



Family Christian Academy

A Ministry of Family Worship Center

8919 World Ministry Ave., Baton Rouge, LA 70810

Phone: 1- (225) – 768-3026 or 1- (225) – 768-3027

STATEMENT OF AGREEMENT AND COMPLIANCE/ASSUMPTION OF RESPONSIBILITY FORM

This is to confirm that I have read and agree to abide in full with the rules, regulations, procedures, and standards of behavior set forth in the Family Christian Academy Student Handbook.

As parents we will:

Maintain our financial commitment

Support the spiritual emphasis and statement of faith

Avoid absences, tardiness, and early checkouts

Know schedules and provide transportation at appropriate times including extra-curricular activities

Supply required health information and treatment

Cooperate in discipline of our student(s)

Provide for and enforce dress code

Verify academic work done daily

Volunteer for school activities

Contact the teacher first if there is a problem in the classroom, and contacts an administrator if the conflict is not resolved

Because it is considered confidential information, all financial agreement with Family Christian Academy should not be discussed with anyone except administration

ASSUMPTION OF RESPONSIBILITY FORM

In consideration for Family Christian Academy allowing me to participate on a regular basis on field trips, sports, and extra-curricular activities for the current school year, my parents and I assume the financial responsibility for all medical expenses should an accident occur. We understand that these field trips, sports, and activities include certain risk of accidental injury. We acknowledge that we have medical and/or hospitalization coverage and that we will look to that coverage for reimbursement. We specifically agree not to assert a claim or file a lawsuit against Family Christian Academy for personal injury damages should there be an accident or injury while participating in sports, extra-curricular activities, or field trips. If that circumstance occurs, we agree to confine or limit any attempt to recover personal injury damages against the insurance carriers who provide liability coverage to Family Christian Academy, to ourselves, or to third parties and/or their insurance carriers not affiliated with or connected to Family Christian Academy, who might otherwise be responsible for the accidental injury.

Student's Signature

Date

Parent's Signature

Date

THIS DOCUMENT MUST BE SIGNED AND DATED BY THE PARENT(S) AND THE STUDENT AND RETURNED BEFORE ENROLLMENT WILL BE CONSIDERED COMPLETED.