

# Registration Packet

## 2018-2019

GAINESVILLE ADVENTIST  
**GACS**  
CHRISTIAN SCHOOL

**Monthly Tuition:** \$500 Community Rate, \$400 Affiliate Church Rate, \$300 GSDA Members

**Tuition Discounts:** -\$25/mo. for each additional sibling. 10% OFF Pay-In-Full discount.

**Student Registration:** \$300. At least ½ due May 1, with remaining amount due June 1.

### NEW STUDENT INSTRUCTIONS:

1. Complete and return the entire Registration Packet (pages 2-13) to apply for admission to GACS.
  - a. For sections G, H, and I (pages 5-8) choose one section to fill out for your child's entering grade level.
  - b. Section L (page 10) should be completed only if needed.
  - c. Pay your registration fee of \$300 by June 1 (make checks payable to GACS).
2. Submit the "Consent to Release Information" (page 14) to the student's previous school(s) for records transfer.
3. Provide the school with two references ("Student Recommendation" forms on pages 15-16) from:
  - a. Previous classroom teacher
  - b. Pastor or adult who knows the student well (not a family member)
4. Interview with the principal/teacher who will perform a placement test as needed
5. Upon acceptance, the following documentation and completed paperwork will be required:
  - a. Certified Birth Certificate
  - b. School Entry Medical Examination
  - c. Georgia State Certificate of Ear, Eye and Dental Examinations
  - d. Georgia State Certificate of Immunization or a signed immunization waiver.
  - e. Students entering into 7-8<sup>th</sup> grade need proof of the following (or a signed immunization waiver):
    - i. An adolescent pertussis (whooping cough) booster immunization (called "Tdap").
    - ii. An adolescent meningococcal (meningitis) vaccination.

### RETURNING STUDENT INSTRUCTIONS:

1. Complete and return the Registration Packet (pages 2-13) to apply for readmission to GACS.
  - a. For sections G, H, and I (pages 5-8) choose one section to fill out for your child's entering grade level.
  - b. Section L (page 10) should be completed only if needed.
  - c. Pay your registration fee of \$300 by June 1 (make checks payable to GACS).
2. Any delinquent accounts must be cleared before acceptance is finalized.
3. Students entering into 7-8<sup>th</sup> grade need proof of the following (or a signed immunization waiver):
  - a. An adolescent pertussis (whooping cough) booster immunization (called "Tdap").
  - b. An adolescent meningococcal (meningitis) vaccination.

GAINESVILLE ADVENTIST CHRISTIAN SCHOOL (GACS)  
2695 Old Cornelia Hwy, Gainesville, GA 30507

[www.gainesvilleadventist.org](http://www.gainesvilleadventist.org)  
[gainesvilleschool@gmail.com](mailto:gainesvilleschool@gmail.com)

770-534-4131

**(A) STUDENT INFORMATION** *(Please Print)*

Name of Student \_\_\_\_\_  
Last First Middle Name used

Home Address \_\_\_\_\_  
Street City State Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Entering Grade \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_

If yes, which church? \_\_\_\_\_ Date Baptized? \_\_\_\_\_

Is student a U.S. Citizen? Y\_\_\_ N\_\_\_ Does the student speak English? Y\_\_\_ N\_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Fluent \_\_\_

How did you hear about our school? \_\_\_\_\_

**(B) FAMILY INFORMATION** *(Please Print)*

**Mother/Legal Guardian**

Full name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

E-mail \_\_\_\_\_

Profession \_\_\_\_\_

Name of business \_\_\_\_\_

Member of a church? Y \_\_\_ N \_\_\_ If yes, which church?  
\_\_\_\_\_

**Father/Legal Guardian**

Full name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_

E-mail \_\_\_\_\_

Profession \_\_\_\_\_

Name of business \_\_\_\_\_

Member of a church? Y \_\_\_ N \_\_\_ If yes, which church?  
\_\_\_\_\_

Primary language spoken \_\_\_\_\_

Country of origin \_\_\_\_\_

Primary language spoken \_\_\_\_\_

Country of origin \_\_\_\_\_

<b>Brothers and sisters:</b>	Name	Date of Birth	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(C) STUDENT PICKUP AUTHORIZATION & EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

**(D) STUDENT EDUCATIONAL BACKGROUND**

Previous school attended: \_\_\_\_\_

Street	City	State	Zip	Grade	Years
				<b>Yes</b>	<b>No</b>
Does the student have any unpaid school accounts?				_____	_____
Has the student ever been suspended, expelled, or asked to withdraw from any school?				_____	_____
Has the student ever undergone any type of professional counseling?				_____	_____
Has the student ever taken illegal drugs of any kind?				_____	_____
Does the student have any ongoing health problems or physical disabilities?				_____	_____
Has the student been tested for special learning needs or been recommended for tutoring?				_____	_____

If you answered “yes” to any of these questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(E) STUDENT UNIFORM POLICY**

Clothing worn to the school should be solid colors only. No sequins, patterns, ruffles, or logos.

**Tops:** Red, Navy Blue, Black, White or Gray. Collared “polo”, dress shirts, t-shirts, sweatshirts, or fleece pullovers.

**Bottoms:** Khaki or Navy Blue. Pants, shorts, skorts, or skirts (no more than 2 inches above the knee).

**Shoes:** Appropriate for P.E. and recess: tennis shoes recommended (no open-toed, no high-heels, no flip-flops).

**Jackets/Coats:** Any solid color.

**Parents:** I agree to abide by the uniform policy listed above. I understand I may be asked to bring a change of clothes if my child is sent to school without the proper uniform attire. I agree to changes in this policy as written in the Student Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## (F) FINANCIAL POLICY & CONTRACT

**Registration Fee:** The registration fee for each student is \$300 and is due on or before June 1. The registration fee covers textbook and workbook rentals, instructional materials, library and technology fees, student insurance, achievement assessments, and Georgia-Cumberland Conference (GCC) fees.

**Tuition Due Date:** On or before the first of each month (ten payments made August 1 through May 1)

**Delinquent Accounts:** All accounts must be cleared before enrollment for the next school year can be accepted. If the account remains delinquent for more than 90 days, the account may be reported to a collection agency, and the student may be asked to stay home until the account is paid or a plan for payment is made with the treasurer. Final report cards will not be issued until delinquent accounts are cleared.

### Fees:

- \$30 late fee – charged each month accounts are not paid-in-full by the close of the school day on the 10th of the month.
- \$30 bad check fee – charged when a check is returned because of insufficient funds.

### Refunds:

- The registration fee will be refundable **ONLY** in the case that the student is not accepted by GACS for the school year.
- If a student is absent, withdraws, or is dismissed, no deduction or remission of a partial month's tuition will be allowed.
- We encourage those who can to pay the year's tuition in advance. Doing so will result in a 10% discount on the total tuition. In the case of withdrawal or dismissal from the school, unattended months will be refunded on a prorated basis.

**Parents:** I agree to pay monthly tuition rates by the 1<sup>st</sup> day of each month according to the fee schedule set below.

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

<b>TUITION RATES (Grades 1 – 8)</b>		
<b>Community Rate</b>	<b><u>First Child</u></b>	<b><u>Additional Children</u></b>
Tuition per month	\$500	\$475
Tuition per year	\$5,000	\$4,750
Tuition in advance (10% discount)	\$4,500	\$4,275
<b>Affiliate Church Rate (Seventh-day Adventist Church Members*)</b>		
Tuition per month	\$400	\$375
Tuition per year	\$4,000	\$3,750
Tuition in advance (10% discount)	\$3,600	\$3,375
<b>Constituent Rate (Gainesville Seventh-day Adventist Church Members**)</b>		
Tuition per month	\$300	\$275
Tuition per year	\$3,000	\$2,750
Tuition in advance (10% discount)	\$2,700	\$2,475

**Please contact us if you foresee any account problem**  
(see “Delinquent Accounts” in school handbook).

\*To receive the **Affiliate Church Rate**, the parent, grandparent, or legal guardian must be a Seventh-day Adventist Church member that attends their local church at least 2 weeks/month and pays regular tithe locally, as determined by their Pastor & Treasurer.

\*\* To receive the **Constituent Rate**, the parent, grandparent, or legal guardian must be a Gainesville Seventh-day Adventist Church member for at least 6 months that attends at least 2 weeks/month and pays regular tithe locally, as determined by our Pastor & Treasurer.

## **(G) GEORGIA-CUMBERLAND CONFERENCE INTERNET ACCEPTABLE USE POLICY (GRADES K – 2)**

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules.  
If I do not use the Internet and Network in the right way, my teacher may take away my privilege of using them.

### **Use Rules:**

1. My teachers want me to use the Internet to learn more about the subjects I'm studying at school. I will not use the Internet for any other reason. For example, I will not search for a comic book site when I'm supposed to be looking for something in science.
2. Chat rooms and email are available to me only when my teacher gives permission or directions. I will be polite to other people when writing or talking to them while on the Network. I will not use words or language that my teacher or parent would not want me to use.
3. I am not to bring disks or CDs from home and put them in the computer. The files I create are to be saved into my personal folder. If I need to take a file home to continue my work I will ask for a virus-free disk to use.
4. I may be given a password – a special word that only my teacher and I are to know. I may have to use this password to log onto a computer or to send email over the Internet. I know that I must never tell anyone what that password is. Even if my friend cannot remember his or her own password, I will not tell my password. And I know that I am never to use another person's password. If I cannot remember my password, I will ask the teacher.
5. I will not get into folders or files that do not belong to me.
6. I will always use the computer materials carefully. I will not take food or drinks to the computer area. I will be careful with the keyboard, mouse, headphones, and other computer parts. I will not poke things into the holes on the computer, or push buttons on the computer or monitor. If it seems that the computer is not working right, I will tell the teacher and not try to fix it myself.
7. I will print only after I have followed the Rules for Printer Use.

### **Safety Rules:**

1. I will never give my name, my home address, any personal information about me, my telephone number, or information about my school phone or address to anyone I write to or talk with on the Internet. I know that almost anyone I contact is a stranger to me, and that I don't share personal information with strangers no matter how nice they seem to be. I will never send them personal information, such as a picture or my name, using an envelope and a stamp.
2. I will never put a picture of myself or a friend on the Internet without my parent's permission.
3. I understand that sometimes I may see a site on the Internet that has pictures or words that my teachers or parents would not want me to see. I will not try to find those sites and, if I come across one of them by accident, I will leave it as soon as I can. I will use my back key to take me to another site. I will not continue to look at the site with the bad picture or words, and I will not show it to others around me. I will not print it out or save it. Then I will quietly tell the teacher what happened.

### **Legal Stuff:**

1. People I write to or talk with on the Internet cannot see me, so they will not know what I look like or how old I am. I promise to never tell people that I am someone else. I will always check with my teacher before sending an email to someone new.
2. I understand that the teachers and staff may look at documents and log files to ensure that I am using the system responsibly.
3. I agree that I cannot use the words or pictures I see on an Internet site without giving credit to the person who owns the site. I will not copy information from the Internet and give it to my teacher as my own work.

### **Student's Agreement:**

I understand the rules that have been read to me. I agree to obey these rules when I'm using the computers at school.  
If I do not obey, I may not be able to use the Internet again at school.

Signed: \_\_\_\_\_

### **Parent/Guardian's Agreement:**

I have read these rules to my child, and believe he/she understands them. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees as a result of the use of the Internet from the school facilities.  
I give my permission for my child to use the Internet at school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **(H) GEORGIA –CUMBERLAND CONFERENCE INTERNET ACCEPTABLE USE POLICY (GRADES 3 – 6)**

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules.  
If I do not use the Internet in the right way, my teacher may take away my privilege of Internet use.

### **Use Rules:**

1. Time on-line is only for assignment work.
2. Go only to the Websites assigned by your teacher.
3. Treat people with respect – the way you would like to be treated.
4. Never download programs or files without your teacher's permission.
5. Never install any programs on the computer unless you are asked to by the principal.
6. I will only use e-mail services provided by the school.
7. Never bring disks from home and put them in the school computers.
8. Never open any email from someone you don't know.
9. Never print anything until you have followed the Printer Use Rules.
10. Never share your password with anyone.

### **Safety Rules:**

1. Never give out personal information about your name, address, telephone number, personal email address, or the name or address of your school
2. Never give out personal information about someone else.
3. Always tell your teacher when someone asks you for personal information.
4. Do not put a picture of yourself on the Internet without your parents' permission.
5. Never meet people in person that you have contacted on the Internet, without your parents' permission.
6. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing or that make you feel uncomfortable. Use the Back key to leave the site, then tell the teacher.
7. Never email someone for the first time without your teacher's permission.

### **Legal Stuff:**

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. You are not to open other students' folders or files.
4. Chat rooms are off limits unless the teacher has entered with you or provided a monitored site.
5. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

### **Student's Agreement:**

I have read the information above and understand it. I agree to follow these rules at all times when I am using the school network.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Parent/Guardian's Agreement:**

My child understands the rules that he/she is to follow in using the Internet at school. I have talked with him/her to make sure those rules are understood. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet while at school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Use	
Student's User ID _____	Password _____
Student's Intranet E-Mail address _____	
Student's Internet E-Mail address _____	
System File Folder _____	

## **(I) GEORGIA-CUMBERLAND CONFERENCE ACCEPTABLE USE POLICY FOR INFORMATION TECHNOLOGIES (GRADES 7–12)**

Internet access is offered for student use with the intent to further educational goals and objectives. This service has not been established as a public access or public forum. Each school has the right to place reasonable restrictions on the material you access or post, and to specify the training you need to have before you are allowed to use the system. Access to the Internet through this school's system requires permission from both the Principal (or his/her Designee) and your parents.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information services. Recognizing the potential for accessing sites other than the educational ones indicated by the classroom activities, families may choose not to permit their children access to the Internet through the school's network. The following are guidelines for use of this system:

### **1. Access**

- a. Access is a privilege, not a right. Access carries many responsibilities.
- b. Teachers have the right and the duty to schedule, monitor and restrict both the amount of time on-line and the sites visited.
- c. Your right to free speech is affected by our interpretation of the Internet as a limited forum, like a school newspaper, and therefore the school may restrict your right to free speech for valid educational reasons.
- d. Students may use only the e-mail services provided by the school.
- e. You should expect no privacy of the contents of your personal files on the school system or the Internet. Routine maintenance and monitoring of the system may lead to discovery that you have violated this policy, school rules or the law. An individual search may be conducted if there is reasonable suspicion. Your parents have the right at any time to see the contents of your email or school files.
- f. The school will cooperate fully with local, state or federal officials in any investigation related to illegal activities conducted through the system.
- g. When you are using the system, you may feel that you can easily break a rule and not get caught. This is not true. Electronic footprints are imprinted on the system whenever an action is performed. You are likely to be caught if you break the rules.

### **2. Personal Use**

- a. You may not use the system for commercial purposes, to offer, provide, or purchase products or services.
- b. You may not use the system for political activities or lobbying.

### **3. Personal Safety**

- a. You will not post personal contact information (address, phone number, etc.) about yourself or any other person.
- b. You will not agree to meet with someone you have met online, without approval of your parents. Any request for contact of this nature, or any message you feel is inappropriate or that makes you feel uncomfortable should be reported to school authorities immediately.

### **4. Illegal Activities**

- a. You will not attempt to gain unauthorized access to this or any other computer system, or go beyond your authorized access, by entering another person's username, password, or account number or by accessing another person's files.
- b. You will not deliberately attempt to disrupt the computer system or destroy data by spreading computer viruses, or by any other means.
- c. You will not use the system to engage in any other illegal act, such as arranging for a drug purchase or sale, engaging in gang activity, threatening the safety of a person, etc.
- d. You will not share games or other copyrighted programs.

### **5. System Security**

- a. You are responsible for your individual account and should take all reasonable precautions to prevent others from being able to use your account. Under no condition should you give your password to another person.
- b. You will never knowingly circumvent or try to circumvent the security measure on this system or on any computer at any remote site.
- c. You will immediately notify a teacher or system administrator if you have identified a security problem. Do not look for security problems; this may appear to be an attempt to gain illegal access.
- d. You will avoid the inadvertent spread of computer viruses by following the system virus protection procedures.
- e. You will not open email attachment files from unknown or anonymous senders.

### **6. Respect for Privacy**

- a. You will not repost a message that was sent to you privately without permission of the person who sent you the message.
- b. You will not post private information about yourself or another person.
- c. You will not falsify your identity or the identity of another person.
- d. You will not change any file that is not your own.

**(I) GEORGIA-CUMBERLAND CONFERENCE ACCEPTABLE USE POLICY FOR INFORMATION TECHNOLOGIES (GRADES 7–12)**

**7. Respecting Resource Limits**

- a. You will use the system only for educational activities as directed by your teachers.
- b. You will not download files or programs without following the school procedures.
- c. You will not post chain letters or engage in spamming (meaning, sending annoying or unnecessary messages to a large number of people.)
- d. You will check your e-mail frequently, delete unwanted messages promptly, and stay within your e-mail quota.
- e. You will not subscribe to any mail lists, list serves or enter chat rooms without the knowledge and written permission or documentation from your teacher or system administrator.
- f. I will not waste resources. I will print conservatively, saving paper and ink. I will work efficiently so my time on the resources is productive.

**8. Plagiarism and Copyright Infringement**

- a. You will not plagiarize words that you find on the Internet. Plagiarism means taking the ideas or writings of others and presenting them as if they were yours.
- b. You will respect the rights of copyright owners. Copyright infringement occurs when you inappropriately reproduce anything that is protected by copyright including music, movies or text. If a work contains language that specifies appropriate use of that work, you should follow the expresses requirements. If you are unsure whether or not you can use a work, you should request permission from the copyright owner. Questions regarding copyright law should be directed to your teacher.

**9. Inappropriate Access to Material**

- a. You will not use the system to access material that is profane or obscene (pornography) or that advocates illegal acts, violence or discrimination toward other people (hate literature)
- b. If you mistakenly access inappropriate information, you will immediately tell your teacher or other person designated by the school. This will protect you against a claim of intentional violation of this policy.
- c. You parents should instruct you if there is additional material they think would be inappropriate for you to access. The school fully expects that you will follow your parents' instruction in this matter.

The school makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including, but not limited to, loss of data or interruption of service. The school is not responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising from unauthorized use of the system.

**Student's Agreement**

I have read the Acceptable Use Policy, as written above, and understand it fully. I agree to follow the principles and guidelines it contains.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent's Agreement**

As the parent or guardian of this student, I have read the Acceptable Use Policy as written above. I understand that Internet access at school is provided for educational purposes only. I understand that employees of the school will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Internet from the school facilities. I give my permission to allow the student above to use the Internet on the computer system at school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Use	
Student's User ID _____	Password _____
Student's Intranet E-Mail address _____	
Student's Internet E-Mail address _____	
System File Folder _____	



## (J) CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION



The below named student  
( ) is  
( ) is not  
covered by health insurance.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_

Student's physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Is this student currently taking any medications? Y\_\_N\_\_ Explain \_\_\_\_\_

Does this student have any allergies? Y\_\_N\_\_ Explain \_\_\_\_\_

Does this student have any current or previous illnesses that a doctor should know about in case of an emergency? Y\_\_N\_\_

Explain \_\_\_\_\_

In the event that the student becomes ill or is injured while under school supervision, I approve the Gainesville Adventist Christian School (GACS) authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, GACS authorities are hereby authorized to use their best judgment in contacting a licensed physician, or in transporting the student to the nearest hospital for consultation and/or treatment. Reasonable effort will be made to contact the doctor listed above.

If, in the opinion of a properly licensed and practicing physician, the student needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal of GACS or her designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal, or her designated representative, and GACS from any liability which might arise from the giving of such authorization, it being my desire that the student be furnished with such medical or surgical services as soon as possible after the need arises.

This consent shall remain in continuous effect until revoked in writing and delivered to GACS.

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

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

## (K) FIELD TRIP PERMISSION

This permission slip will allow the child to participate in all school sponsored field trips. Additional information will be provided prior to each field trip regarding location, cost and any other pertinent facts. Parents/Guardians who do not wish their student to participate in a particular field trip may notify the teacher in writing or by email.

I give permission for my child, \_\_\_\_\_ to go on field trips sponsored by the Gainesville Adventist Christian School (GACS).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**(L) STUDENT AUTHORIZATION TO CARRY PRESCRIPTION MEDICATION\***

\*Complete if your child needs Asthma Medication, Epinephrine Auto-Injector, or Diabetic Medication

(Student) \_\_\_\_\_ needs to carry the following prescription medication. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that additional medication is kept in the principal’s office in case the first is lost or left at home.)

Medication \_\_\_\_\_ Dosage/Directions \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Directions \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Directions \_\_\_\_\_

\_\_\_\_\_  
Licensed Health Care Provider’s Signature & Stamp

\_\_\_\_\_  
Date

I have been instructed in the proper use of my prescription-labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to the consequences of the code of conduct should another student use my prescription. I also accept the responsibility for checking in with the principal to keep him/her informed of the use of my medication in case I start having problems.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent) I, \_\_\_\_\_, hereby request that the above-named student, over whom I have legal authority, be allowed to carry and use the prescription medication described above, at school. I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Gainesville Adventist Christian School (GACS), its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I also hereby release said aforementioned school, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility should the above medication be lost, given to or taken by a person other than the above-named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I also release the Georgia Cumberland Conference and its employees, representatives and officials of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## (M) CONDITIONS AND TERMS OF AGREEMENT

1. Admission to Gainesville Adventist Christian School (GACS) is based on a student's ability to succeed academically and to contribute to the school. In making an application to GACS, parents/guardians should understand that the decision of the Admission Committee is made with the best interests of the student as the primary concern.
2. This application will not be considered until (a) this application has been filled out in full, (b) complete school records have been received, (c) reference forms have been received, (d) the student has taken a placement test, and (e) the student and his/her family has had a personal interview with the Principal.
3. GACS's acceptance of a student for the next school year is contingent upon successful completion of the student's current grade.
4. All students must receive an acceptance notice before being considered officially enrolled.
5. Parents/Guardians are responsible for any additional charges/fees such as field trips, school pictures, uniforms, athletics and hot lunch.
6. The Student Handbook will be available for parents and students to review and abide by school policies.
7. A vital part of GACS's mission is the development of character and social responsibility; therefore each student's conduct, both at school and in the community, concerns the school. Conduct or attitudes, which the faculty and administration consider seriously detrimental to other students or to the school, may be considered grounds for dismissal.
8. A student's success and happiness in the school environment depends greatly upon positive parental/guardian support of school policies. Our teachers, administrators, and programs all work together to provide a safe and pleasant environment. Your cooperation, support, and involvement in Christian education are an investment in your child's future.

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To the best of our knowledge, the information contained in this application is true and accurate. If any of this information is found to be false or misleading, the student may be subject to dismissal. We will support GACS in all areas of school life.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*GACS welcomes applications, regardless of race, color, or national origin, from young people who are willing to uphold the Christian values and traditions of the Seventh-day Adventist Church. Membership in the Seventh-day Adventist church is not required. GACS supports inclusion in the classroom, but presently is not equipped, nor does it have the resources to meet the needs of special students who have physical, scholastic, psychological, or social limitations.*

## **(N) PARENT/TEACHER CONCERN PROCEDURES**

The Georgia-Cumberland Conference (GCC) K-12 Board of Education has voted the following procedure for adoption and use in all schools. The procedure is mindful of due process and founded on the Biblical principles of Matthew 18. Any questions regarding the fundamental philosophy and/or procedures prescribed should be directed to the GCC Office of Education.

1. Discuss the situation with your child's teacher. All meetings with teacher(s) and/or principal must be by appointment.
2. If an amiable agreement cannot be reached, a conference will be set up for the parent, teacher, and principal. The principal is to keep minutes of the meeting, including all relevant issues and/or agreements discussed. The minutes are to be reviewed by all parties prior to the completion of the meeting. Should the concern involve the school principal, the school board chairman would serve as the facilitator and keep minutes. Note: should the principal be involved, the GCC Office of Education is to be notified.
3. If further assistance is needed, contact the Gainesville Adventist Christian School (GACS) Board chairperson in writing.
4. If concern remains unresolved, you may contact the Associate Superintendent of Education of the GCC.
5. If all steps are unsuccessful and the concern remains unresolved, a final appeal of the issue can be made to the GACS Board. The teacher, associate superintendent of education, and parent are requested to be present with the school board. If the parent is a school board member, he or she will need to remove himself or herself from the decision-making process. A final resolution to the concern will be acted upon by the GACS Board. All parties will be officially notified in writing of the school board's decision.
6. Under no circumstances should an individual GACS Board member be contacted to solve a conflict or problem.

After having read the Parent/Teacher Concern procedure, I agree to follow the above guidelines while my child is enrolled at GACS.

### **Mother/Guardian**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Father/Guardian**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CONSENT TO RELEASE INFORMATION

## To the Parent:

Please print or type the authorization below and return this form to the school office with the completed application.

Student Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_ DOB \_\_\_\_\_

Previous School \_\_\_\_\_ Previous School Phone # \_\_\_\_\_

Previous School Address \_\_\_\_\_

In accordance with the federal regulations regarding the privacy rights of parents and students Under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Gainesville Adventist Christian School (GACS) all the educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested regarding the above-named individual.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## To the Principal or Secretary or Registrar:

This student is applying for admission to GACS. We would appreciate you promptly sending the following documents:

- Transcript and latest grades
- Standardized test results
- Any special testing results or placement in special programs
- Certificate of immunization and health records
- All disciplinary records or official statement of disciplinary action

Please Send All Information To:

Gainesville Adventist Christian School (GACS)  
2695 Old Cornelia Hwy, Gainesville, GA 30507  
[gainesvilleschool@gmail.com](mailto:gainesvilleschool@gmail.com)  
Office (770) 534-4131

# STUDENT RECOMMENDATION

Please mail, email, or deliver this form to  
 Gainesville Adventist Christian School (GACS)  
 2695 Old Cornelia Hwy, Gainesville, GA 30507  
[gainesvilleschool@gmail.com](mailto:gainesvilleschool@gmail.com)  
 Phone: (770) 534-4131

## I. STUDENT

The confidential recommendation below is for: \_\_\_\_\_

How well do you know this student? Well \_\_\_ Some \_\_\_ Little \_\_\_ Records Only \_\_\_

How long have you known this student? \_\_\_\_\_ What is your relationship to this student? \_\_\_\_\_

## II. EVALUATION

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

<b>TRUSTWORTHINESS</b> <input type="checkbox"/> Very trustworthy <input type="checkbox"/> Generally trustworthy <input type="checkbox"/> Tends to be dishonest	<b>COOPERATION WITH TEACHERS</b> <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with teachers <input type="checkbox"/> Critical or argumentative	<b>COOPERATION WITH OTHERS</b> <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with others <input type="checkbox"/> Critical or argumentative
<b>ATTENTION SPAN</b> <input type="checkbox"/> Focuses well/stays on task <input type="checkbox"/> Average attention span <input type="checkbox"/> Easily distracted	<b>ABILITY TO CONTROL TEMPERAMENT</b> <input type="checkbox"/> Strong self-control <input type="checkbox"/> Average self-control <input type="checkbox"/> Little to no self-control	<b>PERSONAL APPEARANCE</b> <input type="checkbox"/> Well-groomed <input type="checkbox"/> Neat and clean <input type="checkbox"/> Careless
<b>INDUSTRIOUSNESS</b> <input type="checkbox"/> Resourceful/enthusiastic <input type="checkbox"/> Average worker <input type="checkbox"/> Works under pressure <input type="checkbox"/> Not interested in work	<b>INTELLECTUAL APTITUDE</b> <input type="checkbox"/> Very quick and eager to learn <input type="checkbox"/> Learns easily <input type="checkbox"/> Must study hard to learn <input type="checkbox"/> Educational disabilities	<b>INFLUENCE ON CLASSMATES</b> <input type="checkbox"/> Strong leader in class <input type="checkbox"/> Positive influence <input type="checkbox"/> Little influence on classmates <input type="checkbox"/> Negative influence
<b>STRENGTH OF CHARACTER</b> <input type="checkbox"/> Firm, steady, consistent <input type="checkbox"/> Fairly stable <input type="checkbox"/> Weak, easily influence	<b>ATTENDANCE/TARDINESS</b> <input type="checkbox"/> Always present and on time <input type="checkbox"/> Usually present and on time <input type="checkbox"/> Often absent or late	<b>CHRISTIAN EXPERIENCE</b> <input type="checkbox"/> Active <input type="checkbox"/> Disinterested <input type="checkbox"/> Agnostic

## III. RECOMMENDATION

Do you recommend the applicant for Gainesville Adventist Christian School? Yes \_\_\_ No \_\_\_ With Reservation \_\_\_

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT OF GAINESVILLE ADVENTIST CHRISTIAN SCHOOL (GACS)

# STUDENT RECOMMENDATION

Please mail, email, or deliver this form to  
 Gainesville Adventist Christian School (GACS)  
 2695 Old Cornelia Hwy, Gainesville, GA 30507  
[gainesvilleschool@gmail.com](mailto:gainesvilleschool@gmail.com)  
 Phone: (770) 534-4131

## I. STUDENT

The confidential recommendation below is for: \_\_\_\_\_

How well do you know this student? Well \_\_\_ Some \_\_\_ Little \_\_\_ Records Only \_\_\_

How long have you known this student? \_\_\_\_\_ What is your relationship to this student? \_\_\_\_\_

## II. EVALUATION

Please check the adjectives that most nearly describe the applicant's standing in the areas listed below:

<b>TRUSTWORTHINESS</b> <input type="checkbox"/> Very trustworthy <input type="checkbox"/> Generally trustworthy <input type="checkbox"/> Tends to be dishonest	<b>COOPERATION WITH TEACHERS</b> <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with teachers <input type="checkbox"/> Critical or argumentative	<b>COOPERATION WITH OTHERS</b> <input type="checkbox"/> Very helpful <input type="checkbox"/> Usually works well with others <input type="checkbox"/> Critical or argumentative
<b>ATTENTION SPAN</b> <input type="checkbox"/> Focuses well/stays on task <input type="checkbox"/> Average attention span <input type="checkbox"/> Easily distracted	<b>ABILITY TO CONTROL TEMPERAMENT</b> <input type="checkbox"/> Strong self-control <input type="checkbox"/> Average self-control <input type="checkbox"/> Little to no self-control	<b>PERSONAL APPEARANCE</b> <input type="checkbox"/> Well-groomed <input type="checkbox"/> Neat and clean <input type="checkbox"/> Careless
<b>INDUSTRIOUSNESS</b> <input type="checkbox"/> Resourceful/enthusiastic <input type="checkbox"/> Average worker <input type="checkbox"/> Works under pressure <input type="checkbox"/> Not interested in work	<b>INTELLECTUAL APTITUDE</b> <input type="checkbox"/> Very quick and eager to learn <input type="checkbox"/> Learns easily <input type="checkbox"/> Must study hard to learn <input type="checkbox"/> Educational disabilities	<b>INFLUENCE ON CLASSMATES</b> <input type="checkbox"/> Strong leader in class <input type="checkbox"/> Positive influence <input type="checkbox"/> Little influence on classmates <input type="checkbox"/> Negative influence
<b>STRENGTH OF CHARACTER</b> <input type="checkbox"/> Firm, steady, consistent <input type="checkbox"/> Fairly stable <input type="checkbox"/> Weak, easily influence	<b>ATTENDANCE/TARDINESS</b> <input type="checkbox"/> Always present and on time <input type="checkbox"/> Usually present and on time <input type="checkbox"/> Often absent or late	<b>CHRISTIAN EXPERIENCE</b> <input type="checkbox"/> Active <input type="checkbox"/> Disinterested <input type="checkbox"/> Agnostic

## III. RECOMMENDATION

Do you recommend the applicant for Gainesville Adventist Christian School? Yes \_\_\_ No \_\_\_ With Reservation \_\_\_

Please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT OF GAINESVILLE ADVENTIST CHRISTIAN SCHOOL (GACS)