

GCSS

Greater Collegedale School System

Home School Registration and Enrollment Signature Form – 2016-2017

AWS SIGNATURES FOR: **Student Name/DOB:** _____ **GRADE** _____

CAMS SIGNATURES FOR: **Student Name/DOB:** _____ **GRADE** _____

CA SIGNATURES FOR: **Student Name/DOB:** _____ **GRADE** _____

Please give a **mailing address, email, and cell #.**

\$100.00 Registration Fee (Payments can be paid online)

Please go to www.gcss.org Then, click Adventist School Pay (upper right menu bar).
Create an account and proceed with payment / or leave cash or check in our business office.

Please indicate which activity you would like to participate in (check the appropriate line):

Activity fees (non-refundable):

1. **CA: \$500.00 /Semester (Band or Orchestra)** _____
2. **CAMS: \$375.00 /Semester (Band or Orchestra)** _____
3. **AWS: \$250.00 /Semester (Band or Orchestra)** _____
4. **Music Lessons: (Private) \$20.00/lesson:** _____
5. **AWS: Intramurals: for each Intramural \$25.00:** _____ **CAMS: Will waive this fee.**
6. **Placement Testing: \$25.00** _____ **& ITBS Testing: \$75.00:** _____
7. **All Home School Students must wear School uniforms. (Educational Outfitters)**

GCSS STUDENT PLEDGE AGREEMENT:

I understand that by being accepted at GCSS I will voluntarily honor Jesus Christ in my words and action or learn ways to do so. In addition, I realize that I must maintain positive academic growth each semester in order to retain attendance privileges. My signature indicates my commitment to uphold, at all times, the printed and announced standards, principles, and policies which govern GCSS.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN STATEMENT:

I agree to read the AWS/CAMS/CA Student Handbook & to support the school in enforcing its policies and standards.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FERPA DISCLOSURE & GCC CONFIDENTIALITY ACKNOWLEDGEMENT/AGREEMENT

I understand that I may obtain/read the FERPA Notice/Disclosure online on the School website. By signing below, I, the undersigned, make known my wishes about the disclosure of identifiable information in writing to GCSS. This includes all school publications/programs including the yearbook and graduation programs.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

GCC MEDIA RELEASE FORM

The Georgia-Cumberland Conference regularly uses photos and video in its publications and materials. This form gives us permission for images of the participant named to be used as outlined below. For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses. This includes all school publications/programs including the yearbook and graduation programs.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT ACCIDENT INSURANCE AGREEMENT--coverage is limited to participation in school sponsored activities for this school year ONLY

This insurance coverage, included in the Registration Fee above, is primary for the first \$500.00 and then secondary up to \$25,000. It also has a catastrophic accident medical benefit of up to \$1,000,000. Further information is included in plan documents that will be provided at your request. You agree to the following:

1. Parent's supervision of their child may be requested by the school to assist in supervision during the activities, programs or classes.
2. Parents will be required to accompany their child on any off-campus trips (AWS/CAMS).
3. 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.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Here are the Websites for our Elementary, Middle, and High Schools

www.awspalding.net

www.camschool.net

www.collegedaleacademy.com



Consent for Medical/Surgical Care/Emergency Treatment

In presenting my son/daughter for diagnosis and treatment

Name: _____ for _____
Please print Mother Father Legal Guardian *Student Name: please print*

I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition. I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to **Collegedale Academy** who will be caring for the student named above.

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

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name: _____	Family physician: _____
Address: _____	Pediatrician: _____
_____	Surgeon: _____
Telephone no.: _____	Orthopedist: _____
Name of health insurance carrier: _____	Child's allergies, if any: _____
_____	_____
_____	Medicines child is taking: _____
Insurance Co. Ph: _____	_____
Group no.ID: _____	_____

Signature: _____ *Mother, Father or Legal Guardian* **Date:** _____

Witness: _____ **Date:** _____

In case of emergency I can be reached at:

