposure to foods.

**Family’s Responsibility**

1. Notify the school of the child’s allergies.
2. Work with the school team to develop a plan that accommodates the child’s needs throughout the school, including in the classroom, in the cafeteria, in before- and after-school programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Anaphylaxis and Emergency Care Plan.
3. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Anaphylaxis and Emergency Care Plan as a guide. Ensure medications are properly labeled, and replace medications after use or upon expiration. Also, include a photo of the child on the written form.
4. Educate the child in the self-management of their food allergy including:
   * safe and unsafe foods
   * strategies for avoiding exposure to unsafe foods
   * symptoms of allergic reactions
   * how and when to tell an adult they may be having an allergy-related problem
   * how to read food labels (age appropriate)
5. Review policies and procedures with the school staﬀ, the child’s physician, and the child (if age appropriate) after a reaction has occurred.
6. Provide emergency contact information.

**Student’s Responsibility**

1. Food-allergic students must not trade food with others.
2. Food-allergic students must not eat anything with unknown ingredients or known to contain any allergen.
3. Food-allergic students must be proactive in the care and management of their food allergies and reactions based on their developmental level.

4. Food-allergic students should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian



