



## ADAMS COUNTY CHRISTIAN SCHOOL

187 Willow Drive, West Union, Ohio 45693

Phone: (937) 544-5502 Fax: (937) 544-5503

Email: mpalm@eaglesaccs.com

Website: www.eaglesaccs.com

### Student Application

School Year 20\_\_-20\_\_

An interview with the administrator and possible testing of the student, along with board approval may be necessary for acceptance. A copy of birth certificate, shot record and social security card will be needed upon acceptance.

Grade entering: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_

S. S. Number: \_\_\_\_\_

Cell Phone Mother/Guardian: \_\_\_\_\_

Cell Phone Father/Guardian: \_\_\_\_\_

E-mail address Mother/Guardian: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

E-mail address Father/Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Birth place: \_\_\_\_\_

City

State

County

Zip

Student's rank in family: 1 2 3 4 5 6 (circle) No. of brothers \_\_\_\_\_ No. of sisters \_\_\_\_\_

Circle last grade attended: P K 1 2 3 4 5 6 7 8 9 10 11 **OR** Current grade now \_\_\_\_\_

Father: \_\_\_\_\_ Living? Circle YES or NO

Living with family? Circle YES or NO

Mother: \_\_\_\_\_ Living? Circle YES or NO

Living with family? Circle YES or NO

If the student lives with a caregiver other than the parents, please list the names below.

Step-father? \_\_\_\_\_ Step-mother? \_\_\_\_\_

Grandparents? \_\_\_\_\_ Guardian? \_\_\_\_\_

Do you have any objections to photos of your child being used on our website or facebook page, yearbook, or local newspapers? \_\_\_\_\_



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## Occupation and place of employment

#1 Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Zip

Phone: ( ) \_\_\_\_\_

#2 Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Zip

Phone: ( ) \_\_\_\_\_

Does student have an IEP \_\_\_\_ Yes \_\_\_\_ No      504 Plan \_\_\_\_ Yes \_\_\_\_ No

Name of school student last attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Zip: \_\_\_\_\_

Has applying student ever repeated a grade? No \_\_\_\_ Yes \_\_\_\_ Grade \_\_\_\_

Reason for repeating: \_\_\_\_\_

Has applying student ever had a serious discipline problem, been suspended or expelled? \_\_\_\_ No \_\_\_\_ Yes, please explain. \_\_\_\_\_

Does the applying student have any mental, emotional, or physical handicaps which may affect his or her activities or progress, or for some reason should be known by the teacher to better serve the student? \_\_\_\_\_

Who referred you to Adams County Christian School? \_\_\_\_\_

How did you find out about the school? \_\_\_\_\_



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State in detail why you wish the applicant to attend ACCS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
To the best of my knowledge all statements are true and complete.

Date: \_\_\_\_\_ Your signature \_\_\_\_\_

## NONDISCRIMINATORY POLICY

The Adams County Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, and athletic and other school-administered programs. (Gal. 3:27-28)

Statement of personal christian experience and faith by each parent of caregiver:

#1 Your name: \_\_\_\_\_ Relationship to applying student: \_\_\_\_\_

Your personal statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#2 Your name: \_\_\_\_\_ Relationship to applying student: \_\_\_\_\_

Your personal statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Church membership or denominational affiliation or each parent or caregiver:

#1 Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_

#2 Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_

APPLYING STUDENT: Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_





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### Parent's Pledge of Acceptance

We, as parents who are accepting the challenge, "to train up a child in the way he should go," do place our trust in the Adams County Christian School, to help us extend that training more completely.

We do hereby state that we have made a thorough investigation of the curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline and motives of the school, and do pledge to make them our glad-hearted choice for the coming year. We have read the school handbook and agree to abide by its rules.

We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs, but will withdraw him quietly and without delay. (A six-week probation period is adequate for most entering students. The one who has not adjusted by the end of twelve weeks should be withdrawn).

We acknowledge that this is a Christian School and as such, our child will be encouraged to attend a church of their own choosing. We also acknowledge that the school encourages us to attend with our child.

We pledge our loyal support to the school through praying for its program, giving to its school extension fund as we are able, and by paying the tuition payments regularly and on time.

We hereby invest authority in the school to discipline my/our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed. (Prov. 13:24; 19:18; 22:6; 23:13-14; 29:15,17; Col. 3:20; and Heb. 12:6)

We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Rom. 13:8-10; I Corth. 12:12-14; Gal 5:13-15, 25, 26; Eph. 4:1-7).

We understand that assessments will be made to cover damage to school property (including window breakage, etc.)

ACCS is not a lending organization, neither is it licensed to make loans for tuition, books, or any expenses the student may owe for, therefore, I/we, \_\_\_\_\_ and \_\_\_\_\_, agree to obtain any and all monies owed to ACCS from such source that I/we choose. I/we will be prompt in paying all expenses owed to ACCS by the student, \_\_\_\_\_ (student's name), and I/we also understand that I/we will be charged a "late" fee. If I/we are one month late with our payment, I/we understand that we will be asked to appear before the ACCS Board to explain our situation. I/we have read the above statement and I/we totally agree with it.

We, as parents (or guardian) of the student applicant, do sincerely give our pledge to all items as stated above.  
Parent Signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_

## CORPORAL PUNISHMENT FORM

In determining the use of corporal punishment, the following considerations are taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength of the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct not related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

Parent/Guardian approval of corporal punishment shall be on file prior to administering corporal punishment. The parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than three (3) times, of a student with a flat-surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

The witness and the employee paddling the student will pray with the student after the punishment is administered.

I \_\_\_\_\_ agree (or) \_\_\_\_\_ disagree with the use of corporal punishment for my child(ren).

If you disagree, what is your alternative form of discipline?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature(s) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Offense

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Administering Paddling \_\_\_\_\_

Witness \_\_\_\_\_



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Release of Students /School Emergency Information

Student's name: \_\_\_\_\_ Grade \_\_\_\_\_

Please list additional contacts other than you to help us reach you in case of an emergency and that your child can be released to.

Please note that IN ALL CASES, if anyone other than those listed below arrives to pick up your child, you must have given the school prior permission. We are extremely careful to prevent any tragedy that could result from an error in such a situation. Please be patient and ask your friends to understand if we ask for identification before allowing them to leave with your child.

If any name on this list changes, or you need to add a name, please contact the office and stop in and make the necessary changes on this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other information we should know: \_\_\_\_\_

Please list anyone FORBIDDEN to pick up your child. Is there a court order? \_\_\_\_\_

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_



# Annual Field Trip Release/Emergency Medical Form

Adams County Christian School

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\_\_\_\_/\_\_\_\_ School Year

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

I give 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 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice, hand-delivered to the principal more than one day prior to the trip.

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 to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Adams County Christian School as affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and 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 call paramedics immediately 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 as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

Name Printed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_

Date \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Under the name of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Father's work #: \_\_\_\_\_

Father's cell #: \_\_\_\_\_

Mother's work #: \_\_\_\_\_

Mother's cell #: \_\_\_\_\_

In case you are unable to be reached, nearest relative or neighbor:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: \_\_\_\_\_





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### Attendance Policy

#### IAW H. B. 410

It is important for every student in Ohio to attend school every day. Students are required to bring a written excuse for each absence to the office. Students will be given two days following their absence to bring in their written excuse. Failure to do so will result in the absence being classified as an unexcused absence. An unexcused tardy or absence is defined as anything other than illness, a medical or dental appointment, or an emergency. Students with unexcused absences are not given credit for their class work.

As of July 2017, schools cannot suspend or expel students for missing too much school. Schools will adopt policies for an absence intervention plan for students who miss too much school. In compliance with state regulations, ACCS will partner with students and their families to identify and reduce barriers to regular school attendance. ACCS will utilize a continuum of strategies to reduce student absence including but not limited to:

- Notification of student absence to parent or guardian;
- Development and implementation of an absence intervention plan;
- Parenting education and parenting programs;
- Referral for truancy, if applicable.

The new law eliminates the concept of “chronic truancy” and instead categorizes all students with excessive absences as “habitually truant.” Students are considered habitually truant when the student is absent for at least:

- 30 consecutive hours without a legitimate excuse (formerly 5 days);
- 42 hours in one month without a legitimate excuse (formerly 7 days);
- 72 hours in one school year without a legitimate excuse (formerly 12 days);
- 38 hours in one month regardless of excuse; or
- 65 hours in one school year regardless of excuse.

When a student meets this standard of “Habitually Truant,” ACCS will:

1. Notify the parent or guardian within seven days of the triggering absence;
2. The student will follow the school’s absence intervention plan; and
3. The student and family may be referred to community resources.



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### The Absence Intervention Plan

The absence intervention plan includes a team of people to establish a student-centered absence intervention plan for every student who has been deemed habitually truant by identifying specific barriers and solutions to attendance. The team is a cross-sector and ideally includes participation of the student and parent. This requirement is new and aimed at breaking down barriers to attendance without filing criminal complaints against the student in juvenile court. The team includes:

1. A representative from the school administration
2. Another representative from the school, who has a relationship with the student
3. The student's parent or guardian

Within 10 days of the triggering absence, the student will be assigned to the selected absence intervention team; and within 14 days after the assignment of the team, the school will develop the student's absence intervention plan.

If the student does not make progress on the plan within 61 days or continues to be excessively absent, the school will file a complaint in the juvenile court.

ACCS will make three good-faith attempts to entice meaningful parental or custodial involvement in the intervention team. If the parent or custodial fails to become involved, ACCS must investigate whether failure to respond triggers mandatory reporting to the child protective services.

### Tardy Policy

School starts at 8:00 am. Students will be tardy after 8:02. Tardies will be recorded and accumulated to a total of 6 hours which will be converted to one day's absence.

When a student has an excused absence, he/she shall have twice the amount of time to turn in the work. For example, if 2 days are missed, 4 days will be given to complete and turn in the assignments.

Any student missing 24 or more days (excused and/or unexcused) will constitute an automatic failure unless extenuating circumstances exist. The final decision will be made by the school board. Days are based on a 6-hour accumulated period.



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### Medication Policy

In preparation of this medication policy, we wanted to be as fair as possible to both the teacher and the parent. We tried to keep the liability of the teacher as well as the convenience of the parent in mind. *In general, the practice of sending medication for use at school is to be discouraged.* It is seldom necessary for a student to need medication at school. A drug to be taken three times a day can be taken before school, after school and at bedtime. When the doctor prescribes medication for the student, the parent should ask him to suggest a time schedule so that it is not necessary for the student to take the drug at school. If it is necessary for the drug to be taken at school, ask the doctor for a statement for the school at the time he is writing the prescription. The student should not have to interrupt his classroom time, if possible, but should take the medication between classes or at lunch.

Parents will assume full responsibility for any non-prescription or prescription drugs brought to school by their child. For legal protection, school personnel or the school nurse WILL NOT give any medications, they will only remind that child that it is time to take the medication. The following applies to all medication sent from home for short term use, whether prescribed by a physician or non-prescription drugs sent by parents.

1. For legal purposes, written orders from the physician and the parent are necessary. The form may be obtained at the school office.
2. Single dose medications may be brought to the school office at the start of the day by the student. Tablets should be in a sealed envelope. The parent should write the student's name, grade, name of medication, size of dose and time to be taken on the envelope.
3. Liquid medications should be in individually measured doses in a small plastic bottle. Please label the bottle with the student's name, grade, name of medication, and the strength of the medication. Advise if refrigeration is necessary.
4. ***Please do not send the student's entire supply of medication to school*** due to the risks of breakage, loss, or leaving it at school.

Another possibility is for the parent to administer the medication at lunchtime. The proper medication forms should be completed prior to the administration of any medication. If you have any questions, please call the school.





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### ADAMS COUNTY CHRISTIAN SCHOOL

#### Tuition Schedule

2020-2021

Kindergarten	\$4,650 (Full Day)
1 <sup>st</sup> Grade	\$4,650
2 <sup>nd</sup> Grade	\$4,650
3 <sup>rd</sup> Grade	\$4,650
4 <sup>th</sup> Grade	\$4,650
5 <sup>th</sup> Grade	\$4,650
6 <sup>th</sup> Grade	\$4,650
7 <sup>th</sup> Grade	\$4,700
8 <sup>th</sup> Grade	\$4,700
9 <sup>th</sup> Grade	\$4,850
10 <sup>th</sup> Grade	\$4,850
11 <sup>th</sup> Grade	\$4,850
12 <sup>th</sup> Grade	\$4,850

As you will notice, there are no separate fees. All books will be owned by ACCS and will not be charged individually to students in the future.

Please note: Tuition only covers approximately 60% of the cost of educating each child. The remaining 40% must be raised through fundraising and donations.

Tuition for the 2020/2021 school year paid in full by August 21, 2020 or on the first day of registration if past August 21, 2020 will receive a 30% discount.