

Capitol City SDA Church School
2143 Boulevard Place
Indianapolis, IN 46202



New Student

School Enrollment and Registration Packet

2022-2023



POLICIES AND PROCEDURES

Capitol City SDA School is operated with the interest of educating children from all walks of life in grades Pre-K to 8th Grade who desire the highest quality Christian education available. Consideration is given to any prospective student who will uphold the standards of Capitol City SDA School.

While Pre-K students must be age 4 on or before August 1 to be considered for admission, Kindergartners must be age 5 on or before August 1, and 1st Grade students must be age 6 on or before August 1.

All interested families and their qualified applicants should complete the application process which includes a comprehensive personal interview with the School Principal to be considered for acceptance to the school. Students may be required to undergo testing before acceptance. All applications will be screened by the admissions committee. The administration has the right to waive one or more of the admission requirements and grant a probationary admission should extenuating circumstances merit. Students will be scheduled to attend class when signed parental commitment agreements are received. Application guidelines for financial assistance may be obtained from the school. Application for financial assistance may be completed online per guidelines provided, and submitted by the parents after the student has been accepted and parental commitment agreements are received.

After acceptance, new students will be enrolled for a probationary period of no less than nine complete school weeks. During this time the Capitol City SDA School Principal and Staff will regularly review each new student's performance in the following areas:

- ▶ Behavior
- ▶ Attendance
- ▶ Academic achievement

Each student who does not demonstrate his or her ability to meet the expectation of Capitol City School is subject to having their enrollment terminated.

ADMISSION CRITERIA

The following is a list of our admissions criteria and the method of measuring each qualification.

Academically, we require that our students have:

- Minimal math readiness for grade level or higher.
- Basic competency as demonstrated by their ability to read and write at grade level or higher. The student will do a written assignment to demonstrate above requirement.
- A composite score of at least the 50th percentile on a nationally standardized test.

Spiritually, we expect our students to:

- Have a relationship with God through Jesus Christ or at least be open to the idea.
- Relate to other students and staff in a manner consistent with Christian practices.

Attitudinally, we expect our students should:

- Desire the highest quality Christian education available.
- Demonstrate a cooperative spirit, willingness to live in harmony with the purposes and ideals set forth by the school
- Take their educational responsibilities seriously.

If you are interested in finding out more about the school, we encourage you to take the following steps:

- Call the school office at (317) 602-3524 to schedule a tour and information meeting with the School Principal.
- Have your student shadow with us for a day to get a valuable, first-hand experience of the school.
- If you believe your son or daughter meets the above requirements, we invite you to apply for admission to Capitol City SDA School. Admission applications may be completed and submitted during the new student enrollment period (October through May). New student applications submitted after July 1st may be reviewed for admission if classroom capacity for grade being considered has not been reached.
- Once the application is complete and has been received, the principal will contact your family to schedule a comprehensive interview with you and your student. Students may be required to undergo testing before acceptance. If satisfactory achievement scores are on file at Capitol City SDA School, testing may be waived. The admissions committee reserves the right to change the grade placement based on test results and consultation with the student, student's parent(s)/guardian(s), and conference superintendent.

Completed applications will be forwarded for further review by the Admissions Committee before any commitments are made by the school to the student and/or student's parent(s)/guardian(s).

Admission to Capitol City SDA School is a privilege and not a right and may be withheld or withdrawn by the school at its discretion in harmony with its philosophy, objectives, mission, and procedures.

*Capitol City SDA School welcomes students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at Capitol City SDA School. The school does not and will not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission policies.

Capitol City SDA Elementary School
APPLICATION FOR ADMISSION
2143 Boulevard Place, Indianapolis, IN 46202
Phone: (317) 602-3524 Fax: (317) 602-3529



(Please fill out a separate application for each child applying for admission)

Date: _____ Enrollment for (check one): August _____

Child's Full Name: _____

Sex: Male Female Date of Birth: Month _____ Day _____ Year _____ Age: Years _____ Months _____

Grade Entering: _____

Country of Birth: _____ Ethnic Origin (For Federal Government and General Conferences Purposes Only):
African American Hispanic Caucasian Asian American Indian Pacific Islander Other (Specify): _____

Home Language Spoken Other than English: _____

Date Baptized into SDA Church: _____ Member Church: _____

Denomination (If other than SDA): _____

Mother's Name: _____ Father's Name: _____

Student Lives With: Parents Mother Father Other (Name and Relationship): _____

Home Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager #: _____

In case of accident or serious illness, if the school is unable to contact me, I hereby authorization school to take my child to the physician, emergency room and/or to the relative or neighbor indicated below:

Doctor's Name	Phone #	Address
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Student's Brother(s)/Sister(s): _____

Name (First and Last) Age Birth Date

Name (First and Last) Age Birth Date

Name (First and Last) Age Birth Date

PLEASE LIST ALL PREVIOUS SCHOOLS ATTENDED (School name, address, dates attended and grade completed):

_____	_____	Grade(s) _____
_____	_____	Grade(s) _____
_____	_____	Grade(s) _____

Has student ever been retained and why? Yes No Which Grade Levels?: _____

Has student ever been suspended or expelled from school? Yes No If yes, please attach an explanation:

Has the student received any Special Services?

Reading?: Yes No Special Education?: Yes No Gifted?: Yes No Speech?: Yes No
Counseling?: Yes No Speech?: Yes No Other Services?: Yes No (Specify): _____

To the best of your knowledge, has the applicant ever been involved in the use of alcohol, tobacco, drug abuse, or improper sexual activity: [] Yes [] No If yes, please attach an explanation: _____

_____What is your overall rating of the applicant's academic ability and attitude toward school? (circle one):
Negative 1 2 3 4 5 6 7 8 9 10 Positive

What are the two most important reasons you want your son or daughter to attend Capitol City SDA School?

1. _____
2. _____

Parent's concerns or notes regarding student's educational progress and needs:

Math: _____ Reading: _____

Spelling: _____ English/Writing Skills: _____

Other: _____

Parent Signature: _____ Date: _____

Pastor's Name: _____ Phone: _____

REFERENCES

You need to ask your pastor for a letter of reference, as well as one from a former teacher. If you are a homeschooled student, substitute a letter of reference from someone other than a family member in place of a teacher. Simply give them the enclosed form with a stamped, addressed envelope and have them mail it directly to Capitol City SDA School.

Although we make every effort to discern which students Capitol City SDA School can best minister to, we will not discriminate in our admissions practices against any person because of race, color, national or ethnic origins, or gender.

CAPITOL CITY SDA SCHOOL



Pastor's reference for: _____

Dear Pastor,

Because we are committed to building and maintaining a Christian atmosphere at Capitol City SDA School, we ask that our students have a personal relationship with God through Jesus Christ at best, or that they have some interest in developing one at least. As you might imagine, this is not always easy to discern with young people of school age, and that is why we are asking for your help.

If you could take a few minutes and give us your impression about the applicant's spiritual progress, we would greatly appreciate it. Please place your comments in an envelope and return it to:

Capitol City SDA School
2143 Boulevard Place
Indianapolis, IN 46202

Thank you for your assistance in this manner.

Signature: _____ Church: _____ Date: _____

CAPITOL CITY SDA SCHOOL



Teacher's reference for: _____

Dear Teacher,

As you know very well, the single most important thing determining the atmosphere of a classroom is the attitude students bring into it. As you might also imagine, it is very difficult to determine a teenager's attitude from an application form. We ask each entering student to obtain a recommendation from a former teacher who has first-hand experience with their classroom behavior.

If you could take a few minutes and give us your impression about the applicant's attitude toward authority, responsibility for homework, and eagerness to learn, we would greatly appreciate it. Please place your comments in an envelope and return it to:

Capitol City SDA School
2143 Boulevard Place
Indianapolis, IN 46202

Thank you for your assistance in this manner.

Signature: _____ School: _____ Date: _____

Partners in Christian Education



CAPITOL CITY SDA SCHOOL STUDENT RECORD RELEASE

Date of Request: _____

School of Last Attendance: _____

Address

Phone

Fax

Dear Records Clerk/Registrar:

The following student(s) have enrolled in our school on: _____

_____	_____	_____
Name	Birth date	Grade
_____	_____	_____
Name	Birth date	Grade
_____	_____	_____
Name	Birth date	Grade

I hereby authorize _____ to send the cumulative record

This would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and other information that might assist in placement and guidance to:

Name of School: _____

Address:

Parent/Guardian Print

Parent/Guardian Signature

Date sent: _____

Thank you,

Sharing in the Privilege, Providing Resources for Capitol City SDA School

ILLIANA SDA CHURCHES:

LEVEL I CONSTITUENTS:	LEVEL II CONSTITUENTS:	LEVEL II CONSTITUENTS (cont'd):
Capitol City SDA Church Eastside Indy SDA Church Eastside Hispanic SDA Church Emmanuel SDA Church Haughville SDA Church Indy Korean SDA Church Tabernacle of Hope SDA Church	Park Avenue, Champaign, IL Gethsemane, Danville, IN Lebanon, Decatur, IL East St. Louis, IL Metropolitan, Evansville, IN Body of Christ, Fort Wayne, IN	Cornerstone, Jeffersonville Ephesus, Marion, Marion, IN Philadelphia, Muncie, IN Newburgh, Newburgh, IN Mount Sinai, Peoria, IL Bible Chapel, Springfield, IL Taswell, IN Mount of Olives, Terre Haute, IN

Lake Region Conference of Seventh-day Adventists

Generous Donors and Parents

Parent's Share

Annual Tuition & Registration Fee

	Pre- Kindergarten yearly / monthly	Kindergarten–8 Grade yearly / monthly
Constituent & Non-Constituent:	\$4,000 / \$400.00	\$4,700 / \$470.00

Registration Fee [mandatory]: **\$250** (*per family*)

Additional Fees:

Band, CCSDAS Singers, Orchestra - \$20 (one-time fee)

Intramural (each game rotation) \$15.00 for Soccer [required-cleats, shin guards, soccer socks];

Volley ball [required-gym shoes, Basketball required gym shoes]; and \$81.00 for Swimming (included transportation & YMCA Pool lessons for 7 weeks)

[required swim wear and towel]

- (i) Above payments are based on a ten-month payment Plan beginning in August, with the first month's tuition due on or before August 15th, and the last payment due by May 15th. The school offers other payment plans that allow an enrolled student's annual tuition to be paid as follows:
- (ii) Quarterly payment plan where one can evenly split the annual tuition rate over four payments: August 1st or 15th; Oct 1st or 15th; Jan 1st or 15th and Mar 1st or 15th.
- (iii) Semiannual payment plan where the annual tuition rate is split evenly in two and payable August 1st or 15th and January 1st or 15th.
- (iv) And the annual payment plan where one pays the entire annual tuition balance on August 1st or 15th.

**If the 1st or the 15th should fall on a Saturday or Sunday, payment is due the following Monday.*

Tuition refunds will be prorated according to number of school days attended. School earns its tuition based on the number of days school has been in session at the time of withdrawal. If child withdraws before first day of school, then total tuition paid will be refunded by the school. Any fees, e.g. late registration fees are non-refundable.

Annual Family discount of \$200.00 is available to each 2nd child, and a \$400.00 family discount is available to each child after the 2nd child residing in same household. Family discount is applied according to payment plan selected.

Fees for graduation, field trips, before and after school care, loss or damage of textbooks/library books, music gown rental, graduation cap and gown rental, music workbooks, rental of music instruments and/or music equipment, repair and/or replacement cost of damaged music instrument, sports practice packs and extracurricular activities will be assessed as incurred throughout the school year.

Our Commission [Matthew 5:16]

“In the same way, let your light shine before men, that they may see your good deeds and glorify your Father in heaven.”
 Christian Education, a Priceless Gift: Thank You for Your Support!

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL
BEFORE AND AFTERCARE SERVICES
FOR THE 2021-2022 SCHOOL YEAR

School hours are **8:30am-3:30pm Monday -Thursday (2:00pm on Fridays)**. We realize that the school is open to the students from 7:00am-5:30pm (4:00pm on Fridays), and that the school is **not** responsible for supervising students beyond those limits. For security reasons and out of consideration for the faculty and staff, you must pick your children up by 3:30pm on Monday-Thursday and 2:00pm on Fridays.

Before and Aftercare services can be arranged for your convenience. Before care is from 7:00-8:00am and Aftercare is from 3:45-5:30pm (Monday-Thursday) and 2:30-4:00pm (Friday). This service is provided at the affordable costs listed below:

Before and Aftercare	\$25.00/per week, per child
Before Care only	\$2.50/per day, per child
Aftercare only	\$2.50/per day, per child

Usage of Before and Aftercare services will be billed to your FACTS account by the 15th of each month, and payment for such billing shall be deducted along with your next scheduled payment on your FACTS agreement.

*Any child in the school after the 5:30pm Monday – Thursday or 4:00pm Friday will be sent with a letter of warning on their first offence. On the second offence, the parents will receive a warning letter concerning CPS **and** will be charged **\$10 for every additional minute thereafter**. Payment is due at pick-up otherwise the FACTS account will be charged the fee. On the third offence, in addition to the \$10 per minute fee, Child Protection Services will be notified of late pick-up.

We will take responsibility for the timely delivery and pick-up of our son/daughter.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL PARENTS' FINANCIAL COMMITMENT FOR NEW STUDENTS

We, the undersigned, agree to the following financial conditions regarding the enrollment of our son/daughter in Capitol City SDA School for this school year 2022-2023

1. At time of signing Parent's Financial Commitment for Returning Students, we have signed online FACTS agreement to permit automatic withdrawal of:
 - A. Mandatory registration/book fees which we understand are due at time of enrollment: **\$250** (per student)
 - B. Mandatory registration /books fees which we understand are due at the enrollment: **\$130** (per Pre-K student)
 - C. Tuition for the 2022-2023 school year, K-8: **\$4,700**
 - D. Tuition for the 2022-2023 school year, PreK: **\$4,000**
 - E. Fees for graduation, field trips, before and after school care, loss or damage of textbooks/library books, music gown rental, graduation cap and gown rental, music workbooks, rental of music instruments and/or music equipment, repair and/or replacement cost of damaged music instrument, sports practice packs and extracurricular activities will be assessed as incurred throughout the school year.

2. Payment of fees incurred online if applying for financial assistance on www.cfslogin.com

Please indicate payment option selected for paying tuition and fees when you have signed up FACTS on-line agreement:

_____ By August 1st or 15th, we agree to pay our registration fee and tuition obligation with a single payment of \$4,700, plus any additional applicable fees and/or less allowable discounts.

_____ \$2,350 in two payments through FACTS, the first by August 1st or 15th; and the second by January 1st or 10th, totaling \$4,700, plus any additional applicable fees and/or less allowable discounts.

_____ \$1,175 quarterly payments through FACTS on the 1st or 15th August, 1st or 15th of October, 1st or 15th of January and 1st or 15th of March, totaling \$4,700 plus any additional applicable fees and/or less allowable discounts.

_____ \$470 monthly tuition payments through FACTS on the 1st or 15th of each month from August through May, and registration fee at enrollment for a total of \$4,700 plus any additional applicable fees and/or less allowable discounts.

Please indicate if any of the following options are applicable:

_____ Though we have selected a payment plan above, we are submitting an application for financial aid for this school year; we understand that this agreement will be superseded after the amount of such assistance, if any, is determined.

_____ We have multiple students enrolled at Capitol City SDA School, and thereby are eligible for an annual sibling discount for our son/daughter this school year for the amount of:

* \$200.00 (or \$20.00 if paying tuition monthly) for second child enrolled

* \$400.00 (or \$40.00 if paying tuition monthly) for third and additional child/ren enrolled

We understand that this agreement will be superseded by the implementation of this discount.

_____ We have been awarded the following student grant(s) or, scholarship(s) for our son/daughter for this school year:

- * Worth Student Scholarship in the amount of \$_____
- * Academic Excellence Scholarship in the amount of \$_____
- * CHOICE Student Scholarship in the amount of \$_____
- * Student Grant/Scholarship in the amount of \$_____

We understand that this agreement will be superseded by the implementation of this grant or scholarship.

4. We understand that our financial obligations must be current at the beginning of each semester for our student to be permitted to attend school. We understand and agree that payments not received within ten days after the due date will be charged a \$15.00 late fee. If payments are not received within 45 days of the due date, and if alternative arrangements have not been negotiated, we understand that:

- * Any financial assistance grant will be revoked
- * Our son/daughter will be suspended
- * Records of his or her academic participation will not be released until the account has been paid
- * The School has the right to take legal action to collect the fees due, and we are responsible for all costs of collection, including court expenses and reasonable attorney fees.

5. We understand that if our student withdraws, or is dismissed, prior to the end of the school year, we are responsible for payment of all non-refundable fees plus the entire tuition for the school days attended. In addition, if the withdrawal or dismissal occurs prior to the end of the semester, a withdrawal fee of \$50 is charged to offset the extra administrative effort required.

6. This contract shall be interpreted under the laws of the State of Indiana.

Parent/Guardian's signature

Parent/Guardian's signature

Parent/Guardian's printed name

Parent/Guardian's printed name

Date: _____

Date: _____

Accepted by: _____

*School Board Treasurer
Capitol City SDA School*

Date: _____

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL FOOD ALLERGY FORM FOR NEW STUDENTS

Dear Parent/Guardian:

Please complete this form in regards to information on your child/children allergies. We need to know if you child/children are allergic to any peanut based additives. This means peanuts or peanut butter. Please fill out the information listed below concerning this matter. Thank you in advance for your support and cooperation.

Child's Name: _____

Does this student take medication for a particular medical condition? (ex.—diabetes, seizures, asthma, and depression)

Yes *If Yes, list all Prescription medications: *No

Condition:

Medication:

	Condition:		Medication:

Allergies: _____

Parent's/Guardian's Signature: _____

Allergies and Restrictions

Please List:

CAPITOL CITY SDA SCHOOL
HEALTH HISTORY &
EMERGENCY CONTACT

Student's Last Name

For clinic use only

____/____/____
Date of Birth



The information you supply on this record is kept confidential

GENERAL STUDENT INFORMATION

Last name (print), first, middle initial:	Sex: M F	Grade (circle one): Pre-K K 1 2 3 4 5 6 7 8
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PARENT OR GUARDIAN CONTACT INFORMATION:

Name (print)	Relationship:	Home Phone:
E-mail Address:	Work Phone:	Cell Phone:

PARENT OR GUARDIAN CONTACT INFORMATION:

Name (print)	Relationship:	Home Phone:
E-mail Address:	Work Phone:	Cell Phone:

ALTERNATIVE EMERGENCY CONTACT INFORMATION:

Name (print)	Relationship:	Phone:
E-mail Address:	Work Phone:	Cell Phone:

Please check any of the following physical or mental conditions you currently have or have ever had. Enter the year if known.

<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Allergy injections	<input type="checkbox"/>	Hepatitis/Liver Disease
<input type="checkbox"/>	Anxiety and/or depression	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Kidney/Urinary Problems
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	Neurological Problem or Seizures
<input type="checkbox"/>	Bone/Joint Problems	<input type="checkbox"/>	Skin Problem
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Sleep Disorder
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Thyroid Disorder
<input type="checkbox"/>	Eating Disorder/Low Weight Vision	<input type="checkbox"/>	Vision (other than corrective lenses)/Hearing
<input type="checkbox"/>	Headaches (frequent)	<input type="checkbox"/>	Other (not listed)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

MEDICATION/ILLNESS/INJURY

My child needs to take medication during school hours, how does that work?

Any medication given to a child during school hours must be in its original container with the child's name on it. A Medication Release form must be completed and signed by the parent/guardian with the following information:

1. Child's name
2. Type of Medication
3. Physician's name
4. Amount of dosage to be given
5. Time to be given
6. Number of days to be administered
7. Possible side effects
8. Action plan from your doctor (if applicable)

Please note that the Capitol City SDA School staff is NOT allowed to give the first dosage of any medication. Capitol City SDA School is not permitted to give medication to control or contain fever. Capitol City SDA School may dispense ONLY PRESCRIPTION MEDICATION. If the child refuses medication, then the incident will be documented and discussed with the child's parent.

What if a child becomes ill or gets injured at school?

If your child becomes ill while at school, our staff will contact you to pick him/her up. School is not designed to handle ill children, so it is important to tend to your child in a timely manner. If your child is injured, staff will treat routine scrapes and cuts. In all cases of serious illness or accident, the Principal or Secretary will contact the parent or guardian directly. In the event they cannot be reached the signed authorization on the child's health form will allow the Capitol City SDA School to secure prompt treatment. Injuries requiring ambulance service or medical attention is the financial responsibility of the guardian.

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the Capitol City SDA School to order X-rays, routine test and treatment for me or my child(ren), and in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the school principal to hospitalize, secure proper treatment for, and order injection(s) and or anesthesia and/or surgery for my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Signature of Parent/Guardian: _____

Date: _____

CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parents or guardian of _____ (name of student) a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of _____ (name of physicians), M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Capitol City SDA Church School (name of organization into whose custody minor is entrusted) or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

The above named student _____ is NOT covered by health insurance
Present Health Insurance Company: _____ Policy Number: _____

Dated: _____

Father: _____ Witness: _____

Mother: _____ Legal Guardian: _____

Registration Information for Emergency Department Benefits

Family Doctor: _____

Patient Name: _____ Birthday: _____

Address: _____

Telephone: _____ Patient's Social Security Number: _____

If the patient is under age 18 or the Insurance is in another person's name complete this box

Parent or Spouse's Name: _____ Birthday: _____

Address: _____

Parent or Spouse's Social Security Number: _____ Telephone: _____

Employer (of patient or parent): _____

Employer's Address: _____

Name of Insurance Company: _____

IF YOU HAVE AN INSURANCE CARD WITH YOU PLEASE HAVE IT READY TO GIVE TO THE REGISTRATION CLERK
OTHERWISE PLEASE PRESENT YOUR DRIVER'S LICENSE OR OTHER FORM OF IDENTIFICATION

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

LAKE REGION CONFERENCE MEDIA RELEASE FORM

I, _____, whose address is _____, and my parent or guardian, if I am a minor, hereby give permission to the Lake Region Conference of Seventh-day Adventist (Lake Union) and Capitol City Seventh-day Adventist School, to use, copy, exhibit, publish or distribute my photograph, image, and/or audio recording in official Lake Region Conference business media, including, but not limited to, newsletters, web sites, compact discs, and all other forms of media. It is agreed that the use of my photograph, image, all/or audio recording shall in no way be used in any forum other than for official Lake Region Conference business and shall be used according to the applicable policies of the Lake Region Conference of Seventh-day Adventist.

For a good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to the Lake Region Conference, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which it may be included, in whole, in part, in composite or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image or audio recording. I hereby release, acquit, and forever discharge the Lake Region Conference, its affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, and/or fees of whatsoever nature or character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image or audio recording for official Lake Region Conference business.

This Media Release contains the entire agreement between the parties regarding the subject matter hereof, shall be interpreted under the laws of the State of Illinois, Indiana, Michigan, or Wisconsin, and shall be binding upon and issued to the benefit of the parties, successors, assigns, heirs, and representatives.

Executed on the: _____ day of _____, 20____

A. I am at least eighteen (18) years of age.

Print Full Name

Signature

or

B. Minor Child

Print Full Name

Signature

I represent that I am the parent or guardian (circle one) of the above-named minor, and I hereby consent to the foregoing on his/her behalf

C. Parent or Guardian

Print Full Name

Signature

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

PARENT & STUDENT ACKNOWLEDGEMENT OF DRESS CODE POLICY

The Capitol City Seventh-day Adventist School Dress Code Policy has been established as a guide for students and parents that will be in harmony with Christian principles. Parents/Guardians have the primary responsibility for educating their children to appropriate dress standards. After reading the outlined Dress Code Policy, your signature will acknowledge that you have read the policy and agree to uphold it.

It is imperative that your child/ren attend classes in uniform every day. If there is an emergency the parent or guardian will extend a written excuse to the administration. More than three excuses per semester will merit a parent-teacher conference with the intention of cooperation with the family in every way possible with the intent to comply with the school rules outlined in the Student Manual.

I have read the Uniform Policy and agree to abide with all the rules and regulations set therein.

Parent/Guardian Signature

Date

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

SECURITY FORM

Please fill out this form listing all persons who will be picking up your child/ren this school year. If a person is NOT on this list and you have designated this person to pick up your child/ren, please call and notify our office. Picture ID is required for our office records. All students must be checked in and out of the school building every day. Our responsibility is your child's safety.

NAMES

TELEPHONE NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Student Name: _____

Parent's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8



CAPITOL CITY SDA SCHOOL

PARENT/GUARDIAN VOLUNTEER OPPORTUNITIES

One of the distinguishing marks of a private school is the amount of involvement by persons other than the paid staff. Many persons have helped the school in the past by their willingness to assist the teachers at various times during the school year.

How can YOU help at Capitol City SDA School this year? *(Please check at least one area)*

- Volunteer to monitor Before/After Care
- Car Pool/Car Side Service
- Business/Marketing (corporate sponsor liaisons, grant research & writing, and ads)
- Lead/participate in the Home and School Association
- Chaperone on a school field trip, drive the school bus (required to hold CDL permit)
- Hosting (Grandparents' Day, Open Houses, school events)
- Office support (mailings, filing, answering phones, be our school photographer, school website management)
- Maintenance (general, snow removal, repairs, help clean school)
- School Ambassador/Recruitment (follow up with potential families, meet guests at events, help prepare school for opening day)
- Teacher/Staff support (encouragement, prayer, appreciation events, help staff the resources room)
- Tutoring: Math Science English Computer Tech Reading
- Lead out in an After Care Club: Dance Sports Craft Band/Orchestra
- Your Choice: _____

Parents are expected to volunteer and to be involved in the programs and activities of the school. This will foster to altruistic values in our children, to increase the quality of all school programs and to maintain tuition and fees at a manageable rate. If parents do not volunteer, the school may be forced to hire individuals who would require compensation, forcing the school to pass the cost to student tuition and fees. As a guide to all school patrons, we expect single parent/guardian households to volunteer a total of at least **10 hours per year**, and two parent/guardian households to volunteer a total of at least 20 hours per school year. The school office will maintain a log of hours volunteered throughout the year per household for purposes of recognizing all efforts. Parents/guardians please complete attached volunteer application form.

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8

CAPITOL CITY SDA SCHOOL
PARENT/GUARDIAN VOLUNTEER APPLICATION FORM

Last Name*:		First Name*:	
Street Address*:			
City*:		State*:	Zip*:
Date of Birth (MM/DD/YYYY*):			
Home Phone*:		Work Phone*:	
Emergency Contact Person*:		Emergency Contact Phone*:	
Please list your previous experience with school-related activities*:			
Do you have any physical limitation which would affect your ability to provide certain types of volunteer service? *: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes" above, please explain:			
Please state the days and times that you are available to volunteer*:			
Days		Times	
Please list a reference name here:		Telephone number:	

*Fields marked with an * are required.*

Name: _____ Grade (circle one): PreK K 1 2 3 4 5 6 7 8

**CAPITOL CITY SDA SCHOOL
STUDENT BEHAVIOR CONTRACT FORM**



I, consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

I agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

If I disobey or treat others with unkindness or disrespect, the teacher will talk with me and, if necessary, notify my parents of my behavior.

I understand that if I do not follow the school rules, discipline may result. This may include suspension or dismissal.

Student

Date

We agree to support each other and work together.

Parent or Legal Guardian

Date

School Administrator/Teacher

Date



Application for Admission Checklist



To Do

If you believe your son or daughter meets the above requirements, we invite you to apply for admission to Capitol City SDA School. The following checklist should serve to guide you through the application process. Please check items off as you proceed. We will not begin to process your application until all the ten parts have been received

- 1. Complete parent and student sections of the application
- 2. Submit copy of the student's birth certificate and social security card
- 3. Submit copy of the student's latest report card
- 4. Submit copy of standardized test score results taken within the last two years, if entering 4th, 5th, 6th, 7th or 8th grade
- 5. Submit letter of pastoral reference from someone who could evaluate student's spiritual walk
- 6. Submit letter of reference from a former teacher
- 7. Complete Student Record Release
- 8. Schedule interview with School Principal
- 9. Academic testing/placement.



Enrollment Checklist for Newly Accepted Students

To Do

- Submit the **\$250** mandatory book and enrollment deposit with all completed forms:
 - Submit copy of 1040 tax form
 - Submit copy of insurance card
 - Complete the following forms:
 - Enrollment Agreement
 - Obtain parents' signatures
 - Obtain pastor's signature
 - Obtain student's signature
 - Obtain teacher's signature
 - Parents' Financial Commitment
 - Choose payment option
 - Select applicable discount options
 - Cafeteria Food Allergy Form
 - Health history & emergency contact Form
 - Consent to treatment and health insurance Information
 - Parent Approval for Photo Release
 - Security Form
 - Student Behavior Contract
 - Enroll in the FACTS Payment Program
 - Obtain parents' signatures
 - Student Health Information
 - Medication/Illness/Injury
 - Immunization history
Fax to (317) 602-3529
 - Dress Code Policy
 - Partner in Education (Volunteer Form)
- Apply online for financial aid if applicable. Read separately enclosed information sheets for prerequisites and deadlines.
- Check Capitol City SDA School website for scholarship information and deadlines

Capitol City SDA School is dedicated to providing an excellent Christ-centered education, equipping students for a life of scholarship, leadership and service.