

Review & Date:

Principal: \_\_\_\_\_

Business Administrator: \_\_\_\_\_

Office Administrator: \_\_\_\_\_

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



# Anchor Christian Academy

**NEW STUDENT**

**Registration Packet**

**2024-2025**

**\$5600**

*Please read carefully.*

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

- Background Information**
- Student Health**
- Interview & Testing** (1<sup>st</sup>-8<sup>th</sup> grade students only)
- Code of Conduct** (parent and student must sign)
- Request for Student Records** (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.)
- Billing Information/Financial Contract**
- Student Information**
- Immunization Forms/Records**

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: \_\_\_\_\_ 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: \_\_\_\_\_

Does the student have a behavior plan, such as a BIP, 504, etc?  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?  
\_\_\_\_\_

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 that require special treatment and/or programs, such as dyslexia, ADHD, etc?  No  Yes

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

Does your child have any health problems (including any concerns or physical limitations 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:

\_\_\_\_\_

## 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 /Stepfather/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.*

## CODE OF CONDUCT

**Please sign and return upon enrollment.**

A positive Christian learning environment begins with a basic commitment by each student to personal integrity, refusal to condone dishonorable behavior, and support of appropriate consequences for those who violate the code of conduct.

God has entrusted children to parents. Our school exists, not as a substitute for parental guidance and instruction taught at home, but to partner with parents who want to educate their children to their maximum potential academically, socially and spiritually.

At the heart of the code is a desire to honor the Lord Jesus Christ, to create a safe learning environment for all, and to provide a godly framework for our students to live by for the rest of their lives.

**By signing this code of conduct I, the student, agree that I will:**

- Show respect to people through my words and actions.
- Show respect to property in school and our community.
- Respect myself and my appearance by wearing school-appropriate attire and eating healthy food for snack and lunch.
- Be kind and helpful by using kind words and respectful language.
- Be honest at all times and take responsibility for my actions.
- Take an active role in my own learning.
- Persevere in all I do by working hard towards my goals.

**By signing this code of conduct, I, the parent/guardian, agree that I will:**

- Hold my child to the standards set forth by the school.
- Respect the dress code set forth by the school and be mindful of my child's diet at school.
- Be kind and helpful by using kind words and respectful language.
- Assist in holding my child accountable for his/her actions.
- Take an active role in my child's learning.
- Assist in giving my child the necessary support to help them reach his/her goals.

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Child's Name

Parent Signature

Date

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

Phone: 503 - 994 -1696  
Email: office@acapnw.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: \_\_\_\_\_ Current 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 2024-2025

(One contract per family)

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

### Party responsible for bill:

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

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

Email for statements: \_\_\_\_\_

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

**Billing Plan (choose one):**  9 month (Sept-May)  12 month (June-May) *(payments must start in June)*

### 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: \$150\* \$300 max family cap \*NON-REFUNDABLE

Book Fee (3rd-8th): \$75\* \*NON-REFUNDABLE

### 2024-2025 Yearly Tuition

K5 – 8th Grade \$5600

**\*\*Discounts cannot be combined\*\***

**Multiple child discount:** the oldest child enrolled will be charged full tuition. 10% discount for additional children.

**Full payment discount:** 5% off when full tuition is paid in advance.

**Military, law enforcement officer, and full-time senior pastor discount:** 5% off tuition

#### **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.

### OFFICE USE ONLY

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

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

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

Book fees paid: \$ \_\_\_\_\_

Payment made by:  Cash  Check

Check #: \_\_\_\_\_

Business Administrator initial: \_\_\_\_\_

**Tuition payments are due on the 5<sup>th</sup> of each month. Any payments not received by the 5th will be considered past due. A 5-day grace period is offered. If payment is not received by the 10<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, placed in the office drop box, or sent 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 10<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

# 2024 – 2025 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/Kindergarten  1st  2nd  3rd  4th  5th  6th  7th  8th

Ethnicity:  African-American  Asian  European-descent  Native American  Pacific Islander  Other: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

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

### Parent/Guardian Contact #1

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Parent/Guardian Contact #2

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work place: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Student *MAY* be released to:

Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_  
Best contact #: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

### Student *MAY NOT* be released to:

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
  
Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
\*If a child is not allowed to be released to his/her biological parent, please provide documentation for school records.

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