



# Anchor Christian Academy

## **NEW STUDENT**

### Registration Packet

2021-2022

*Please read carefully.*

***The following forms need to be completed in full and returned to the  
ACA office at the time of enrollment.***

- ❑ **Student Information Card**
- ❑ **Background Information Form**
- ❑ **Student Health Form**
- ❑ **Immunization Forms**
- ❑ **Billing Information/Financial Contract**
- ❑ **Interview & Testing Form** (1<sup>st</sup>-8<sup>th</sup> grade students only)
- ❑ **Request for Student Records Form** (On lines after "TO," please fill in the student's previous school name/address; fill out the rest of the form as indicated. A separate form is required for each student.)

Anchor Christian Academy 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

# Background Information

Student's Full Name: \_\_\_\_\_ Indicate any other last name used: \_\_\_\_\_

School last attended/address: Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has the student ever been dismissed, suspended, or disciplined for disruptive behavior?  No  Yes

Please explain:

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Does the student have any diagnosed or suspected learning disabilities or special educational requirements?  No  Yes

Please specify: \_\_\_\_\_

Has the student ever skipped or repeated a grade?  No  Yes

Please explain: \_\_\_\_\_

Is there a court order in effect limiting the presence of or removal of this student by any persons or person during school hours?  No  Yes\* \* Please provide a copy of the order for our records.

Has the student attended a Christian school in the past?  No  Yes

Name & Dates: \_\_\_\_\_

How did you hear about Anchor Christian Academy?

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Were you referred? Who? \_\_\_\_\_

Does your family attend church regularly?  No  Yes

Name of church: \_\_\_\_\_

# Student Health Information

Has your child been diagnosed with any learning disabilities such as dyslexia, ADHD, etc., that require special treatment and/or programs?     No                       Yes

Please specify: \_\_\_\_\_

Does your child have any health problems (including any concerns or physical limitation that would affect P.E. or recess)?     No                       Yes

Please specify: \_\_\_\_\_

Is your child regularly taking any medications?     No                       Yes

Please specify: \_\_\_\_\_

Does your child have a bee sting allergy?     Unknown     No     Yes     Mild     Severe

Does your child have a food allergy?     Unknown     No     Yes     Mild     Severe

If yes to either of the above, please specify:

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

Does your child have any other allergies?     Unknown     No     Yes     Mild     Severe

If yes, please specify:

\_\_\_\_\_

## Doctor/Physician Information

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Release Information

I hereby give my consent for \_\_\_\_\_ (child's full name) to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician(s) or paramedic(s) during the school year. In an emergency, ACA has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Signature of *both* parents required: (please circle the title that applies)

Father    Stepmother    Legal Guardian

Date

Mother    Stepmother    Legal Guardian

Date

Throughout the year, student photos and names are collected for the yearbook, used in school advertising and released to the media for honor roll, awards, special events, etc. Please indicate below if your child may or may not be pictured/named:

My child may not be photographed/named

My child may be photographed/named

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

\_\_\_\_\_  
Date

# Interview & Testing Form

Thank you for enrolling your child in Anchor Christian Academy. Each new student is interviewed and/or tested as a part of the enrollment process. This is done in order to make an appropriate grade level placement for each child, as well as, to determine whether or not our behavioral expectations are consistent with the student and the student's family.

The academic testing includes reading (fluency and comprehension), language skills, and arithmetic.

Please read over the Student Handbook, completely fill out the attached forms, and bring your child in for an interview.

Student Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Test Location \_\_\_\_\_

Test Date \_\_\_\_\_

Tested By \_\_\_\_\_

Our policy is that new students are admitted to class at least one full day after interviewing. This allows the teacher to make necessary preparations for the new student.

**Anchor Christian Academy**  
**PO Box 188**  
**Hammond, OR 97121**

Phone: 503.861.3333 ext. 2  
Email: office@nccshammond.com

**Request for Student Records**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear School Office Personnel:

The student named below is now registered at Anchor Christian Academy. Please send us this student's cumulative records and health cards. Thank you.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sincerely,

Registrar  
Anchor Christian Academy

Authorization for Release and Exchange of Information

Date: \_\_\_\_\_

I authorize the release and exchange of any and all information in the school records regarding the student listed above. I understand that all information so exchanged will be treated as confidential and will be used only to plan educational programs for my child.

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

**ACA Financial Contract 2021-2022****OFFICE USE ONLY**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent name(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Registration paid: \_\_\_\_\_

Tuition paid: \_\_\_\_\_

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Copy to Accounting \_\_\_\_\_

Payment by check: # \_\_\_\_\_

**Party responsible for bill:**

Name: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Email: \_\_\_\_\_

Statement Preference: Mail \_\_\_\_ Email \_\_\_\_

Referred by: \_\_\_\_\_

Billing Plan (choose one):    9 month            12 month  
    (Sept.-May)    (June-May)

**TUITION INFORMATION****Admission Process**

To enroll your child into ACA, you must complete and return the application form and registration fee. The registration fee is due at the time of the enrollment.

**Fee Schedule (Due upon return of enrollment application):**

Registration Fee	\$75	\$150 max family cap	*NON-REFUNDABLE
Book Fee (3rd-8th)	\$50		*NON-REFUNDABLE

**2021-2022 Yearly Tuition**

K3 – 8th Grade: \$5,050

**Multiple Child Discount:**

The oldest child enrolled will be charged full tuition. Additional children's tuition is discounted 10%.

**Referral discount:**

Referrals are a big part of growing our Anchor Christian Academy family, so we want to thank you for helping. A statement credit of \$100 will be applied for each new family you refer. The credit will be applied after the new student(s) has attended for 30 days. You must be named as the referring party on their enrollment form.

**Tuition payments are due on the 10<sup>th</sup> of each month.** Any payments not received by the 10th will be considered past due. A 5-day grace period is offered. If payment is not received by the 15<sup>th</sup> a late fee of \$25 will be assessed. If it is not possible for payments to be made on time, it is the responsibility of the parents to notify the school to work out an agreeable payment plan.

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

- That I owe Anchor Christian Academy the sum of \$\_\_\_\_\_ for the above named student(s) for the above named school year which will be paid as follows:  
    \_\_ 9 month      \_\_ 12 month.
- That all payments shall be made to Anchor Christian Academy at its business office or tuition drop box. Payments can also be made on our website or through the mail.

I, acknowledge and agree:

- That because Anchor Christian Academy must hire teachers on a full year basis, this is a one year contract, registration and book fees are non-refundable, and after 30 days I am responsible for the full amount of the annual contract whether or not my child(ren) completes the year at Anchor Christian Academy. \_\_\_\_\_ (initial)
- To pay Anchor Christian Academy a late charge in the amount of **\$25 if tuition is not paid by the 15<sup>th</sup> of each month.** \_\_\_\_\_ (initial)
- That Anchor Christian Academy has the right to accelerate the payment of all tuition and may demand payment in full at any time that the aforesaid payments are not made in a timely manner. Further, Anchor Christian Academy, upon five (5) days written notice to me has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Accounts 20 days past due can be sent to collections.
- That Anchor Christian Academy may withhold the above named student's report card and diploma until all financial obligations owing to ACA resulting directly or indirectly from enrollment of the above named student(s) have been paid in full.
- That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals.
- All returned checks are subject to a \$40.00 service charge.

**I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN.**

Dated this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_.

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

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

\_\_\_\_\_  
ACA Representative

# 2021-2022 Student Information Card

Student Information Student's Date of Birth: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last Name First Name Middle name

Grade: K3 K4 K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Race: African American Asian Native American White Pacific Islander Other \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt./Space # \_\_\_\_\_

Street City State Zip Code

Mailing Address: \_\_\_\_\_

Street City State Zip Code

Home Phone: \_\_\_\_\_ Student lives with: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT #1

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT #2

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## Student may also be released to:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

## Student MAY NOT be released to:

Full Name: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Full Name: \_\_\_\_\_