

Modoc Vineyard Academy Student Application

PO Box 99 22181 Hwy 299 Canby CA 96015 (530) 233-9614

| Today's Date | School Year _ | Grade le | evel |
|---------------------------------------|---------------|---------------|--------|
| Charles Alexande | | | |
| Student's Name Last (| legal), | First, | Middle |
| Age Birth Date | Social Se | curity Number | |
| Birthplace City | | State | |
| PARENTS/GUARDIANS IN | IFORMATION | | |
| Student resides with: Parent #1 Name | | | |
| Relation to student | | _Home Phone # | |
| Cell Phone # | E- | Mail | |
| Physical Address | | | |
| Str | eet | City | Zip |
| Mailing Address (if differ Street | ent) | City | Zip |
| Occupation | | _Employer | |
| Employer Address | | | |
| | Street | City | Zip |
| Work Phone | Church | n Affiliation | |

| Parent #2 Name | | | | |
|---|----------------------|------------|----------|--|
| Relation to student | Hc | me Phone # | | |
| Cell Phone # | E-Mc | liklir | | |
| Physical Address | | | 7: | |
| Street | | City | Zip | |
| Mailing Address (if different) _ | Street | City | | |
| | 311001 | City | ΣΙΡ | |
| Occupation | Empl | oyer | | |
| Employer Address | | | | |
| | eet | City | Zip | |
| Work Phone | Church Affi | liation | | |
| STUDENT INFORMATION Student's Church Affiliation _ | | | | |
| Church Attendance: Regular Occasional Never | | | | |
| Youth Group Attendance: Regular Occasional Never | | | | |
| PastorYouth Pastor | | | | |
| School last attended | | | | |
| Phone | Principal | | | |
| Address | | | | |
| City | State | | Zip | |
| Please circle the areas that a Art Music Acade | re of interest to yo | | g. Other | |

| Indicate if student ha | d problems in sch | ool with regai | rd to: | |
|---|---------------------|-----------------|--------------------|----------|
| Social adjustment | Discipline | Academi | | explain) |
| Has the student been If so, please explain: | in any difficulty w | , | | |
| Who referred you to c | our school? | | | |
| Are you applying for t | he admission of a | ll your childre | n of school age? | Y/N |
| If not, why? | | | | |
| | | | | |
| Please state briefly the | e basic tenets of y | our personal | religious convicti | ons: |
| | | | | |
| | | | | |
| | | | | |
| Grandparent's Name | (Mother's parent | s) | | |
| PhoneNumber | Address_ | | | |
| | | City | State | Zip |
| Grandparent's Name | (Father's parents |) | | |
| PhoneNumber | Address | S | | |
| | | City | | Zip |

For the safety and best interest of the student, if there are legal agreements that involve taking the student to and from school or restrictions of visitation/custody, we must have these documents in the student's record.

No student will be refused admission on the basis of race. Modoc Vineyard Academy is committed to a policy of non-discrimination on the basis of ethnic origin or sex in its admissions policies, educational programs, activities, and employment.

A Certified Birth Certificate must accompany this application for student's entering Kindergarten or entering school from out of state. A copy of this document will be made by the school office for the student's file.

| Parent initial below to indicate you understand the \$200 new registration fee pe |
|--|
| or \$100 re-enrollment fee for returning student is non-refundable. |
| Parent Initial |
| Please read the entire Parent/Student Handbook before signing the application forms. This will give opportunity for any questions to be answered by the administration before a misunderstanding arises. Parent Initial |
| |

Upon acceptance of the student described on the attached application, we hereby agree to accept all rules and regulations of the school and authorize the school administration to exercise such disciplinary measures as may be deemed necessary and proper. We will give active support to the school program in every way and strive to be regular in attendance at parent meetings and other school functions to which parents are invited.

We agree that our child may participate in all regular school functions including field trips away from the school premises, and we absolve the school from liability to us or our child because of any injury which may occur to our child at school or during any school activity. We understand that the school reserves the right to dismiss any student who does not respect and maintain the school's spiritual and academic standards.

| Parent I | nitial | |
|----------|--------|--|
|----------|--------|--|

We have read the statement of faith and agree to allow these concepts to be taught to our child. We agree that if our child should become involved in any trouble or if we disagree with any policy set by the school, we will in no case

complain to any other party, and in the spirit of meekness, will register only necessary complaints with the teacher or administration (Matthew 18:15-17).

If the complaint is with a teacher, we will go directly to that teacher before taking the complaint to the administration.

We understand that assessments will be made to cover damage to school property (including window breakage, abuse of books, etc). We understand also that some fees may be charged for courses or activities that require extra financial expense. We agree to pay all of our financial obligations to Modoc Vineyard on or before the due date.

We agree to the fee and payment terms as set forth in the Enrollment Guidelines document attached to this application.

We understand MVA is a ministry of Modoc Vineyard Church Father's Signature:______Date:_____ Mother's Signature:______Date:_____ When you receive confirmation, this student has been enrolled in our school. If home schooled please send us the student's cumulative folder including attendance records, test data, health records, counseling information, and report cards including withdrawal grades if a student left in the middle of a grading period. For all other school students, please sign here to allow us to request the student's transcript including credits earned to date from their former school. I hereby authorize the release and exchange of confidential psychological, cumulative records, and medical information concerning the above named student. Please consider this as the authorization letter of intent that will be sent to your students' previous school requesting the above referenced information. Printed Name: Parent or Guardian Signature:

Date:

Dear Modoc Vineyard Academy Families,

All registrations require the submission of a credit card number. Payments are due by the 5th of each month. If payment is not received by the 5th of the month, your credit card on file will be charged. Overdue accounts will be charged a late fee of \$30.00 plus the cost of the service fee to process via Tithely.

It is important that tuition is paid on schedule to assure the school's ability to meet its financial obligations. In the case of families who do not have a credit card, both first and last month's tuition is due before your student can begin school. Your signature below indicates you understand and agree to these terms. _____ \$2,750 for the year _____ \$275 for 10 months (August 2023 - May 2024) _____ Run my card monthly including fee Name on card Card Type: ___Visa __ MasterCard __ American Express __ Discover __ Card Number (Please print clearly) Expiration Date ______ Security Code on Back of Card _____ Billing Zip Code (Unless requested by you, this card will only be used if tuition payment is not received by the 5th of the month.) By signing you agree to pay all service charges related to each transaction (approx. 3.112%). Signature of Cardholder: _____