Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year 2020-2021

***Porter’s Chapel Academy***Application for Enrollment 2020-2021
3460 Porter’s Chapel Road• Vicksburg, MS 39180 • Phone (601) 638-3733 • Fax (601) 638-6311

**STUDENT INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *First Middle Last*

Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Grade\_\_\_\_\_\_\_\_\_\_\_\_

Address of School Previously Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARENT INFORMATION**

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father’s SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: \_\_\_\_ Parents divorced \_\_\_\_ Father deceased \_\_\_\_ Mother deceased
 \_\_\_\_ Parents married \_\_\_\_ Parents separated \_\_\_\_ Father remarried \_\_\_\_ Mother remarried

With whom does the student live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Who has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mailing Address:**

Mail should be addressed as follows: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S PLEDGE**

I hereby apply for enrollment to Porter’s Chapel Academy. If accepted, I will cooperate with the policies and regulations of the school. I will cheerfully maintain prescribed standards of the DRESS CODE and CONDUCT. In signing this application, I am giving the school my assurance that I understand and will abide by these requirements.

**\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Applicant (Second Graders and Above) Date

**Application Form Supplement**

**Additional Students**

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year 2020-2021

**2nd STUDENT INFORMATION**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *First Middle Last*Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Sex:  **\_\_\_\_** Male \_\_\_\_ Female
School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Grade\_\_\_\_\_\_\_\_\_\_ Address of School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Applicant (Second Graders and Above) Date

**3rd STUDENT INFORMATION**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *First Middle Last*Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Sex:  **\_\_\_\_** Male \_\_\_\_ Female
School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Grade\_\_\_\_\_\_\_\_\_\_ Address of School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Applicant (Second Graders and Above) Date

**4th STUDENT INFORMATION**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *First Middle Last*Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Sex:  **\_\_\_\_** Male \_\_\_\_ Female
School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Grade\_\_\_\_\_\_\_\_\_\_ Address of School Previously Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S PLEDGE**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Applicant (Second Graders and Above) Date

**Porter’s Chapel Academy Contract of Enrollment 2020-2021**

The parties to this contract are Porter’s Chapel Academy, Inc., hereinafter referred to as SCHOOL, and the parents (unless one has sole legal custody) and/or the legal guardian(s) of the student(s) named below, hereinafter referred to as PARENTS

.
The parties hereto agree that this contract shall not be effective until payment by PARENTS of all fees required at the time of Application for admission of the student(s) named below and acceptance of the Application for admission by the Board of Directors of SCHOOL.

PARENTS declare that all the information provided in the Application for admission is true and correct to the best of their knowledge and acknowledge that any false or misleading information gives SCHOOL grounds for terminating this contract. The parties hereto agree that this contract includes all the information, schedules and provisions contained in the completed Application for admission, which is incorporated herein by reference and made a part hereof in its entirety.

In making application for the student, PARENTS express the desire to have him or her complete the school year at PCA. PARENTS understand that a payment of $350 is due with the Application and the first month’s tuition must be paid before student(s) are allowed to attend any classes. In addition, a $400 maintenance and textbook assessment will be incurred per family. The first $200 must be paid prior to the first day of school in August in order for your child to attend classes. The other $200 must be paid by the end of the third nine weeks. For any new families registering after the August start date, all fees and dues are payable upon registration. In order for an application or registration fee to be accepted, all past expenses and/or fees must be cleared and all exams and grades must be completed. It is the policy of the school to make no refunds of registration unless the school does not admit the student. Any possible decisions PARENTS might make will not affect this policy and any refunds will be made at the sole discretion of the school administration.

PARENTS assume responsibility for all financial and service obligations of the student to the school as outlined on the Schedule of Fees and in accordance with the tuition payment plan selected. PARENTS understand that a late fee of $30/month per account will be charged if a tuition payment is not received in the office by the first of the month. PARENTS understand that $40 will be charged for each returned check.

STUDENTS whose accounts are not clear will not be allowed to take any exams, participate in graduation exercises, obtain transcripts, or obtain report cards. Students who do not take nine week or semester exams as a result of not being current to PCA financially will not be allowed to participate in any extracurricular activities until all financial obligations are met and all exams are completed. In the event that PARENTS become two (2) months delinquent in tuition payments, the student(s) named below will be subject to dismissal from classes until PARENTS make arrangements, satisfactory to the Board of Directors of SCHOOL, to pay all past due amounts and late fees. If arrangements are not made within a reasonable time or, if made, PARENTS do not comply with the arrangements, PARENTS will be considered in default and in addition to dismissal from classes of the student(s) named below, all past due amounts and late fees will become immediately due and payable. In the event of default, SCHOOL will institute collection proceedings against PARENTS and PARENTS will be subject to payment of reasonable attorney’s fees, court costs, and all other costs associated with collect of the amounts due.

In the event that the student(s) named below is expelled by SCHOOL, PARENTS are liable for payment of all charges incurred up to the date of expulsion. Additionally, PARENTS will be responsible for reimbursement to SCHOOL of any discounts received for tuition payment. The earned academic credits of the student who withdraws or is expelled will not be released to PARENTS or other schools until all past due amounts and late fees are paid in full.

PARENTS understand that the student(s) will be placed according to the test results, academic history and other generally accepted educational standards. PARENTS understand the position, purpose and goals of the school, and pledge their wholehearted support of the spiritual and academic programs of the school. PARENTS agree to support the school’s rules, regulations and policy of classroom discipline including policies outlined in the Parent/Student Handbook. PARENTS understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or does not cooperate with the educational process.

PARENTS understand that student(s) is (are) not to arrive before 7:40 AM and that the school does not assume responsibility for students who arrive before that time. PARENTS will pick up the student(s) after school without delay or make arrangements for such. PARENTS will not hold the school liable for any accidents that may occur during the activities for which they have given their permission, including accidents which may occur transporting students to and from such activities. PARENTS agree to abide by, and be responsible for, any decisions made in medical emergencies or severe weather conditions, which PARENTS are not available, as deemed necessary by PCA personnel in charge. PARENTS understand that the student(s) will not be admitted to class the first day of school unless proper forms, including health information, are on file in the school office.
The parties hereto acknowledge that this contract of enrollment and the references incorporated herein constitute the full agreement between the parties and that the parties are bound by this contract for the above indicated school year. The undersigned parties agree and acknowledge that they have read and considered the foregoing terms and that they fully understand and agree to said terms.

**Name of Student Grade (2020-2021) Parent/Guardian Signature Date**

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **Accepted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ PCA Board of Directors Date

I give permission for my child's or children's photograph to be used in the newspaper, the PCA website, and the PCA Facebook page.

Yes \_\_\_\_ No\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS FOR ENROLLMENT**

* The application must be complete. (New students must furnish a copy of the student’s most recent report card and standardized testing information.)
* Kindergarten students must be four (4) for K4 or five (5) for K5 on or before September 1st. First grade students should be six years old on or before September 1st. The application must be accompanied by an original birth certificate. A copy will be made and the original mailed to you.
* All students must provide an **original** Mississippi Certificate of Immunization. (Transfer student’s certificate will be in their school record and will be provided by the school last attended.)
* Students applying for admission for the first time, with at least one parent, must be interviewed by the Headmaster.
* PCA reserves the right to administer such tests and make such inquires as it deems necessary to enable its Headmaster to make proper recommendations to the Board of Directors regarding admission of students.
* A $350 registration fee per family is due with the Application. **Registration is nonrefundable.**
* A $400 maintenance and textbook assessment fee per family is due each year. $200 must be paid prior to the first day of school. The other $200 may be paid by the end of the 3rd nine weeks.

**TUITION AND FEE SCHEDULE**

Porter’s Chapel Academy, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. PCA does not discriminate on the basis of race, color, national or ethnic origin in its educational policies, admission policies, financial aid, athletic, and other school-administered programs.

 **Registration Fee** $350 per year per family

 **Maintenance and Book Assessment** $400 per year per family

 **Tuition Schedule** Total 12 Months (May 25-April 25)

 Grades K4 – 12 $5, 124 $427/month

 Multi-Child Discounts (any grade levels)

 Two (2) Students $8,964 $747/month

 Three (3) Students $10,800 $900/month

 Four (4) or more Students $12,000 $1000/month

Tuition is due on the 25th of each month and will be collected through FACTS Tuition Management. A late fee of $30/month is assessed for payments not received by the first day of the next calendar month. For example, the first payment is due May 25. A late fee is assessed after June 1.

**Service Requirements** 16 hours per family per year to school or school organization (or $300 paid by May 1, 2021.) (Limit of 4 hours for field trips. Working athletic events, workdays, and anything else approved by the headmaster will count toward service hours.)

**Fundraising** 2 Mandatory Fundraisers- Each family will be responsible for selling 20 tickets for the Annual Drawings, one to be held each semester. All families are encouraged to participate in other fundraising activities. Other clubs may request participation in fundraisers.

Each family who pays tuition for the year in full by June 25 will receive a $300 discount on the tuition due. For families who withdraw before the year is completed, the discount will be forfeited.

**Returning students who are not registered by April 1 will owe a $50 late fee per family. If not registered by May 1, the late fee increases to $100; if not by June 1st, the late fee increases to $200; if not by July 1st, the late fee increases to $400.**

**Bondholder Information**

One adult from each PCA family may own a PCA Bond. The bond application is available in the office and must be submitted with a $250.00 check.

 The board must approve all Bond applications. Bondholders are able to vote in the corporation which includes the right to vote for the election of

board members. Bonds may be paid for in installments.

**School Lunches**

Elementary, junior high, and high school students may bring their lunches or purchase items from the cafeteria.

 Kindergarten students must pay for their lunches by the week.

FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| Amount Paid |  Check # | Date Paid |

**Porter’s Chapel Academy**

 **Emergency Information Form 2020-2021**

(Please print)

**Child’s Full Name** **Grade** **Age**

**Legal guardian or parent to contact first \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permission to check out/pick up:** \_\_\_\_ yes \_\_\_\_ no

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second person to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permission to check out/pick up:** \_\_\_\_ yes \_\_\_\_ no

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third person to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permission to check out/pick up:** \_\_\_\_ yes \_\_\_\_ no

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fourth person to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permission to check out/pick up:** \_\_\_\_ yes \_\_\_\_ no

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Physician** **Address** **Phone**

**Child’s Medical Condition:**  Is your child allergic to any drugs or insect stings? Does your child have any medical condition that a physician should know about? If the answer is yes to either of these questions, please explain.

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

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**Please list additional people who have permission to check out/ pick up:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Porter’s Chapel Academy**

**Field Trip Permission Form**

**2020-2021**

Selected field trips will be taken by various classes during the year to enrich the educational experience of the students. These trips will be announced in advance and no child will be permitted to participate without written parental permission. Parents are asked to sign this permission slip which authorizes such trips, and removes the school and teacher from any liability in case of accidents.

 I understand the above policy, and hereby give my permission for my child to attend such field trips. I understand that neither the school, the Board of Directors, the chaperones, nor the teacher shall be held liable in case of accidents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to travel with

 Student’s Name

the faculty and staff of Porter’s Chapel Academy on field trips. I understand that parents may be used to provide additional transportation as needed.

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

Parent’s Signature

**\*\*\* Separate form required for each child.**

**Porter’s Chapel Academy**

**2020-2021**

**CONSENT FORM**

**Drug Testing/Prevention Program**

I, the undersigned parent, or legal guardian, hereby give my consent for my child, named below, to participate in the drug testing program as outlined in the written policy.

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

NAME OF STUDENT (Please print) GRADE

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

SIGNATURE OF PARENT OR GUARDIAN

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

SIGNATURE OF STUDENT

**Drug Testing Fee: $25 per student per year**

**\*\*\* Separate form required for each child ( only students in grades 7-12).**

**Notify Me**

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

\*Please make sure you notify those that you put on this list that they will be receiving communications from your child's school via email, text and phone call.

**Parent/Guardian's Information:**



 (First Name) (Last Name)

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

 (For emergencies only — Must be a number that YOU will answer)

 \_\_\_\_ Email E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print clearly)

 \_\_\_\_ Text Message Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preferred Method)

**Parent/Guardian's Information:**



 (First Name) (Last Name)

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

 (For emergencies only — Must be a number that YOU will answer)

 \_\_\_\_ Email E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print clearly)

 \_\_\_\_ Text Message Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preferred Method)

 **Additional Contact (student info can be added here):**



 (First Name) (Last Name)

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

 (For emergencies only — Must be a number that YOU will answer)

 \_\_\_\_ Email E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print clearly)

 \_\_\_\_ Text Message Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preferred Method)

 (**NOTE**: You must notify Porters Chapel Academy of any future changes to the information above in order to keep receiving notifications.)

I understand that Porters Chapel Academy will not charge me for this service, and that I am responsible for any charges my service provider(s) may charge (message and data rates may apply). This service is being provided by NotifyMySchool.com and their name may appear on the emails and/or text messages, e.g. (pca@NotifyMySchool.com) -please add to your approved email list.

I also understand that NotifyMySchool.com will not sell, share, or rent any of my contact information as given above with any third party and that my contact information will remain confidentially safeguarded. Furthermore, NotifyMySchool.com will not attempt to sell me anything or send me advertisement of any kind. My contact information is used solely for the purpose of Porters Chapel Academy to be able to contact me and the rest of their members in the most effective and cost efficient way possible.

 Please see the "Privacy Policy" located at NotifyMySchool.com for more information. Porters Chapel Academy may also notify me of "events" that are relative to my relationship with their organization.

I also understand that I can Opt-Out at any time by asking Porters Chapel Academy to take me off their notification service, or by visiting [www.NotifyMySchool.com](http://www.NotifyMySchool.com/).

**Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**