

PARENTAL AGREEMENT

PLEASE INITIAL:

- _____ I recognize that Firewheel Christian Academy has a highly qualified, trained staff, and I have confidence in their ability to perform the educational functions due my child at their discretion.
- _____ I realize that from time to time children take issue with actions, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism; instead, I will correct my child, support the school personnel, and request full details from the teacher when I have a question concerning the incident. As a supportive parent of FCA, I realize that calling a teacher when I am angry is an unwise practice. I will give myself at least three hours to carefully analyze the situation before calling the teacher.
- _____ As a supportive parent of FCA, I realize that gossip will not be tolerated with other staff, teachers, or parents. I may be called in by the principal to discuss this matter.
- _____ I will pray for the staff and ministry, cooperate with them in discipline, and seek to accept their judgment in all such matters.
- _____ I will lay a spiritual foundation through Godly example in the home and will support the spiritual training of the school.
- _____ I will help to follow through with any assignments or notices to be signed.
- _____ I will see that my child arrives at school on time, dressed in the proper uniform, and will send written excuses for any absences or tardies.
- _____ I will cooperate in training my child to respect school property and will pay for irregular abuse of the same.
- _____ I will seek to attend and support parent functions.
- _____ I understand the registration fees are not refundable and that my failure to be consistent with the prescribed plan of tuition payment could result in my child's being suspended from attending school. I also understand that late fees will be charged for tuition payments received after the fifth day of the month. I understand that all school records, report cards, etc. will be withheld if student accounts are delinquent for sixty days or more; if the student fails to return library books, textbooks, school materials, etc. as required; and/or if the student registration and/or health records are not current. I realize that end-of-the-year school records will not be released until all student accounts are paid in full.
- _____ I have read the Parent/Student Handbook of Firewheel Christian Academy.
- _____ I understand and accept the objectives, disciplinary rules, dress code, and other policies set forth by the school and the FCA School Committee. I understand failure to adhere to the rules of the school is justification for expelling a student.
- _____ I realize that attending Firewheel Christian Academy is a privilege. It is my intention to support the decisions of and discipline of the supervisors of the school.

Child's Name Date

Signature of Parent/Guardian Date

Address City State Zip Phone

Subscribed and sworn to before me on this _____ day of _____, _____.
(month) (year)

Notary Public In and For the State of Texas

My commission expires:

PARENTAL PERMISSION AND RELEASE

(Name of Child) _____

is my child, and is now under my control and in my custody. I desire said child to go on any and all trips, and to participate in any and all activities along with other children from Firewheel Christian Academy. In consideration of said child being permitted to make such trips and take part in such activities and the instruction said child will receive by reason thereof, I hereby release and discharge, and agree to indemnify and hold harmless Firewheel Christian Academy, it's trustees, officers, teachers, and employees, together with any volunteer carrier or supervisors of such child without compensation, from any and all liability and responsibility in connection with such negligence, (but not including acts or omissions that are intentional or willfully negligent) resulting in death, damage, or injury to person or property of such child if the trustee, officer, teacher, employee or volunteer is acting in good faith, and in the course or scope of his or her duties or functions within the organization; provided, however, any trustee, officer, teacher, employee or volunteer shall not be released herein for liability for death, damage or injury to the person or property of such child to the extent of any existing insurance coverage applicable to the act or omission.

Signature of Parent/Guardian _____
Date

Address City State Zip Phone

Name of Emergency Contact Phone Number Date

Subscribed and sworn to before me on this _____ day of _____, _____.
(month) (year)

Notary Public in and for the State of Texas

My commission expires:

Authorization and Consent to Provide Emergency Medical Care

(name of student) _____

Is my child and is now under my control and in my custody. I authorize Firewheel Christian Academy and it's representatives, trustees, officers, teachers, and employees, together with any employee-approved volunteers, to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip, such treatment to be administered by such physicians, personnel, hospitals and/or clinics as may be deemed necessary by Firewheel Christian Academy or its representatives.

➔ Further, I **do/do not** authorize any such treating physician or medical personnel to administer blood or blood products to my child (Please circle appropriate response).

Signature of Parent/Guardian Date

Address City State Zip Home Phone

Work Phone Cell Phone

Name of Emergency Contact Cell Phone Work Phone Home Phone

List any pertinent health information or conditions: _____

_____ Medication student takes daily: _____

Name of Physician: _____

Address of Physician: _____

_____ Office Phone: _____

Insurance Provider: _____ Policy # _____

Hospital Choice: _____

Hospital Address: _____

Hospital Phone: _____

➔ In case of emergency, my child may be taken to the nearest hospital: **yes** **no** (circle appropriate response) ←

Subscribed and sworn to before me on this _____ day of _____, _____
Month Year

Notary Public in and for the State of Texas

My Commission Expires:
For new students only: