



Seekonk Christian Academy

95 Sagamore Road

Seekonk, MA 02771

508.336.2615

Dear Parent / Guardian,

Thank you for your interest in Seekonk Christian Academy. Enclosed you will find the SCA information and application packet that you requested. Please fill this out in its entirety, one for each child, and return with your book and materials payment.

The last two pages of the application are for you to keep. These pages list the steps required to complete the enrollment process and are meant as a guide for you as you prepare for the next school year.

Again, I appreciate your desire to provide the best possible education for your child. If you have any further questions regarding Seekonk Christian Academy, or the enrollment process, please don't hesitate to contact me at 508.343.2190 or email thale@seekonkca.org.

Sincerely,

Tom Hale | SCA Head of School

Seekonk Christian Academy

Enrollment

Fees (2022-2023)

Application Fee: \$50.00

Each incoming family must complete an enrollment application. There is a \$50 non-refundable fee due upon submission. To pick up an enrollment application, please contact Mr. Thomas Hale | Head of School at 508-343-2190.

Book and Materials Fee: \$300.00 (Grades K4-8)

Uniforms: Donnelly's, cost is approximately \$200.00

Tuition: \$5,350.00 per academic year / \$535.00 per month

- Tuition payments are due on the first of every month (September through June). Payments are accepted through a FACTS Account, which are deducted from your bank account on either the 1st or 10th of each month whichever you choose.
- FACTS Payment Plans. <https://online.factsmgt.com/signin/3HMM2>

We are pleased to offer FACTS Payment Plans. <https://online.factsmgt.com/signin/3HMM2>
You are required to register an account with Facts.

Simple Steps to Enroll in a Payment Plan:

1. New FACTS User please select "Create username & password".
2. Click on the Set up a Payment Plan link
3. Select the appropriate school year
4. Complete the steps as prompted

Enrolling in a FACTS tuition payment plan allows you to select a payment option that best suits your financial needs. The plans listed below are offered by your school.

Monthly Payments:

Spread your tuition balance over monthly installments. Payment Methods Offered: Automatic Draft
Semi-Annual Payments: Pay your tuition in two installments. Payment Methods Offered: Automatic Draft, Invoice

Payment in Full: FACTS is a quick, secure method for paying your tuition balance in full.

Field Trips: \$1.00 - \$35.00 (approximately)

Periodically throughout the year field trips are planned. The cost will depend upon the event. You will be given advanced notice when a trip is scheduled.

Requirements for Admission

2022 – 2023

The following requirements must be met to be considered for enrollment at Seekonk Christian Academy:

1. The family must be attending a pastoral approved church.
2. Parents are expected to attend all scheduled parent meetings.
3. The family must agree to abide by the policies specified in the SCA Handbook for Parents and Students.

Enrollment will not be complete without the following requirements satisfied:

1. _____ FACTS Payment Plans.
<https://online.factsmgt.com/signin/3HMM2> , You are required to register an account with FACTS.
2. _____ Completed application with book and materials fee of \$300.00 per student should be returned to the main office with enrollment forms per student.
3. _____ An academic screening prior to admission.
4. _____ All new students and parents will be interviewed by the Head of School or Teacher.
5. _____ Provide SCA with current immunization records.
6. _____ Parents must be willing to Volunteer for 2 hours per month. In the event the 2 hours are not completed, you will be charged \$30.00 per month per family.

Seekonk Christian Academy

Enrollment Form
School Term: 2022-2023

Student's Information

Student's Name: _____
Last First Middle Title

Preferred Name: _____ Gender: _____ Date of Birth: _____

Grade Entering (As of Sept. 2022): _____ (To be eligible for K-4, a child must be four years old by September 1, 2022)
(To be eligible for K-5, a child must be five years old by September 1, 2022)

Primary Family Information

Address Line: _____
City State ZIP Code

Home Phone: _____

Father's Information

Father's Name: _____
Last First Middle Title

Cell Phone: _____ Email: _____

Company Name: _____

Job Title: _____ Business Phone: _____ Ext: _____

Accepted Jesus as Lord? _____ Date: _____

Name of home church: _____

Mother's Information

Mother's Name: _____
Last First Middle

Cell Phone: _____ Email: _____

Company Name: _____

Job Title: _____ Business Phone: _____ Ext: _____

Accepted Jesus as Lord? _____ Date: _____

Name of home church: _____

If child does not live with both parents, please complete below for non-custodial parent:

This information is for the child's Mother / Father (circle one)

Parent Name: _____

Address: _____

City	State	Zip Code
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Home Phone: _____

Is non-custodial parent allowed to pick up child? _____

1. Why do you want your child to attend Seekonk Christian Academy?

2. Are all legal guardians of potential student in agreement with sending child to SCA? _____
If not, please explain.

3. Has your child accepted Jesus Christ as Lord? _____

4. We publish a directory every year solely for the use of SCA families. May we include your (not student's) name, address, and phone number in our SCA Parent Directory? ____ Yes ____ No

ESSAYS: The following two questions are to be answered by the student (grade 3 and above) in his/her own handwriting. Please use a separate sheet of paper to prepare your answers. These essays will be considered when reviewing your acceptance to SCA, so please prepare carefully.

1. Why do you want to attend SCA?

2. What does being a Christian mean to you?

The entirety of this enrollment form must be returned to the SCA office with the Book and Materials fee, (\$300.00 for grades K4-8). The Book and Material fee is nonrefundable. Early withdrawal will incur a handling fee of 10% of the unpaid annual tuition.

Your signature below indicates your agreement to abide by the Requirements for Admission listed on the last page of the application.

Parent Signature

Date

Parent Signature

Date

Student Biographical Information

2022-2023

Student's Name: _____
(Last) (First) (Middle)

Please list all previous schools attended:

<u>Name of School</u>	<u>City/State</u>	<u>Grade</u>	<u>Number of Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following questions will help us to better serve you and your child. These questions are not designed to set criteria for admission.

Has your child ever repeated a grade? _____

Has your child ever received special academic services in school? _____

If your child is presently receiving any special services, please explain: _____

Is your child presently struggling in any academic areas? _____
(This may be observed by their teachers; or you as parents)

Are there any important facts that we should know about your child which will help us understand him/her better? Please check all that apply.

- | | | | |
|------------------------|----------------------------|-----------------------------|------------------|
| _____ appetite | _____ hearing | _____ vision | _____ discipline |
| _____ allergies | _____ medications | _____ physical restrictions | |
| _____ listening skills | _____ following directions | _____ speaking clearly | |

If you have checked any of the above, please explain: _____

I understand that my child's likeness may be photographed or videotaped by the school during school activities. I hereby give consent for the school to use my child's likeness in promotional and/or advertising materials.

Parent Signature _____ Date _____

Emergency Information 2022-2023

Parent Name: _____

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation _____

Home Phone: _____ Bus. Phone: _____

Mobile Phone: _____

Contact Name: _____ Relation _____

Home Phone: _____ Bus. Phone: _____

Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Bus. Phone: _____

Mobile Phone: _____

Pickup Information (People authorized to pickup children from School)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Name: _____

Volunteer Duties:

I would like to perform the following duty/duties to fulfill my 2hrs of volunteer commitment per month for the next year:

(Please check one or more):

Parking Lot Monitor AM _____

Parking Lot Monitor PM _____

Lunch Room Monitor for: Mon. Tues. Wed. Thurs. Fri. (circle choice(s))

Commitment to SCA Requirements for Enrollment 2022-2023

We ask that you verify your compliance with the basic requirements for enrollment as found in Article IX of the *SCA Handbook for Parents and Students* with your signature in the space below.

- I am regularly attending a pastoral approved church.
- I will attend SCA parent meetings.
- I will abide by the policies specified in the SCA Handbook.
- I live a lifestyle that is in keeping with our Godly mission. Explanation Below:

Seekonk Christian Academy's biblical role is to work in conjunction with the home to mold students to be Christlike. Of necessity, this involves the school's understanding and belief of what qualities or characteristics exemplify a Christlike life. The school reserves the right within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school teaches. This includes, but is not limited to, participation in, supporting, or condoning sexual immorality, homosexual activity, or bisexual activity; promoting such practices; or being unable to support the moral principles of the school. (See Leviticus 20:13 and Romans 1:27.)

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Annual Field Trip Release/Emergency Medical Form
Seekonk Christian Academy
2022-2023 School Year

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least five days notice of all trips away from the school premises.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/We understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree to hold harmless Seekonk Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/We agree to assume the financial responsibility for expenses incurred because of those services being provided. I/We also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature Date

Mother/Guardian's Signature Date

Name Printed: _____

Name Printed: _____

If the child lives with both parents, the release must be signed by both parents/guardians

Witnessed by: _____

Date: _____