

SARALAND CHRISTIAN ACADEMY

FAMILY BASED HOME EDUCATION PROGRAM

Family Information Form

(Print ALL info)

Guardian/Parent Name _____

Address _____ City/Zip _____

County _____ Phone _____ Cell _____

Email _____

If the enrolling parent does not have sole custody or rights to make all educational choices, is the other parent in agreement with home education?

_____ We are in agreement _____

Student Information

Name

Age/Birthdate

Grade

PLEASE READ THOROUGHLY

1. I have read the guidelines and policies of SCA and understand/ agree with them
2. I understand the tuition policy of SCA and there is no refund if we leave the school at any time, nor are books included in this fee.
3. I understand that transcripts are not supplied without the payment of any applicable fees and submission of forms.
4. I understand that the enrollment fee does not cover children who are in school but are not enrolling in Saraland Christian Academy at this time. I understand that an additional fee of \$25 will be due should I decide to enroll them later.
5. I understand SCA policy on STUDENT RECORDS AND TRANSCRIPTS.
6. I will keep SCA informed of new phone numbers or address changes.
7. I understand that if a child moves in with another parent, enrollment does not transfer.
8. I do not hold SCA, the administrator, staff members, or volunteers liable for the education of my child; including purchasing of curriculum, grading or testing.
9. I UNDERSTAND I AM RESPONSIBLE FOR PURCHASING OR OBTAINING ALL BOOKS OR CURRICULUM.
10. I understand SCA is NOT state accredited nor wishes to be at any time.
11. I understand SCA fully places all responsibility of the education of my child on me, the parent. SCA is not required by law to make sure a child is learning.
12. I am including the enrollment form.

Parents Signature

Date