

**Contractual Agreement**

The following agreement is entered into between the parent(s) or guardian(s) of \_\_\_\_\_ and Good Shepherd Christian Academy.

1. The School Board agrees to furnish instructional facilities, equipment and instructors for the education of the child(ren) listed below.
2. The parent (s) or guardian (s) agrees to pay the sum of all tuition and fees for the school year. These are specified on each individual contract. \*\*\*The first payment is due on the first day of school and thereafter on or before the 10th day of each month.
3. The Good Shepherd Christian Academy School Board must approve any release from this contract.
4. All payments are due on or before the 10th day of each month, unless other arrangements are made. **Payments received after the 10th of the month are considered late and a \$20.00 charge per month will be applied, unless notification is received. Parents will be assessed all Non-Sufficient Fund Fees charged by the bank.**
5. If the account becomes 30 days delinquent, the matter will be taken to the School Board for review of possible appropriate action. Action could include dismissal of the student from the school. Parents are responsible to express any payment difficulties to the Administrator who will notify the School Board before this occurs.
6. I understand that all fees are non-refundable.
7. This being a Christian School, rules have been set forth in the handbook regarding dress code and conduct. In signing this statement, parents agree to abide by and support the rules laid out in the Good Shepherd Christian Academy Handbook.
8. I understand that all decisions made by the Good Shepherd Christian Academy School Board are final.
9. If a student is withdrawn during the semester parent/guardian are liable for fees & tuition for that semester. This includes Choice School Students.

1. \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Responsible Party Signature)

2. \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Responsible Party Signature)

## Dress Code - Kindergarten Prep—6th Grade

Effective August 2014

Slacks: Navy, khaki, and black solid color. Slacks should be uniform-type style, cotton dress twill. (No cargo pants, extra baggy pockets, extra zippers or decoration; no denim).

Shorts/skorts: Navy, khaki, and black solid color

Skirts: Uniform-type style, cotton dress twill. Can be pleated. No shorter than 2 inches above the knee when holding arms at side (no denim, cargo style, extra baggy pockets, extra zippers or decorations).

Capri Pants: Navy, khaki, and black solid color. Uniform type style, cotton dress-twill (no denim, cargo style, extra baggy pockets, extra zippers or decoration).

Jumpers/Dresses: Navy, khaki, and black solid color. Can be pleated. **No shorter than 2 inches above the knee** (no denim). Sleeve length short, mid, or long (no sleeveless).

Skirts, skorts and capris are for girls only.

Shirts: Polo style in solid colors. Sleeve length short, mid, or long (no sleeveless). Decorations on shirts may only be Good Shepherd Christian Academy school logo. Oxford style—solid colors. Turtleneck style—solid color. Turtleneck/long sleeve crew neck shirts may be worn under polo shirts and sweatshirts. Shirts must be tucked in; boys must wear belts.

Sweaters: Solid Color. Sweaters may be crew neck, V neck, sweater vests, or cardigans in solid colors (no hoods).

Sweatshirts: Decorations on shirts may only be small Good Shepherd Christian Academy school logo left chest. Sweatshirts should be crewneck (no hoods).

Tight/hose: If worn—should be **solid color-white or black, navy or nude**. Can only be worn w/ skorts or shorts under dresses.

Shoes: Neutral tennis shoes or uniform type shoes are acceptable for everyday wear. Neutral boots may be worn in the winter. Gym shoes must be worn or brought to change into during activities requiring the use of the gym. Students should have a pair of shoes suitable for recess activity. For safety reasons, sandals without straps, flip flops and high heels are prohibited.

Jewelry: Boys will refrain from wearing earring. Dangling or hoop earrings for girls are not permitted. No jewelry with offensive symbols permitted. Tattoos of any kind are not permitted.

Hair: Haircuts must be in good taste without extreme or unusual styles that attract attention unless it's a designated dress up day. Boy's hair must be cut above the ear and above the collar.

Shorts and capris pants can only be worn during the 1st and last nine weeks. During the 2nd and 3rd nine weeks, students legs need to be covered by pants, tights, or leggings.

Any questionable item will be left to the discretion of the Administrator. Students will be required to wear the same color clothing for special events such as field trips and school programs on occasion.

Clothing must not fit too tight. Pants should sit at or above the waist.

## Parental Agreement 2020/2021

Good Shepherd Christian Academy agrees that the Bible places the ultimate responsibility for each child upon his/her own parents; and the school, therefore, recognizes the absolute right of parents/guardians to private counsel with school authorities over matters concerning their own child and even the right to withdraw a child when the parents/guardians feel that there is not substantial harmony between their own expectations and the school's policies.

Parents/Guardians must understand that the school is an entity, which must operate by its own mission and purpose statement, which reflects its convictions and standards. Furthermore, in a spirit of Christian cooperation and support, parents/guardians agree to:

1. Understand that attendance at Good Shepherd Christian Academy is a privilege and not a right. If, in the opinion of the administration, the student and/or parents are not cooperative and supportive of the school and its policies in attitude or action, the privilege may be withdrawn and the student asked to withdraw from the school;
2. Read and discuss with your child(ren), consent to and abide by the policies stated in the Student Handbook;
3. Provide help and support at home to their child(ren) so that academic goals may be achieved, which may include providing encouragement and a satisfactory time and place to study and complete homework;
4. Show a genuine interest in the progress and grade reports concerning their child(ren);
5. Cooperate with school requests, i.e., special conferences and checking or assisting with student homework assignments, etc;
6. Attend regularly scheduled school programs involving their child(ren).
7. I will support GSCA and its mission through volunteering;
8. Resolve conflict Biblically (Matthew 18:15-17). Proper procedure for any question, grievance, or offense is to go directly and privately to the one responsible for the difficulty. This action is never to be a confrontation, but rather a calm conference designed to gain an understanding of the facts and to restore a good relationship. Questions, they should be addressed to the teacher; however, unless it is an unusually urgent problem, teachers are not to be called at home. Rather, a time should be scheduled before or after school. If the concern is not resolved, the parties should contact the Administrator. If further resolution is needed, contact a member of the School Board to request a board review;
9. Support the disciplinary measures that may be found necessary by the school, including parent conferences, student detentions and suspensions;
10. Follow school procedure when dropping children off and picking them up as stated in the handbook;
11. Pay all tuition payments and other fees when due. No report cards will be issued with an unpaid balance there will be no fall re-enrollment with an unpaid balance; tuition payments are due by the 10th of each month. In addition to this "Parental Agreement," a separate "Contractual Agreement" will be executed prior to admission which governs the financial obligations associated with attending Good Shepherd Christian Academy;
12. Contribute helpful and constructive ideas to teachers and administration;
13. Support and promote the school as opportunities arise;

(Continued on other side ....)

14. Demonstrate a consistent Christian life in harmony with Biblical principles taught at school;
15. Support the standards of dress and hair as given in the handbook;
16. Recognize that all decisions made by Good Shepherd Christian Academy School Board are final;
17. Support the Statement of Faith adopted by the Good Shepherd Christian Academy administration, which is attached hereto;
18. Greensburg First Baptist Church may contact me.
19. Parents should address concerns/complaints through official school channels rather than posting them on social networking sites.

**PERMISSION**

I hereby grant permission for my child to use all the play equipment used at Good Shepherd Christian Academy. I grant permission for my child to leave the facility for walks on campus. I will be notified of any other off campus activities. I grant permission for my child to be included in pictures connected with the program. I hereby grant permission for steps to be taken for emergency care, if need arises. These steps include attempting to contact parent, guardian or alternate person in case of an emergency and having the child taken to the emergency room accompanied by a staff person. Any expenses for the emergency care will be the responsibility of the child's family. I acknowledge that I have read and understand the Parent/Student Handbook.

**I acknowledge and support the Mission Statement and goals of the Good Shepherd Christian Academy.**

*Parent/Guardian Signature:*

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

*Date* \_\_\_\_\_

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

*Date* \_\_\_\_\_

## Good Shepherd Christian Academy Permission to Treat/Health Appraisal Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
(complete a separate form for each student)

I hereby give consent for Good Shepherd Christian Academy to verify dates of medical appointments as needed and for school personnel to administer to my child the following as deemed necessary to be in the best interest of my child.

- Give minor treatment.
- Obtain the services of a physician or hospital care in case of emergency.
- Disclose pertinent health information to necessary staff members.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent Signature)

\_\_\_\_\_  
Child's Doctor's Name and Telephone Number

\_\_\_\_\_  
Child's Dentist's Name and Telephone Number

**Health Conditions- please check any that this child has had:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abnormal spinal curvature                | <input type="checkbox"/> Diabetes ( <i>see nurse</i> )       | <input type="checkbox"/> Meningitis                   |
| <input type="checkbox"/> ADD/ADHD                                 | <input type="checkbox"/> Down's Syndrome                     | <input type="checkbox"/> Cognitive Disability         |
| <input type="checkbox"/> Allergies (seasonal – <i>see below</i> ) | <input type="checkbox"/> Eating Disorder                     | <input type="checkbox"/> Anemia                       |
| <input type="checkbox"/> Allergies (food – <i>see below</i> )     | <input type="checkbox"/> Eczema                              | <input type="checkbox"/> Nose Bleeds                  |
| <input type="checkbox"/> Asthma ( <i>see back</i> )               | <input type="checkbox"/> Glasses/contacts                    | <input type="checkbox"/> Orthopedic concerns          |
| <input type="checkbox"/> Autism                                   | <input type="checkbox"/> Headaches/migraines                 | <input type="checkbox"/> Seizures ( <i>see back</i> ) |
| <input type="checkbox"/> Behavior concerns                        | <input type="checkbox"/> Hearing Aid/Implant                 | <input type="checkbox"/> Sickle Cell                  |
| <input type="checkbox"/> Bleeding Disorder                        | <input type="checkbox"/> Hearing Deficit                     | <input type="checkbox"/> Spina Bifida                 |
| <input type="checkbox"/> Cancer, Type _____                       | <input type="checkbox"/> Heart Concerns                      | <input type="checkbox"/> Stool soiling                |
| <input type="checkbox"/> Cerebral Palsy                           | <input type="checkbox"/> Immunodeficiency Disease            | <input type="checkbox"/> Multiple Birth               |
| <input type="checkbox"/> Cystic Fibrosis                          | <input type="checkbox"/> Inflammatory Bowel Disease          | <input type="checkbox"/> Vision Concerns              |
| <input type="checkbox"/> Dental Appliance/Braces                  | <input type="checkbox"/> Insect Allergy ( <i>see below</i> ) | <input type="checkbox"/> Blindness                    |
| <input type="checkbox"/> Depression                               | <input type="checkbox"/> Kidney Concerns                     | <input type="checkbox"/> Color Blind                  |
| <input type="checkbox"/> Developmental Delay                      | <input type="checkbox"/> Learning Concerns                   | <input type="checkbox"/> Other (please list below)    |

Describe other health condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER) →

**Current Medications:** What medications are given daily at home?

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason medication is prescribed? \_\_\_\_\_

What medications are needed during school? **IMPORTANT: The parent or legal guardian is responsible for assuring the medication arrives safely to school in the original pharmacy labeled container.**

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason medication is prescribed? \_\_\_\_\_

1. **Allergies:** My child is allergic to: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ The student **does not** require an emergency allergy medication at school.

\_\_\_\_\_ The student **does** require treatment/medication which I will bring to school. Treatment for the allergy:

\_\_\_\_\_ Benadryl \_\_\_\_\_ Epi-Pen (**Care plan required**) \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ The student will carry an emergency Epi-Pen on self – **requires a permission slip from the doctor and care plan.**

1. **Asthma/Reactive Airway Disease (complete only if your child has been diagnosed with this condition):**

\_\_\_\_\_ The student **does not** require an emergency inhaler at school.

\_\_\_\_\_ The student will keep an emergency inhaler in the school office.

\_\_\_\_\_ The student will need to use a nebulizer as needed at school.

\_\_\_\_\_ The student will carry an emergency inhaler on self – **requires a permission slip from the doctor.**

1. **Seizures (complete only if your child has been diagnosed with this condition):**

\_\_\_\_\_ The student **does not** require seizure medication at school.

\_\_\_\_\_ The student will have medicine to be kept in the school office if needed for an emergency. (**Care plan required**)

Neurologist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Any hospitalization/surgery/major illness/major accident or injury? Emotional or behavioral problems? Please explain:

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

# Good Shepherd Christian Academy

## Tuition 2020/2021 School Year

- A registration fee of \$150 per student is due to officially register students in Preschool - 5th Grade for the 2020/2021 school year.
  - A multi-student discount is offered for families registering more than one student.
    - Student 1 - \$150
    - Student 2 - \$140
    - Student 3 - \$130
    - Student 4 - \$120
    - Student 5 - \$110
- Tuition is divided into 10 monthly payments with the first payment due August 10th.

### Preschool Yearly Tuition Rates

#### Tuition (Activity Fee included)

- Students must be potty trained and the correct age by August 1, 2020.

Early Preschool	3 Years Old 5 Mornings	\$3,100
Kindergarten Prep	4 Years Old 5 Full Days	\$3,950

### Kindergarten - 5th Grade Yearly Tuition Rates

#### Tuition (Textbook/Tech Fees included)

- Rate 1 is used for those who are active members of the First Baptist Church of Greensburg.
- Rate 2 is used for those who do not qualify for Rate 1.

Rate 1		Rate 2	
Kindergarten	\$2,940	Kindergarten	\$4,200
1st - 5th Grade	\$3,710	1st - 5th Grade	\$5,300

NOTE: Rate 1 is used for those who are active members of the First Baptist Church, Greensburg, Indiana.

Criteria Includes:

- Parent or legal guardian of student
- Student must be in Kindergarten - 5th Grade
- Be a member of FBC Greensburg, Indiana
- Regularly attends and participates in church functions, for example, corporate worship, and small groups/Sunday school
- Financially contributes to FBC Greensburg

## Financial Assistance

We believe that education at Good Shepherd Christian Academy should be accessible to everyone.

**Indiana Choice Scholarship Program** - Good Shepherd Christian Academy is a participating school, and our families are able to receive financial assistance through the Department of Indiana's Choice Scholarship Program. This program provides scholarships to eligible Indiana students in grades 1 - 12 to offset tuition costs. Students must satisfy both household income requirements and student eligibility criteria to qualify. Kindergarten Prep students are not eligible for this program. Kindergarten students may qualify if a sibling in grades 1 - 12 is in the program. For more information please visit <https://www.doe.in.gov/choice>.

**Scholarship Granting Organization (SGO)** - Good Shepherd Christian Academy partners with the Institute for Quality Education to receive scholarships that make private school more affordable. These tax credit scholarships are funded by donations. The individuals and businesses that donate to the scholarship receive a tax benefit. Students must be residents of Indiana and their family at least 200% or below the Federal Free and Reduced Lunch Income Guidelines. Students in Kindergarten are eligible. Students may receive both SGO and School Choice funds as long as tuition and school fees are not exceeded. The awarded amount is dependent on funds available, and will be determined yearly by the school administrator and a school board representative. For more information please visit <https://www.i4qed.org/>.

**NEW Shepherd's Fund** - The Shepherd's Fund is funded by donations and provides assistance to families and students in many ways including lunch and tuition assistance. *More information will be sent home soon.*