



COUNTRYSIDE
CHRISTIAN
ACADEMY

1850 N. McMullen Booth Rd.
Clearwater, FL 33759
P. 727-799-1618 x 1901 F. 727-499-1841
Brenda Ainlay
High School Program Coordinator
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High School Program

Florida Virtual FLEX (Homeschool student)

- Student is registered w/Pinellas County as a home school student.
- Classes are completed via Florida Virtual School FLEX.
- Student attends CCA either Monday-Friday, 8:30-12noon or Tuesday, Wednesday, Thursday, 8:30-3pm.
- Student is required to have a lap top computer, earphones, and phone.
- The class is monitored by a teacher who is referred to as a 'learning coach'; however, the parent is responsible for student's education.
- Student will not receive an official transcript or diploma from CCA.

Florida Virtual Full-Time (Public school student)

- Student is registered w/Pinellas County as an on-line public school student via Florida Virtual Full-Time.
- Student attends CCA either Monday-Friday, 8:30-12noon or Tuesday, Wednesday, Thursday, 8:30-3pm.
- Student is required to have a lap top computer, earphones, and phone.
- Student is considered a public school student; thus, they are required to comply with all public school policies.
- Student will earn a public school high school diploma through Pinellas County.
- The class is monitored by a teacher who is referred to as a 'learning coach'. however, the parent is responsible for student's education.
- Student will not receive an official transcript or diploma from CCA.

Important Information

- Once an option and days are chosen to attend CCA, they cannot be changed.
- Registration fee and first month's tuition are non-refundable or transferable.
- Students may not leave campus for lunch.
- Students must sign out when leaving campus before designated dismissal time.
- All families on the monthly payment plan must register with FACTS (automatic withdrawal) upon enrollment (Annual Fee).

2016-2017

Dress Code

Gentleman:

Shirts - A collared shirt without logos or graphics.

Pants - Docker-style (stone, navy, gray, black or khaki) purchased anywhere (cargo pockets are not allowed). NO bell-bottom, hipster, low rider, hip-hugger, or cargo pants (outside pockets) are permitted. A belt must be worn if pants do not fit securely around the waist.

Shorts - Docker-style **knee-length** shorts (stone, navy, gray, black or khaki - with no cargo pockets). A belt must be worn if shorts do not fit securely around the waist.

Shoes - Comfortable shoes that fit securely on the foot for walking up and down stairs. Flip--flops and sandals may be worn. Bedroom slippers may not be worn.

Ladies:

Shirts - A collared shirt without logos or graphics.

Skirt - (stone, navy, gray, black or khaki). The shortest part of the skirt may be no higher than 2 inches above the knee (i.e. if the skirt has a slit, the top of the slit cannot be higher than 2" above the knee).

Capri Pants or Shorts - Docker-style **knee-length** dress shorts or capri pants in the following colors (stone, navy, gray, black or khaki - with no cargo pockets). A belt must be worn if pants or shorts do not fit securely around the waist.

Shoes - Comfortable shoes that fit securely on the foot for walking up and down stairs. Flip-flops and sandals may be worn. Bedroom slippers may not be worn.

Jewelry:

If your child wears jewelry, CCA is not responsible for loss or breakage. Necklaces and bracelets of modest appearance may be worn. Only one necklace/bracelet may be worn at a time. One pair of post-style earrings is permitted for girls only. **Dangle type and/or hoop earrings and/or gauges and/or tattoos are not permitted.** Boys are not permitted to wear earrings or have tattoos. No body piercing permitted.

Hair:

Hair needs to be of natural color, clean, and combed. Words, pictures, designs, or art work may not be shaved or part of the student's hair style.

Girls –Haircut must be a conventional style, no fads, and/or color extensions or feathers.

Boys – haircut must be a conventional style, no fads, long styles, Mohawks, crazy spikes, tails and/or color extensions or feathers. Hair must be well groomed, above the eyebrow, above the collar, and no longer than the middle of the ear.

- Fads will be determined by the administrator.



2016-2017 Tuition and Fees

Tuition Rates

Grade	Annual (Due July 20, 2016)	Semi-Annual (Due July 20, 2016) & January 5, 2017)	10 Month Payments (July 20th– April 20th)
K5-Second	\$6840	\$3510	\$720/month (\$7200)
Third-Fifth	\$7060	\$3620	\$743/month (\$7430)
Sixth-Eighth	\$7315	\$3755	\$770/month (\$7700)
Ninth-Twelfth	\$4180	\$2145	\$440/month (\$4400)

Fees

Fee	Grade	Amount	Due
Registration Fee	First-Eighth	\$160	the time of re-enrollment
Registration Fee	Ninth-Twelfth	\$350	the time of re-enrollment
Book Fee	First-Eighth	\$250	June 20, 2016
Technology Fee	Sixth & Seventh	\$350	July 20, 2016

- A Multiple Child Discount is available: Second child 10%, Third child 15%, Fourth child 20%.
- Active Military Discount 15%, Full-Time Pastoral Discount 15%.
- Financial Agreements must be signed by June 20, 2016.
- All families on the Monthly Payment Plan must register with FACTS upon enrollment (Annual fee).
- Application Fee, Book Fee, Technology Fee, and First Month's Tuition are non-refundable.
- The Step Up for Students Scholarship does not cover the entire cost of tuition and fees. Parents are responsible to pay the difference. The High School program does not accept Step-Up for Students.
- School uniforms, physical education uniforms (grades 4-8) and lunches are not included in tuition cost.
- Extended Care:
 - AM: 7:00-8:10am \$7/day up to ten days, then \$70/month
 - PM: 3:00-6:00pm \$15/day up to ten days, then \$150/month
 - Late pick-up fee: \$5.00 for the first five minutes; \$5.00 per minute thereafter.
 - FOB Purchase-\$10 each to get into building during extended care hours
- Yearly Field Trips
 - Third Grade– Kennedy Space Center, approx. \$150
 - Fourth Grade– St. Augustine, approx. \$500
 - Fifth Grade– Enterprise Village, approx. \$30
 - Seventh and Eighth Grade– Odd years, out of state trip, approx, \$1400



High School Application for Admission

1850 N. McMullen Booth Road
Clearwater, FL 33759
(727) 799-1618 ext. 1901
www.myCCAcademy.org

Student/Parent Information

Applying for grade: _____ Student's Name: _____

Usually called: _____ Male Female Age: _____ Date of Birth: _____

Parent(s)/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

*please provide the best number and email to reach the parent.

Scholastic Information

Applicant's current or most recent school: _____

How long has the applicant attended this school: _____

Has applicant ever repeated a grade? Yes or No If yes, please explain circumstance:

Has applicant ever been dismissed, asked to withdraw, or suspended from any school? Yes or No
If yes, please explain circumstance:

Has applicant ever been diagnosed with any type of learning difficulty or disability, ADD, or ADHD? Yes or No. If yes, please explain circumstance:

Financial Information and Signature

Applicant lives with (please circle):

Both Parents Mother Father Other: _____

To whom should we address admissions office correspondence (please circle)?

Mother Only Father Only Both Parents Other: _____

Who bears financial responsibility for the applicant? _____

Address for person who bears financial responsibility:

Email Address for person who bears financial responsibility:

Do you give permission for your address & telephone number to be given out to other parents?

Yes _____ or No _____

Do you give permission for your child to be photographed/video taped during school activities?

Yes _____ or No _____

I agree to support and abide by school regulations and guidelines throughout the admissions process and also through this student's year of attendance at Countryside Christian Academy. I authorize Countryside Christian Academy to contact current and previous schools to obtain information to support this application. I will not seek access to confidential recommendations and evaluation materials before or after the admissions decision is made. I understand because my son/daughter is registered as a homeschooler through Pinellas County, it is my responsibility to provide necessary documentation to Pinellas County upon request. CCA is not responsible to maintain student records of attendance or academic achievement.

Signature of parent/guardian

Date

Student Identification Record

Grade: _____

Please type or print legibly with black or blue ink.

Student's Name: _____ Sex: _____ Birth date: _____

Mother's Name: _____ Best # to reach you: _____

Address: _____

Place of Employment: _____ Work #: _____

Father's Name: _____ Best # to reach you: _____

Address: _____

Place of Employment: _____ Work #: _____

Which parent has legal custody: _____ Does non-custodial parent have permission to pick up student? _____

Other children and ages: _____

Allergies: _____ Serious Illness/Surgeries: _____

List all identifying scars, birthmarks, skin discolorations: _____

Special needs of student: _____

Student's habits, fears, etc. _____

People permitted to remove student other than parent (please list one name per line):

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

Name: _____ Relationship: _____ Best contact # _____

*If you need to list additional people permitted to pick up your student, please contact the office.

I verify the above information is accurate and correct.

Signature of parent of legal guardian

Date:





Emergency Medical Release

Please print information

Student's Full Name: _____ DOB: _____

Allergies: _____ Medicines Routinely Taken: _____

Name of Custodial Parent (s)/ Legal Guardian (s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Physician's Name/Health Care Resource: _____

Address: _____

Telephone: _____ Hospital Preference: _____

Medical Insurance Company: _____

Policy # _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Sign in the presence of Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my student _____, in the event of an emergency at which time I cannot be reached.
(Student's full name)

I give consent to transport by ambulance if situation warrants it. _____
Signature of Custodial Parent/Legal Guardian

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2016

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____
(Signature of Notary)



Countryside Christian Academy

Cooperative Agreement

I understand that CCA has established its own admissions, academics (including grading scale), behavioral, graduation and evaluation of transfer credits requirements.

I understand that CCA students and families are expected to obey all school rules and procedures, cooperate with the staff, be financially responsible for their account, have a positive attitude about CCA and live a biblically moral life-style. Students are accepted on a trial basis. Re-enrollment each year is NOT guaranteed and is conditioned on acceptable student progress and behavior evaluated by the CCA staff. I agree to accept and follow the policies set forth in CCA's Parent/Student Handbook.

I understand the registration fee, book fee and first months tuition are not refundable. I agree to the Payment and Financial Agreement.

I give permission for my child enrolled at Countryside Christian Academy (CCA) to be treated by a hospital or licensed physician in the event that I cannot be personally reached for authorization. In the case of emergency (hurricane, etc.) my child may be released to the listed emergency contact if I cannot be reached. I am fully aware and understand that Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical service. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be contacted, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for the above named children. CCA does not employ or have a nurse on campus.

I give my permission for the CCA staff to take my child's temperature, put band aids or ice on a cut or bruise on my child. I understand that CCA will not administer any medication to my child. I will be notified by CCA staff of illness or accidents involving my child. I understand that CCA does not allow children with communicable diseases to attend the school.

I give permission for my child to take part in all CCA regular activities including physical education, sports and field trips on or away from the school campus. I hereby assume full risk for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, for ourselves and the above named children, while attending, engaging, practicing, participating or witnessing, or any other activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full responsibility, waive all claims and release and hold, Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, its instructors, members, employees, executors or partners of said program or event, individually or otherwise, harmless for any and all liability claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, including transportation to and from said activity, or the negligent acts or omissions of the releasees or any other third party.

I give my permission for CCA staff to discipline my child with assignments, time outs, detentions, and in school and out of school suspensions. The school staff does not spank children. If continued misconduct occurs, the child may be dismissed from CCA.

I understand that as Countryside Christian Academy is a ministry, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting to this agreement. To do otherwise would be a clear violation of biblical teaching and practice.

Accordingly, I agree to resolve all potential claims, disputes or causes of action through binding arbitration using the Matthew 18 Principle.

In consideration of my participation in and the use of the Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities, premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees) shareholders, directors, officers, employees, representatives, agents, affiliated and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or even sponsored by Countryside Christian Academy, Countryside Christian Center, Inc., or its affiliated entities.

Consistent with Christian principles, CCA does not discriminate on the basis of race, sex, or national origin in the administration of its educational policies, financial program, athletics or other school administered programs.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing the waiver voluntarily.

Student Name: _____

Parent/Legal Guardian #1

Please check: I am financially responsible for my child's tuition and fees.

Sign in the presence of Notary.

I have read, understand and agree to accept the policies outlined in the Cooperative Agreement.

Signature of Parent/Guardian

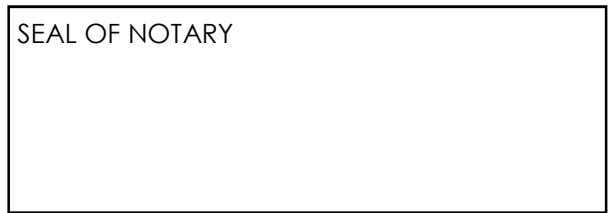
STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2016

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)



Parent/Legal Guardian #2

Please check: I am financially responsible for my child's tuition and fees.

Sign in the presence of Notary.

I have read, understand and agree to accept the policies outlined in the Cooperative Agreement.

Signature of Parent/Guardian

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2016

By _____, who is personally known to me or who has produced
(Name of Affiant)

_____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)

