



Greater Fayetteville Adventist Academy

2601 Lone Pine Drive
Fayetteville, NC 28306
910-484-6091
Secretary.gfaa@outlook.com



Student Registration Checklist 20__ - 20__

Student Name _____ Grade Entering _____
Last Name First Name Middle

ALL items listed below must be completed and turned in together with your registration packet and registration fees paid in order for your child to enter the classroom on the first day of school.

Application Checklist

1. _____ Enrollment Form
2. _____ Language and Education Information
3. _____ Emergency Contact & Pick Up List
4. _____ Consent to Treatment
5. _____ Field Trip Annual Permission Form
6. _____ Parent Contact
7. _____ Internet Usage & BYOD Agreement
8. _____ Media Consent & Release
9. _____ Financial Agreement
10. _____ Request for Student Records
11. _____ Student Recommendation
12. _____ Handbook Acknowledgment

Items for Parents to Bring

1. _____ Last Report Card
2. _____ Birth Certificate
3. _____ HRS Immunization Form
4. _____ Physical Exam Form
5. _____ Scholarship Award Letter (if applicable)
6. _____ Registration Fee Paid: _____

Official Use Only:

_____ Scholarship	Application Received	Date: _____
_____ Private Pay	Admissions Committee Acceptance	Date: _____
_____ Pre-K	Application Entered	Date: _____
	School Promo Gift Given	Date: _____

Bus Stop _____



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Enrollment Form

Student Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Primary Language Spoken at home		Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Date of Baptism: Membership at:
Mother / Legal Guardian Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group		
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status	Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other	
				Membership at:
Occupation	Employer	Employer Phone		
Father / Legal Guardian Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group		
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status	Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other	
				Membership at:
Occupation	Employer	Employer Phone		

We Inspire Creativity – Challenge the Mind – Prepare for Service



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Language & Education Information

Language Information

Is English the primary language spoken at home? _____ Yes _____ No

If no, what language is the primary language? _____

Is the family able to communicate in English? _____ Yes _____ No

The school will attempt to provide translation; however, if necessary, the family must provide a translator for communication and participation in activities.

Educational Background

Has the student ever had a psychological/educational assessment? _____ Yes _____ No

Has the student ever received exceptional/educational services? _____ Yes _____ No

If yes, which services? _____ Comprehensive Education (small group remediation)
_____ Hearing Disabilities
_____ ESL (English as a Second Language)
_____ Speech Therapy
_____ Gifted
_____ Other _____

Has the student ever repeated a grade? _____ Yes _____ No

If yes, what grade and explain _____

Has the student ever skipped a grade? _____ Yes _____ No

If yes, what grade and explain _____

Has the student ever been suspended, expelled, asked to withdraw from school, arrested, or on probation?
_____ Yes _____ No

If yes, explain _____

Has the student experienced any limitations? _____ Yes _____ No

If yes, in which areas and explain.

Academic _____

Behavioral _____

Physical _____

Social _____

Legal Documents

Are there legal custody restraint documents? _____ Yes _____ No

If yes, please make available all legal documents for school office records.

Custody: _____ Father _____ Mother _____ Both _____ Other _____



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Emergency Contacts & Pick-up List

Student Transportation Information

My child will be going home by: parents' car carpool walk
 school bus bus stop

Emergency Contacts & Pick Up List

Emergency contacts will be permitted to pick up student unless otherwise indicated. A student will **only** be released to a person who is on this pick-up list. Please make sure you update this list if any changes occur.

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone



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Consent to Treatment for 20 ____ - 20 ____

Medical Information

Students entering Greater Fayetteville Adventist Academy for the first time or students entering the Pre-K or Kindergarten program **MUST** have a physical, dated within the past year, from a physician, on file with the school. Immunization records and a copy of the student's birth certificate **MUST** be on file **PRIOR** to beginning of classes.

It is imperative that the staff of _____ be aware of any potential life-threatening illness that your child may have. Please check the following that apply to your child:

Asthma: _____ Yes _____ No (If yes, we must have an inhaler in the office for your child)
 Diabetes: _____ Yes _____ No _____
 Allergies: _____ Yes _____ No _____
 Other: _____

Current Medications: _____

Family Doctor: _____
 Doctor Name _____
 Address _____ City _____ ST _____ ZIP _____
 Phone Number _____

Preferred Hospital: _____

Insurance: _____ Policy No. _____ Group No. _____

Policy Holder: _____

I, the undersigned parent or legal guardian of _____, a _____ (Student Name),

minor, do hereby consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, where such diagnosis or treatment is rendered at the office of said physician or at the licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before the school or other organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis, treatment, or hospital care which might be required, but is given to provide authority to the school, or the physician, to exercise their best judgment as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort be made to contact parents/guardians or emergency contacts prior to using this consent.

I hereby authorize any hospital or physician, which has provided treatment to the above named minor to surrender physician custody of such minor to the above agent upon completion of treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the above named school or organization entrusted with the custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original. ***I am responsible for any fees incurred not covered by insurance.***

Parent Signature _____

Date _____



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Field Trip Annual Student Permission Form 20__ - 20__

Parents, please read the following regarding this field trip form. In order for your child to participate, you must complete this annual permission slip form turned in with your child's registration packet. Please keep all consent to treatment information updated in the office.

Field Trip Information

Field trips are planned outings taken by classes as a learning enrichment activity. Teachers will provide the administrator and local board of education, at least one month in advance, the key learnings and objectives of the planned activity. Parents will be given notice of all field trips at least 4 days prior to the event. A fee may be required for a field trip.

Transportation: _____

Conference Policy: "School buses with a seating capacity of 24 or more pupils must comply with state requirements. Nonpublic schools operating school buses seating less than 24 students must comply with state requirements. Drivers of school owned vehicles are to complete and file a driver's questionnaire before transporting students."

Special Procedures and Considerations

Your child's participation in the field trip is voluntary. **Your written consent is necessary for your child to participate.**

Field trips may potentially involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to personal property. You are encouraged to inquire in advance concerning the nature, details, and potential risks of this field trip.

Your child shall be subject to the *school's Handbook* policies at all times related to his/her participation in the field trip. As a condition of participating in the field trip, your child shall also be required to comply with all instructions and safety precautions communicated by school officials.

You acknowledge that the school, its board members, employees, the Seventh-day Adventist Church, and all agents and associations of the church may not be held liable for injuries and damages that may arise out of, or in connection with, the field trip. Any injuries or damages arising out of, or in connection with, the field trip, may therefore not be covered by school and student insurance. For these reasons, it is recommended that you obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to your child, and damage to, or destruction of, property belonging to you or your child, which may arise out of, or in connection with, your child's participation in the field trip.

Field Trip Permission and Assumption of Risk

I hereby grant permission for my child, _____, to participate in the field trips and

(Student Name)

associated activities during the school calendar year, subject to the *Special Procedures and Considerations* specified on this form. In consideration of the school allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the school, its board members, employees, the Seventh-day Adventist Church, and all agents and associations of the church and its associations, from any and all liability, claims, causes of action, damages, and demands of any kind whatsoever (except willful and wanton acts or omissions), that may be brought by my child, or on my child's behalf, for any and all damages, including personal injury to my child, arising out of, or in connection with, my child's participation in the field trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the field trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

Signature of Parent / Legal Guardian

Date



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Parent Contract 20__ - 20__

Students will take pride in both themselves and their school, and will respect the dedicated teachers and staff who commit their lives to education. Students will hold themselves to high standards of achievement and academic excellence. All students will have an equal opportunity to receive a quality education.

Parents who enroll their children in the school shall accept responsibility for their child's education. Parental involvement is essential to student success and therefore essential to the school. To ensure parent involvement, the school will require the parent of each student to sign a parent contract. The contract details the parent's responsibilities. The school will allocate resources, personnel, and time to parents and the community to provide input at every level of decision making. As part of the school improvement process, an annual satisfaction survey will be given to all stakeholders.

The school will build a strong parent-teacher alliance and parents will be actively encouraged to be involved. Several opportunities will be provided throughout the year for parents to participate in improving the school. I, the parent/guardian, have read and agree to abide by the following:

1. I understand the teacher's work should supplement that of the parents, but is not to take its place. In all that concerns the well-being of the child, it should be the effort of parents and teachers to cooperate (EG White, *Education*, p. 283).
2. I have made a personal decision to enroll my child at the school in order to provide the child with a unique educational opportunity.
3. It is my desire and decision to enroll my child at the school based upon my desire to become an active partner in the education of my child.
4. I understand that I will not be found criticizing the teacher. Both the interest of my child and justice to the school demand that, so far as possible, I sustain and honor the teacher who shares my responsibility. I will strive to not fail by hasty, unfounded criticism of the faithful, self-sacrificing teacher. I will cooperate with the teacher and the administration to help improve areas of academic performance and correct areas of wrong habits in my child.
5. I recognize that the school is a private school of choice, not entitlement.
6. As a parent of a student at the school, my commitment is to abide by the rules and regulations found in the school handbook, adopted by the local board of education. Any complaint I have concerning the school will be handled in the means described in the handbook. It will first be directed to the school's administration and not to other parents or children. If I remain unsatisfied, then the complaint will be presented to the local school board of education.
7. I agree to pay for any property damage caused by my child. The school is not responsible for a child's lost or damaged property.
8. I recognize and embrace my role as having primary responsibility for the education of my child.
9. I will attend all meetings and conferences scheduled with any member of the school staff.
10. I will participate in the Home and School Association, at a capacity that is sensitive to the needs of the school during the school year.
11. I will read and use information provided by the school to keep informed and engaged in the educational process.
12. I will assist my child in their project-based learning assignments.
13. I will limit television and video games during the week and allow my child more time to work on their coursework, reading, studying, and family time.
14. I will check my child's classroom folder daily or weekly as determined by the teacher.
15. I will encourage my child to reach his or her academic level with deep commitment and enthusiasm for learning.
16. I will uphold the standards of the Seventh-day Adventist Church and the guidelines set forth in *Counsels to Parents, Teachers, and Students, Education, and The Adventist Home*.
17. I will cooperate with the teachers and administrator to help my student make measurable growth toward a personal relationship with Jesus.
18. I will help my child see and develop a positive attitude about the school and its faculty and staff.
19. I will help my child understand that growing is a process that is often difficult, requiring persistence, and that faith in Jesus will see them to the finish.
20. I will pay my obligations to the school in full, and on time.
21. I understand the important role I play in partnership with the school to create success for my child.

Parent Signature _____

Date _____



Student Technology Device Use Agreement Form

It is clear to students that access to the network, devices provided by the school, email services, and software accounts is a privilege and not a right. If they do not adhere to this agreement, they may face consequences in the form of disciplinary action.

Device Ownership

The technology devices given to students are the property of the school and are intended solely for educational purposes. Any use of these devices for anything other than educational purposes may result in disciplinary action, including the revocation of the device. Gaming, movies, social media access, Netflix etc are prohibited

Student Obligations and Responsibilities

It is expected of students to utilize the school technology in a safe, responsible, and educational manner. The student who has been issued the technology is accountable for its proper utilization at all times. Sharing of personal account information, passwords, or any other identification details is strictly prohibited, and students should only access the system using their own assigned account and devices. The use of school technology for any improper activities such as posting discriminatory, obscene, or sexually explicit material, cyberbullying, disclosing personal information of others, violating intellectual property rights, disrupting school technology or operations, installing unauthorized software, hacking into the system, or engaging in unethical or illegal practices, is strictly prohibited and may result in consequences.

Privacy

Students should understand that when using school technology, their privacy is not guaranteed. The school has the right to monitor and record all activities performed on school technology, including but not limited to internet usage, social media access, and communications sent or received. This monitoring can be done at any time without prior notice and is done for various legal reasons such as record keeping and investigation of inappropriate behavior. It's important for students to be aware that in most cases, their

actions on school technology, such as web searches and emails, cannot be erased or deleted. Additionally, all passwords used on school technology belong solely to the school and students should not expect privacy when using them.

Personally Owned Devices

Personally owned devices are not allowed to be used while on school campus.

Consequences for Violation

If a student breaks any laws, policies set by the Board, or agreements related to the use of school technology, they may face consequences such as the loss of their access to the technology, or disciplinary actions like suspension or expulsion. In addition, if the violation is serious, it may be reported to the authorities for further legal actions.

Lost, Stolen, or Damaged Device

If device is damaged, lost, or misplaced, the student and the student's parent(s) or guardian(s) are financially responsible for the lost or stolen technology device if not recovered.

I acknowledge receipt, comprehension, and commitment to follow the guidelines set forth in the Acceptable Use Agreement, as well as any other relevant laws and regulations regarding the use of school technology. I acknowledge that there is no privacy assurance when using school technology and that any violation may lead to the revocation of my access, disciplinary measures, and/or legal consequences.

Student's
Signature _____ Date _____

Parent's Signature _____ Date _____



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Media Consent and Release 20 ____ - 20 ____

Throughout the school year students attend programs, activities, field trips, and events along with normal classroom routines that support their education, promote community service, or encourage positive behavior. With the principal's approval, occasionally, staff, parents, and local media cover these events by taking photographs or video. This may include newspaper, television, websites, or other media production. This also includes the school's website, classroom web pages, and yearbook.

By signing below, you agree that you have been notified of the possibility that your child may be included in photographs or video and authorize the use for public print, display, or broadcast.

_____ I give permission for my child's name or photograph to be used for school- related public media.

_____ I do not give permission for my child's name or photograph to be used for school-related public media (student will still be allowed to attend the activity or program).

Parent Signature

Date

This form will stay in effect for the current school year. If at any time you wish to change this form, please ask for a new one in the school office.



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FINANCIAL AGREEMENT

1. I understand that an annual registration fee must be paid for each child enrolled in Greater Fayetteville Adventist Academy; this fee must be paid in full before my child/children can start attending classes (unless arrangements have been made with the principal or treasurer).
2. After I have enrolled my first child, I understand that I will receive a \$15.00 discount on my tuition fee for succeeding children.
3. I understand that the following payment plans are available for my annual tuition:
 - Yearly payment-less applicable discount
 - ½ of the yearly payment-less applicable discount
 - Ten equal monthly installment payments-starting August ending in May
4. I understand that tuition is due on the first business day of each month and after the fifth (6th) day of each month a \$25.00 late fee will be charged to my account.
5. I understand that if my payment is more than thirty (30) days late or arrangements have not been made my child/children will not be allowed to attend classes until the current installment balance is received.
6. I understand that there will be a return check fee of \$30.00 per returned check. This fee must be paid promptly and cannot be paid at my convenience. All payments, thereafter, will have to be made with a money order or a certified bank check.
7. I further understand that I am financially liable for all fees incurred during the current and past school years. Also, I understand that should I deem it necessary to withdraw my child/children the fee for the current month will still be due. There will also be a charge for my child/children's unreturned textbooks, library books, etc. Furthermore, I understand that if my account is not cleared with thirty (30) days Greater Fayetteville Adventist Academy can begin collection procedures. The collection cost will also be my responsibility.

Signature of Parent/Guardian

Date

Principal's Signature



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REQUEST FOR STUDENT RECORDS

TO THE APPLICANT'S PARENT/GUARDIAN

_____ requires official records from the
(name of school)
applicant's current school in order to complete the application process.

I, _____, hereby give permission to the school secretary at
(parent/legal guardian name)

Greater Fayetteville Adventist Academy who acts as the school registrar, to request school records for _____ to be sent to

(Student Name)
2601 Lone Pine Dr., Fayetteville, NC 28306 where he/she has enrolled in grade _____.
(grade)

These records are to include progress or grade reports, attendance records, health records, and all psychological and assessment records.

Signature of Parent/Guardian

Date

TO THE APPLICANT'S CURRENT SCHOOL

(Name of School)

(Phone Number)

(School FAX Number)

(Street Address)

(City)

(State)

(Zip Code)

The student named above has applied to Greater Fayetteville Adventist Academy. In order for us to complete enrollment, we request for the student's cumulative record to be sent. Please include the following information:

1. All of the student's grade reports and official transcripts from your school plus any from other schools he/she has previously attended.
2. All Testing results. 3. All Health Records.
3. All Educational and Psychological Assessments, RTI Documentation, and IEPs or 504 plan, if applicable.
4. Attendance Records.
5. Behavioral Records.

Signature of School Secretary/Treasurer or Principal



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Student Recommendation

Student Name _____ Grade _____

An application has been submitted to Greater Fayetteville Adventist Academy for the above named student. To assist us in providing the best educational placement for the student, it would be very helpful to have the form completed by a family member. Please return this form to the address above as soon as possible. Thank you for your assistance. Your response will, of course, be held in the strictest confidence. It will not be available for student review.

Please give the applicant a rating of 1-12 on each of the characteristics below. Place rating number in the extreme right column. If you are unable to make a judgment, place a "?" in the rating column.

CHARACTERISTICS	1	2	3	4	5	6	7	8	9	10	11	12	SCORE
Health	Weak, often incapacitated			Low vitality			Good, average health			Vigorous health			
Personal Appearance	Undesirable			Careless			Neat, clean			Well-groomed			
Influence Upon Others	Detrimental			Passive			Helpful			Strong influence for good			
Integrity	Frequently dishonest; steals and/or cheats			Questionable at times			Basically honest			Consistently trustworthy & honest			
Friendships	Chooses friends of detrimental influence			Careless in choices of friends			Usually careful in choice of friends			Chooses friends with high standards			
Social Relationships	Disliked			Small circle of friends			Generally, well liked			Exceptionally well liked			
Judgment	Poor sense of values			Jumps to conclusions			Uses good common sense			Uses very good judgement			
Reliability, Trustworthiness	Often irresponsible			Must be supervised			Dependable			Conscientious and reliable			
Industry	Lazy			"Gets by"			Works well			Ambitious			
Cooperation	Self-centered			Cooperates at times			Cooperative			Always tries to please			
Emotional Stability	Tense, excitable, loses control			Occasionally too emotional, moody			Fair well-balanced			Self-controlled, serene, happy			
Spiritual Interest	Negative			Passive			Participates			Active, leader			
Intellectual Ability	Below average			Average			Above average			Superior			

(Continued on other side)



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How long have you known the student? _____ In what relationship? _____

To your knowledge, has the applicant used any of the following: Alcohol Tobacco Illegal Drugs

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation which the applicant has experienced. (use separate page if needed)

Other comments (use separate page if needed)

Name of Person Completing the Form (please print) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____