

# Point of Grace

## Christian Academy

3610 SW 48<sup>th</sup> Avenue  
Hollywood, FL 33023  
954-649-0145



### Parents (or Legal Guardian) Contract

Student's Legal Name \_\_\_\_\_  
Last First Middle Initial Preferred Name

Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Sex  Male  Female Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Scholarship: \_\_\_\_\_

My signature below indicates that I have read, understand, and agree with the Parent Contract.

In making application for my child to attend:

I understand that the school program is an integral part of my child's training of which I am expected to support with prayer, time, volunteering, and participation in the various school activities.

I agree to uphold and support the high academic standards of the school by cooperating fully with the teachers and administration. I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my student's teacher.

I agree to uphold and support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, and disciplinary. I will not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, or disrespect to the staff of the school. I hereby agree to support all regulations published in the school handbook in the applicant's behalf and authorize the school to employ discipline, as it deems wise and expedient for the training of my child.

I hereby commit to my financial responsibility to the school on the due date and understand it may be necessary to withdraw my child if proper arrangements are not made on a past due account.

I understand that my child is expected to take part in school activities, including P.E., and sponsored trips away from the educational facility. In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby release, indemnify, and hold harmless Point of Grace Christian Academy, its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Point of Grace Christian Academy students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned or leased by Point of Grace Christian Academy, whether caused in whole or in part by the negligence of the operator of any such vehicle.

In the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:

1. Contact a parent of the child and follow instruction given.
2. Contact the child's physician and/or emergency medical personnel and follow instructions given.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Administrator, or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Administrator, or his designee, from any liability, which might arise from giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

In further consideration for the enrollment of my child, I, individually and on behalf of my child, hereby agree to submit to binding Christian arbitration any matter which cannot otherwise be resolved; and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except the judgment upon the award rendered by the arbitrator may be entered in any court jurisdiction thereof.

I agree that my child may appear in school promotional pictures and videos. I give my permission for my child to participate if selected.

I understand that once the Parent Contract has been signed and my child enrolled, I am responsible to pay in full registration, uniform, testing, and book fees and any other outstanding balances even if I voluntarily withdraw my child or my child is dismissed from school. Any cost associated with the collection of tuition and fees, will be paid by the responsible party.

I understand that I must give Point of Grace Christian Academy thirty (30) days notice of voluntary withdrawal.

I understand that Point of Grace Christian Academy reserves the right to dismiss any child at any time who fails to comply with established regulations and discipline or unacceptable work or conduct or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Point of Grace Christian Academy.

I have read the school handbook, the Parental Contract, the Standard of Conduct, and understand and agree to the terms stated on this application.

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Print Parent Name

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Parent or Guardian's Signature

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Date

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Print Parent Name

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Parent or Guardian's Signature

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Date