

PARENTAL STATEMENT

If my student is accepted at Grace Christian Academy:

1. I/We agree to have the applicants trained in accordance with the Statement of Faith of the Grace Christian Academy of Maryland.
2. I/We agree to abide by the Parent-Student Handbook (available at www.graceknights.org)
3. I/We agree to give the administration full authority to place the applicant in the proper grade level and class.
4. I/We acknowledge the school's right to dismiss students who do not respect its spiritual standards or cooperate in the educational process.
5. I/We recognize the school's right to dismiss any student(s) whose parents are unsupportive and uncooperative.
6. I/We give permission for the applicant to be disciplined according to school policy.
7. I/We agree to assume the responsibility of my child's education by supervising assigned homework and keeping in regular contact with my child's teacher.
8. I/We agree to support the school's activities through attendance and participation.
9. I/We agree to support the school's programs through prayer, volunteer help, and financial gifts.
10. I/We grant permission for my child to go on scheduled field trips and school activities.
11. I/We grant my permission to the school authorities to take the following steps in the event my child becomes ill or is injured under school supervision.
 - a) Contact a parent of the student and follow the parent's instruction.
 - b) Contact the student's physician and follow his instructions, in the event neither parent can be reached.
 - c) Use discretion in contacting a properly licensed physician and follow his instructions if the student's physician cannot be reached. If in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my



13000 Zekiah Drive
Waldorf, Maryland 20601
(301) 645-0406 • Fax: (301) 645-7463
www.graceknights.org

consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Administrator, or designee, to furnish on my behalf, such written or oral authorization as may be required. Further, I release the Administrator, or designee, the School Board and Grace Christian Academy of Maryland and church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

12. I/We understand to complete the registration process; the application, tuition and program fees must be paid. These fees are not refundable.
13. I/We agree to give four weeks' notice of voluntary withdrawal of my child(ren). I understand that the registration and program fees will not be refunded, and the financial agreement is for the full school year. Any financial calculations, adjustments, repayments, or reconciliations relating to discounts will be calculated only up to the students' final date in school. No discount entitlement applies beyond withdraw date
14. I/We have read the financial policy and agree to pay all my obligations therein.
15. I/We intend to have the applicant enrolled for the full year.
16. I/We agree that I will provide health insurance coverage for my child while he/she is enrolled at GCA. If my health insurance changes or is dropped, I agree to inform the school office and take immediate steps to replace that coverage.
17. I/We understand that I am responsible to submit all updated medical forms, birth certificate, and transferred school records where applicable before my child can attend GCA.
18. I/We understand that school records and transcripts will not be released until all fees and school financial obligations have been met.

PARENT/GUARDIAN SIGNATURE

PRINT NAME PARENT/GUARDIAN

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME PARENT/GUARDIAN

DATE