

**Directions:** Please complete this form in its entirety. This form is kept on file in the school office for one year. You are responsible to complete and sign a new form every year that your child is enrolled in school. You have the right at any time during the school year to make changes to or update this form.

Student Name \_\_\_\_\_ School Year \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Baptism \_\_\_\_\_ City & State of Baptism \_\_\_\_\_

Parent/Guardian information

Mother

Father

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Church membership \_\_\_\_\_

Denomination \_\_\_\_\_

Child resides with (check all that apply):     Mother                       Father                       Guardian

Billing address (if different from above) \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*ISJ Academy admits students of any race, color, national, or ethnic origin. All students are entitled to the rights, privileges, programs, and activities generally accorded or made available to students at the school. ISJ does not discriminate based on race, color, national or ethnic origin in the administration of its policies, admission policies, scholarship programs, athletic, and other school administered programs.*

|                            |  |  |
|----------------------------|--|--|
| <b>FOR OFFICE USE ONLY</b> | Grade: _____   | Teacher: _____   |
| Busing request:            | <input type="checkbox"/> yes                               | <input type="checkbox"/> no  |
| Received:                  | <input type="checkbox"/> birth certificate                 | <input type="checkbox"/> health appraisal form                               |
|                            |  | <input type="checkbox"/> student records ( <input type="checkbox"/> N/A)     |
| Tuition:                   | <input type="checkbox"/> multi-child discount <sup>1</sup> | <input type="checkbox"/> church member discount (30%)                        |
|                            |  | <input type="checkbox"/> employee discount (circle: 90% or 15%) <sup>2</sup> |
| Payment plan:              | <input type="checkbox"/> 11 payments, 8/1-6/1              | <input type="checkbox"/> 2 payments, 8/1 & 1/1 (1.5% discount)               |
|                            |  | <input type="checkbox"/> 1 payment by August 1 (3% discount)                 |

Tuition less fees is the portion discounted. Total price: \$4,125 Tuition: \$3,865 Fees: \$260.

<sup>1</sup>Discount of \$200 is applied first. <sup>2</sup>Those who qualify for the 90% employee discount do not qualify for other discounts.

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## HEALTH OF CHILD & EMERGENCY CONTACT INFORMATION

State regulations require a completed health appraisal form for every child. This form is to be completed and signed by a physician or authorized medical professional. Your child's health appraisal must be completed and filed in the school office within ten days of the child's admittance into school or the child may be excluded from the program.

**Please check all that apply to your child's health and provide additional information if necessary:**

- My child is in good health and immunizations are up to date.
- My child has asthma.
- My child has a peanut allergy.
- My child has medication that is to be administered daily while at school. (Please complete the Medication Form)
- My child has the following allergies (please list): \_\_\_\_\_

My child has the following restrictions placed on physical activity (please list): \_\_\_\_\_

## DOCTOR INFORMATION

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_

Date of last DTaP (Diphtheria, tetanus, pertussis) shot \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Provide any special needs and/or instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In case of an emergency, such as an accident or serious illness, I understand that the school shall attempt to contact the doctor listed above and follow the doctor's directions. If ISJ cannot contact the doctor, I authorize the school to take whatever steps deemed necessary.*

Initials \_\_\_\_\_

**ALTERNATE CAREGIVER:** If I am unable to pick up or drop off my child, I authorize the following person/s to drop off or to pick up my child on a regular basis.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** In case I/we am unavailable during an emergency, please contact either of the following two people who will assume temporary care of my child until I am available.

|              | <u>Person 1</u> | <u>Person 2</u> |
|--------------|-----------------|-----------------|
| Name         | _____           | _____           |
| Address      | _____           | _____           |
| City         | _____           | _____           |
| State        | _____           | _____           |
| Zip          | _____           | _____           |
| Phone        | _____           | _____           |
| Email        | _____           | _____           |
| Relationship | _____           | _____           |

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## ACKNOWLEDGEMENTS AND PERMISSIONS

Please read the following statements and policies, select an option when necessary to grant or deny permission, and initial each to indicate you have read each item.

### PARENTIAL COMMITMENT

I acknowledge that I do my best to commit to giving 30 hours of time and talents per family (15 hours for single-parent families) for the year to help the school grow and improve. In the event the year passes and only partial hours are fulfilled, a billing statement of the remaining hours multiplied by Michigan's minimum wage will be sent home. This is a bill and shall be acknowledged as such.

In addition I commit to the following:

- Commit to dressing your child according to the dress code of ISJ Academy.
- Commit to supporting the administration and staff of ISJ as they use the discipline policy as a tool to teach students to radiate the love of Jesus in thought, word, and deed.
- Commit to resolving problems by following the principles found in our Lord's direction in Matthew 18:15-17. Adapted for our school:
  - Speak to the person with whom you have a conflict.
  - If there is no resolution, take the matter to the principal
  - If there is still no resolution, take the matter up with the Joint Board.

The goal of these steps is always to restore relationships and, in so doing, promote sharing of the gospel of Jesus Christ.

- Commit to uplifting and praying for the staff of ISJ Academy.

Initials \_\_\_\_\_

### RELEASE OF WRITTEN OR VISUAL ARTWORK

I/We being the parents/guardians of the student named above, hereby consent that the written or visual artwork of my child during the school year while enrolled as a student at ISJ Academy may be used as indicated in any of the following ways. The student's work may be used in the school newsletter, in local newspapers, school brochures, power point presentations, the school website, app, and on the official school Facebook pages. The work may be identified by the following **(please select one)**:

- First name and grade
- First name only
- Grade only
- I DO NOT give my consent to have my child's written or visual artwork used by ISJ Academy.

Initials \_\_\_\_\_

## PHOTO RELEASE

I/We, being the parents/guardians of the student named above hereby consent that the photographs or videos taken of my child during the school year while enrolled as a student at ISJ Academy may be used in the following ways. These pictures may be used on school bulletin boards, in the school newsletter, in local newspapers, school brochures, power point presentations, the school website, app, and the official school Facebook pages. When pictures of students are placed on the internet, there will be no personal identification of any student by name. **Please, select one:**

- I give my consent to have my child's photos to be used by ISJ Academy.
- I DO NOT give my consent to have my child's photos used by ISJ Academy.

Initials \_\_\_\_\_

## TUITION

I have read the tuition policy and agree my commitment to paying tuition and fee obligations on time. The following is a summary of the tuition policy set in the ISJ Policy & Procedures Handbook:

- Tuition includes a non-refundable registration fee of \$250 and a \$10 insurance fee; neither qualifies for any discount.
- ISJ requires a 30-day notice for withdrawal.
- If tuition has been paid in full and you withdrawal your child:
  - before August 15, a 90% refund shall be made.
  - on or after August 15 but before September 15, a 70% refund shall be made.
  - on or after September 15 but before October 15, a 50% refund shall be made.
  - on or after October 15, no refund shall be made.
- If tuition is paid in two installments, where one payment has been made and you withdrawal your child:
  - before August 15, a 90% refund shall be made.
  - on or after August 15 but before September 15, a 70% refund shall be made.
  - on or after September 15, no refund shall be made.
- Monthly tuition is non-fundable. Tuition will be billed 30 days from written notification to ISJ of withdrawal.
- If payments are 30 days overdue, the account will be classified as outstanding/bad debt and the process outlined in the Policy & Procedures Handbook applies.
- Account balances must be current for your child to begin the school year. If balances are outstanding, your child will not be allowed to enroll.
- A \$1 late fee will be charged for each day tuition is late.
- Any check returned for non-sufficient funds will be charged a \$25 fee.

Initials \_\_\_\_\_

## USE OF PESTICIDES

As part of ISJ's pest management program, pesticides are occasionally applied. You have the right to be informed of any pesticide application made to the school grounds or buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. **Please, select one:**

- I do want to be notified me prior to the use of pesticides
- I do not want to be notified prior to the use of pesticides

Initials \_\_\_\_\_

## CHROMEBOOK & INTERNET USE POLICY

I have read and agree to the Chromebook and Internet User Agreement outlined in the ISJ Policy and Procedure Handbook. Furthermore, I understand and agree that if the Chromebook is damaged, I am responsible to pay for the full/replacement cost of the Chromebook and/or AC power adaptor. When my child brings home the Chromebook, I agree that it will always be used in a common family location so adult supervision can be maintained at all times.

Initials \_\_\_\_\_

## RECEIPT OF HANDBOOK

I acknowledge that I have received a copy of ISJ Academy's policy and procedures manual. I understand that it provides guidelines and summary information about ISJ's personnel policies, procedures, benefits, and rules of conduct. I also understand that I am responsible to read, understand, become familiar with, and comply with the standards that I have been established. I further understand that ISJ reserves the right to modify, supplement, rescind, or revise any provision, benefit, or policy from time to time, with or without notice, as it deems necessary or appropriate.

Initials \_\_\_\_\_



2066 Oakwood Avenue NE  
Grand Rapids, MI 49505  
616.363.0505

**TRANSPORTATION REQUEST FORM**

Grand Rapids Public Schools will provide transportation to any family residing within the city of Grand Rapids and who meets their current policies. In order for ISJ to schedule busing, we request that all families complete this form, regardless of your desire of GRPS transporting for your child.

**Please select one of the following:**

I do not want to use Grand Rapids Public Schools transportation at this time.  
*Print your family name and then sign and date the form at the bottom.*

I want to use Grand Rapids Public Schools transportation at this time.  
*Please complete this form in its entirety.*

Family Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Please check in the appropriate box(es) to indicate desired bus service:

Before school                       After school

If your child is to be picked up or dropped off at an address other than their home address, please complete the following (the address must be in the GRPS district):

**Pick-up address** \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Drop off address** \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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