

Student Information

Last Name	First Name	Middle Name	Name Preference
Address	City, State	Zip	Gender
Home Phone	Date of Birth	Place of Birth	
Baptized SDA Member If Yes,	At:	Age & Date:	Grade Entering Next School Year:

Transfer Student Only

School Name			Phone
Address	City	State	Zip

Mother/Stepmother Information

Last Name	First Name	Middle Name	Name Preference
E-Mail Address	Home Phone	Work Phone	Cell Phone
Address if different from above:			Marital Status
Relation to Student: <input type="radio"/> Natural Mother <input type="radio"/> Step- Parent <input type="radio"/> Legal Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster			
Occupation	Employer & Address	Education	Baptized SDA Member If yes, at:

Father/ Stepfather Information

Last Name	First Name	Middle Name	Name Preference
E-Mail Address	Home Phone	Work Phone	Cell Phone
Address if different from above:			Marital Status
Relation to Student: <input type="radio"/> Natural Father <input type="radio"/> Step- Parent <input type="radio"/> Legal Guardian <input type="radio"/> Grandparent <input type="radio"/> Foster			
Occupation	Employer & Address	Education	Baptized SDA Member If yes, at:

ANY LEGAL RESTRAINTS MUST BE ON FILE IN THE OFFICE.

Student's Legal Name	Grade	Date of Birth
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Students entering Tennessee schools for the first time of students entering the Pre-K or Kindergarten program MUST have a physical, dated within the past year, from a TN physician, on file with the school. Immunization records and a copy of the student's birth certificate MUST be on file PRIOR to beginning classes.

Emergency Information

Mother's Name	Father's Name
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Two Alternate Contacts

Name	Name
Relationship to Student	Relationship to Student
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Medical Information

It is Imperative that the staff at Living Springs Christian Academy be aware of any potential life-threatening illnesses that you child may have. Please complete the following:

Asthma No Yes (If yes, we must have an inhaler in the office for your child)

Diabetes No Yes _____

Allergies No Yes _____

Other No Yes _____

Factors which may interfere with student's learning: hearing____ sight____ speech____ malnutrition____ heart____ nervousness____ easy fatigue____ emotional problems or worries____ language other than English used in home____

Any other health problems that Tri-City SDA School should know about _____

Last physical exam _____

Physician _____ Address _____ Phone # _____

LOCAL CONFLICT RESOLUTION PROCEDURE

GCC 4308

Dealing with Parent Complaints/Concerns

The Conference K-12 Board of Education has voted the following Conflict Resolution 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 Office of Education.

Parent*/Teacher Complaint Procedure:

1. **Complainant is to meet with the teacher alone or as a family to deal with the issue/complaint. Under no circumstance is the issue/complaint to be discussed with any other party.
2. If the complaint remains unresolved after Step 1, the unresolved complaint is to be taken to the school principal/head teacher for the purpose of securing assistance in finding resolution. **A meeting among the three parties (principal, complainant and teacher) is to be held with the principal chairing the meeting. 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 grievance involve the school principal, the school board chairman would serve as the facilitator and keep minutes. Should the principal be involved, the Office of Education is to be notified.
3. At each instance in which a complaint is registered, the teacher should have the right to address the complaint directly. If the complaint remains unresolved then the complaint will be referred to the Executive Committee of the School Board. At this point, the Office of Education is to be directly involved.
4. If, after the aforementioned steps prove unsuccessful, and the complaint remains unresolved, a final appeal of the issue can be made to the School Board. In order to insure fairness, the teacher is to be present at this meeting. A representative from the Office of Education will be invited by the school board chairman to participate in the discussion of the issues. Should the complainant be a member of the school board, he/she will remove himself/herself from the decision-making process relative to the issue at hand. A final resolution to the complaint will be acted upon at this level. All parties are to be officially notified, in writing, of the school board's decision.

* or other individual

** all meetings with the teacher(s) and/or principal must be by appointment

Parents Signature

**CONTINUING CONSENT TO TREATMENT
AND HEALTH INSURANCE INFORMATION**

We, the undersigned parents or guardian of (Name of Student or Member) _____
____ 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 special instructions of (Name of Physician) _____ 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 (Name of Organization into Whose Custody
Minor is Entrusted) _____
or the physician to exercise their best judgement 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
 is not
covered by Health Insurance

Present Health Insurance Company _____

Policy # _____

Father

Mother

Witness

Legal Guardian

Date

FAMILY Student Pick-up Information



Please list the names **AND** phone numbers of all individuals authorized to take your child(ren) off school property.

Students: _____

Driver Names	Phone Numbers

Any exceptions to this list **MUST** be made in writing **PRIOR** to pickup. School policy will **NOT** allow changes to be phoned in to the school!

Fathers Printed Name _____

Signature of Father _____ DATE _____

Mothers Printed Name _____

Signature of Mother _____ DATE _____

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.

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.

**Georgia-Cumberland Conference Acceptable Use Policy
For Information Technologies**

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: _____

**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
Your address
Your telephone number
Your personal email address
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 Network at school.

Signed: _____ Date: _____

Parent or Guardian

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.

Signed: _____ Date: _____

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

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. **Inappropriate Language**
 - a. On any and all uses of the Internet, whether in application to public or private messages or material posted on Web pages, you will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language.
 - b. You will not post information that could cause danger or disruption, or engage in personal attacks, including prejudicial or discriminatory attacks.
 - c. You will not harass another person by a persistent action that distresses or annoys that person. You must stop any action perceived to be annoying when asked to do so.
7. **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.
8. **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.
9. **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 expressed 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.
10. **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. Your 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.

- 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: _____

Parents' 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.

Signed: _____ Date: _____

School Use

Student's User ID _____ Password: _____

Student's Intranet E-Mail address: _____

Student's Internet E-Mail address: _____

System File Folder: _____

Medication Administration Form

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their child's physician has prescribed medication for the child. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the child's name, dosage, physician, pharmacy, and name of the drug.

Student's Name _____ Birth Date _____

School _____ Grade _____

Statement of Physician

Medication _____ Date of Prescription _____

Physician's Name _____ Phone Number _____

Allergies _____

Dosage and Time of Administration _____

Illness Requiring Medication _____

Possible Medication Side Effects _____

Physician's Signature _____

Physician's Address _____

Statement of Parent/Guardian

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever occasioned by the administration or non administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

Signature of Parent/Guardian

Home Phone

Work Phone

Date

The administering of medication by the staff of the school system to students shall be permitted if it is not feasible for the parent, guardian, child's physician, or some other person authorized by the parent or guardian to administer the medication. In the event the administering of medication to a student during school hours is necessary, the school must provide control and supervision of the administration of the medication as detailed below .

1. The principal/head teacher or a staff member (having informed and secured approval by the principal) shall be responsible for administering medication to students and storing all medication. All medications must be stored in a secure, locked, clean container or cabinet accessible only to the responsible authorized school personnel.
2. All medications must be brought to the principal or staff person responsible for administering them in the original pharmaceutical containers, clearly labeled as to the name of the student, the name of the medication, the appropriate dosage, and the time for each dose.
3. Any student who must have medication administered during school hours as a condition of being able to attend school without endangering his health or who is taking medication for a period of time exceeding 20 school days, shall file with the principal of the school a medication authorization, signed by the parents or legal guardians of the student, and in a form prescribed and made available by the Conference K-12 Board of Education and attached to this policy. The form shall provide clear instructions from the prescribing physician as to the method or manner such medication is to be administered, including the quantity or dosage to be administered and frequency, together with any potential reaction or other cautioning instructions in connection with the usage of the drug. The medication will be administered only in accordance with the written instructions from the child's physician. The parents or guardians shall authorize the staff member administering the medication to correspond directly with the child's physician in the event the staff member deems it appropriate or necessary. (See attached forms.)
4. The staff member administering the medication shall be responsible for maintaining a log for each student specifying the name of the student, the name of the medication, the date, time and amount of each dosage and any reaction by the student to the medication.
5. Medication Related Emergencies:
 - a. An allergic reaction to medication can happen at any time, no matter how long the child has taken the medication. The most common symptoms are rash, itching, swelling, breathing problems, nausea, diarrhea or bluish color of skin.
 - b. Call the parent and/or school nurse immediately. If the situation is life threatening, call the local ambulance service (911).
 - c. Never leave a child who is suspected of having an allergic reaction unattended.

Non-prescription medications such as aspirin, cough medications, over-the-counter allergy medications, etc. may NOT be administered to students by school staff. Only the licensed school nurse may dispense non-prescription medications. Students may self-administer non-prescription medicines provided they bring one or two days' dosage rather than a whole bottle.

Procedures requiring invasion of the skin are to be performed only by a licensed medical practitioner.

Medications should be given at **home** when possible. Emergency medication must be administered as per written protocol, approved and signed by a physician or health officer and parent.

Individual protocols are needed to address those students with a history of systemic reaction to known allergens. Schools should develop emergency plans of action to address allergic reactions occurring in students with no previous history of anaphylaxis.

This policy does not supersede state governmental policies.

Home School Student Accident Insurance Form

The mission of the Seventh-day Adventist schools in the Georgia-Cumberland Conference is to provide quality education in a spiritual setting for the students enrolled. It is also a goal to be of service to the communities in the area of our schools. One of the ways the schools may provide service is to permit home school students to participate in certain activities, programs, or classes at the school.

This form is to be used to register the home school student for insurance coverage when involved with school activities. One form must be completed for each home school student.

The student accident insurance is primary for the first \$500.00 and then secondary up to \$25,000 and has a catastrophic accident medical benefit of up to \$1,000,000.

Coverage begins: _____ **Coverage ends:** _____

School Name _____

Parents agree to the following stipulations:

1. Parents will pay a fee to the school to purchase student accident insurance:
PreK-K - \$14.00 1-8 - \$24.75 9-12 day student - \$57.25
2. Parent's supervision of their child may be requested by the school to assist in supervision during the activities, programs, or classes.
3. Parents will be required to accompany their child on any off-campus trips.
4. The school assumes no responsibility for the home school child outside of the scope of the activities, programs, or classes in which the child is registered to participate.

Student Name _____ Birth date _____

I have read and agree to the stipulations above. I recognize that the student accident insurance only covers my child during school-sponsored activities.

Parent Signature _____ Date _____

Daily Log for Medication(s)
Intended for individual student records

School _____	Week of _____					Week of _____					Week of _____					Week of _____									
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
	Student: Medication: Dosage: Times:																								
Medication: Dosage: Times:																									
Medication: Dosage: Times:																									
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314 Delmer Salts Rd. Gray, TN 37615 Office 423-477-5722 Fax 423-207-0331

REQUEST FOR STUDENT RECORDS

Parents please fill out this top portion with your child's previous school information and child's information.

School _____

Address _____

Phone () _____ Fax () _____

Student's Name _____ Birth date _____ Grade _____

Student's Name _____ Birth date _____ Grade _____

Student's Name _____ Birth date _____ Grade _____

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Fol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this/these student(s).

- A. All subjects and grades for the current school year, plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Attendance records.
- C. Standardized test records and scores.
- D. Immunization and Health records.
- E. Psychological/Physiological reports.
- F. IEP or other specialized learning evaluations.
- G. Any other data pertinent to understanding the student's individual needs.

Thank you for your cooperation.

Sincerely,

Signature _____ Title _____ Date _____

STUDENT BEHAVIOR REFERRAL

Teacher's Report
DESCRIPTION OF OFFENSE
(INCLUDE NAMES OF ANY WITNESSES AND
ATTACH WRITTEN COMMENTS IF APPROPRIATE)

Date

Approximate Time

Location

No. of Prior Incidents

Student Discipline Report

School _____

Student (please print full name) _____ Class _____ Date _____

Location, Date and Time of Infraction _____

Teacher _____

Person Filing Complaint (if any) _____

NOTICE TO PARENT: *Your child has committed an infraction of the school's discipline regulations. Please note the "Recommendation or Action Taken" and discuss this with your child so that it does not happen again.*

INFRACTION	RECOMMENDATION OR ACTION TAKEN
<input type="checkbox"/> Fighting	<input type="checkbox"/> Student conference held
<input type="checkbox"/> Unsociable language	<input type="checkbox"/> Referral to principal
<input type="checkbox"/> Chronic lateness	<input type="checkbox"/> Detention
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disciplinary assignment given
<input type="checkbox"/> Disturbs class	Due _____
<input type="checkbox"/> Mischievous	<input type="checkbox"/> Suspension for _____ days
<input type="checkbox"/> Graffiti	<input type="checkbox"/> Parent conference requested. Please call for an appointment
_____	<input type="checkbox"/> _____
Comment if necessary	

Authorized Signature (Teacher or Principal) Title

Student Contract
Admissions Application

SCHOOL YEAR: 2020-2021

When choosing to attend LSCA, you must agree to the code of conduct. The following behaviors are NOT permitted in Seventh-day Adventist Schools and are subject to disciplinary action. Please write your initials next to each behavior, indicating that you have read and understand each one. By choosing to exhibit or participate in 3 inappropriate behaviors in a week, ignoring our code of conduct, students will be subject to disciplinary actions as stated in the Handbook (Suspension and Expulsion).

Inappropriate behaviors include but are not limited to:

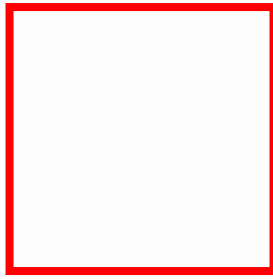
- _____ Using the Lord's name in vain.
- _____ Using vulgar language, participating in obscene or suggestive conduct, or possessing or displaying obscene literature and/or pictures.
- _____ Bringing to school or having in my possession immoral books, magazines, or other materials or objects that are not in keeping with the Christian standards of the Seventh-day Adventist Church.
- _____ Being dishonest, including theft, willful deception regarding school regulations, plagiarism, or cheating on examinations, class work or any phase of school business.
- _____ Bringing to school or having in my possession any device that might prove harmful to me or another student, such as guns, knives, other weapons, matches, lighters and firecrackers.
- _____ Participating in any vandalism, including willful destruction or defacement of school, church, or other property.
- _____ Being consistently critical, willfully disobeying staff instruction, or displaying a bad attitude in general.
- _____ Being a nuisance to the community and bringing disrespect to the school.
- _____ Showing improper sexual conduct, displayed in words or actions.
- _____ Showing disrespect toward teachers, staff, other adults on the school premises or other students.
- _____ Bullying, hazing, harassing, persistent teasing or name calling.
- _____ Using tobacco, alcoholic beverages or abusive drugs, either at school or while off campus.
- _____ Talking about inappropriate media (movies, TV, books, magazines, internet sites, games or other).
- _____ Playing with electronic devices during school hours.
- _____ Talking loudly, running or acting boisterous in hallways and classrooms.
- _____ Chewing gum without permission from a teacher.

I have read EACH of the required codes of conduct and agree to follow them to the best of my ability. I understand that disciplinary action can be taken against me for breaking these codes. Disciplinary action may include letters or calls to my parents, physical labor, time-out sessions, revoked privileges, suspension or expulsion. I am committed to help make this a great school year for ALL staff and students.

(Student Name) _____

(Student Signature) _____ DATE _____

(Parent Signature) _____ DATE _____



Dear Parents,

Please review the following social media policy which will soon be added to our handbook. With the times being what they are, we feel that we must be very clear about our expectations as they pertain to comments that we post for the public to see. After reading the policy, please sign and return it to a staff member. Thanks,

Mr. Cunningham

LSCA Social Media Policy

In today's day, we acknowledge that social media use is prevalent. LSCA encourages you to use common sense and write knowledgeably, accurately, truthfully, and professionally. If you share your views as an individual, be aware that, despite disclaimers, the public may form opinions about LSCA and its teachers, students, board members, and constituent churches. If you determine that you have posted inaccurate information, please correct it promptly and apologize if necessary.

Please use caution when posting pictures of other students without the permission of their parents as some parents do not wish their children's pictures made public on social media.

If you have any issues during the school year that cause you concern, we ask that you do not resort to "posting" on Facebook, Twitter, blogs, or other social media outlets to publically air those issues. Proper procedure would include speaking with teachers, the board chair, and the Conference Department of Education, and that grievance policy is detailed elsewhere in the handbook. Be aware that deliberate abuse of social media rather than following the grievance policy could harm LSCA and may result in disciplinary action up to and including your child(ren) being asked to withdraw from LSCA.

Please sign and date below that you have read the policy above.

Signature of parent: _____ Date: _____

Special Educational Needs

* LSCA has limited ability to accommodate special education needs. These requests are considered on an individual basis.

Handbook

Policies in the Living Springs Christian Academy School Handbook have been developed to help your child gain the greatest possible benefit from their school experience. Parents/guardians have responsibility for the actions of their children and should be involved in their education. The school is in need of your help and cooperation. After reading and discussing this document with your child, please sign the acknowledgment for our records.

A copy of the handbook is available online at the schools website address: www.livingspringstn.com
Your signature indicates that you have received the handbook and agree to uphold its policies.

*Failure to sign this acknowledgement will not relieve a student or the parent(s) from compliance with this code.

Parent/Guardian Signature _____ DATE _____

Student Signature _____ DATE _____

Student Personal Information Release

I authorize Living Springs Christian Academy to publish the following information on the website and any school promotional videos, written material, or publications.

_____ Publish student's name as: _____

_____ Do Not Publish Student's Name

_____ Publish Students Photo

_____ Do Not Publish Students Photo

_____ Student's Pictures May Be Published in School Year Book Only

Student's Full Name _____

Signature of Parent _____

MEDICAL AUTHORIZATION FOR MEDICATION/TREATMENT WITH PRN MEDICATIONS

Dear Parents, it has come to our attention that PRN (as needed) medications are needed at Living Springs Christian Academy. These medications will be locked in the school office and only be given by school staff. The dosage will be as indicated on bottle. Please place a check mark by any medications the student MAY have.

Student name: _____

Medication Allergies: _____

MEDICATIONS

Acetaminophen (Tylenol). Administer For headache, pain, fever

Ibuprofen (Advil, Motrin) For muscular-skeletal pain, fever, or headache

Tums/Pepto Bismol For upset stomach

Diphenhydramine (Benadryl). For allergic reaction only

Antibiotic Ointment (Neosporin) Topical. " Abrasions, minor wounds

Cough Drops (Halls) . For cough or sore throat

1% Hydrocortisone Cream Topical. For contact dermatitis, insect bites, rash

I want to be called before any of the above medications are given

I do not need to be called before any of the above medications are given

Please DO NOT give my child any of the above medications

Parent name (signed)

Parent name (printed)
