

PAYMENT OPTIONS: Note, the annual, lunch, and bus fees will be applied without discount.

___ Annual Payment 5%, ___ Semester Payment 2%, ___ Quarterly, ___ MONTHLY (12 payments on the 14th of each month, Aug-July) Auto Pay ONLY.

**In order to secure the Annual discount, the amount should be paid within 15 days of the agreement confirmation; Semester payments should be paid by August 14th & February 14th; Quarterly payments should be paid by August 14th, November 14th, February 14th, and May 14th. If the payment is not received by the due date, the discount will be removed.*

Multi-Family Discount: Note, the annual, lunch, and bus fees will be applied without discount.

___ 1st - the oldest child 0%, ___ 2nd to the oldest child 10%, ___ 3rd to the oldest child 20%, ___ 4th to the oldest child 50%, and the following children 100%.

Tuition Assistance: Note, the annual, lunch, and bus fees will be applied without discount.

The main criteria for tuition assistance is based on the Federal Poverty Guidelines and the Tuition Assistance application verification. The application window for current families will close on April 30, 2018. For new families, the tuition assistance is available as funds permit. The application fee is \$25 per family and is non-refundable.

ENROLLMENT PROCESS: Upon submitting the registration application to the SCA office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation.

- Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.
- A one-time change to the Enrollment Confirmation contract is permissible within a two-week window, and for other requests, a \$25 fee is applicable.

EMERGENCY contact/pick up permission:

First/Last Name	Phone	e-mail	Relationship to child	Pick up permission? Yes/No

STUDENT COMMITMENT 6-12 Grades: I, _____, (additional student) _____, (additional student) _____, agree to abide by the school's standards of conduct, uniform, and other regulations expected of me at Summit Christian Academy and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards. Outside of the school, I will uphold its policy per Parent-Student Handbook.

SCHOOL EVENT PERMISSION (please initial):

_____ I hereby certify that my child has permission to participate in SCA fieldtrips and other related school events that are part of the school curriculum.

_____ I hereby grant permission for SCA to photograph/videotape my son/daughter for the school yearbook, publications, school FaceBook, or website.

CHURCH AFFILIATION: _____ Pastor's Full Name: _____ Phone: _____

Years of membership _____ Church Attendance: Weekly Occasionally; Church Participation: _____ Children participate in: Sunday School Teens Choir

REFERENCE (new families only): (1) Previous School Principal or Teacher: Full Name _____ Phone _____ Email _____

(2) Other person who can speak on behalf of the family (not relatives): Full Name _____ Phone _____ Email _____

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

<p>SCA OFFICE USE ONLY: Application received by: _____ date: _____</p> <p><input type="checkbox"/> Registration <input type="checkbox"/> Annual/Book Fee <input type="checkbox"/> Payment Auth. <input type="checkbox"/> Immunizations (K5, 1, 6, & New ONLY) <input type="checkbox"/> SS# for 7-12th gr. <input type="checkbox"/> All signatures <input type="checkbox"/> Other forms attached? Yes/No</p>
