

Highview Christian Academy
2016 – 2017 Tuition Schedule

The nonrefundable registration fee is \$125. Payment is due on the 1st day of the month. A current financial agreement form must be signed by each student’s parents, each school year.

We cannot stress the importance of making your monthly payments faithfully and on time.

	Tuition Payment due		Tuition	10 Monthly Payments
	Grades 1-12	by 8/1/16	Balance	9/1/16-6/1/17
1 st Child	\$3350.00	-\$500.00	\$2850.00	\$285.00
2 nd Child	\$2650.00	-\$500.00	\$2150.00	\$215.00
3 rd Child	\$2250.00	-\$500.00	\$1750.00	\$175.00
4 th Child	\$1850.00	-\$500.00	\$1350.00	\$135.00
5 th Child	\$1450.00	-\$500.00	\$ 950.00	\$ 95.00

- *A late fee of \$25 is charged for all payments made after the 10th of the month.*
- *Return checks will be charged a \$35 redeposit fee.*
- *Bus transportation is available from outer Broadway in Bangor daily. The additional cost for this is \$1000 per student for the 10 month school calendar year. Payable as \$100 per month.*
- *Graduation fees are additional and will be added to your tuitions bills. They are as follows: High School - \$50.00; 8th Grade - \$35.00; Kindergarten - \$25.00*
- *Before/after school childcare is available from 7:00 – 8:00 am and 3:00 to 6:00 pm. This is a separate charge of \$3.00 per hour/per student than your tuition. You can add a childcare package on your account for \$1,200 per year. Space is limited.*

	Tuition K3/K4/K5	Payment due 8/1/16	Weekly based on 40 weeks	10 Monthly Payments 9/1/16-6/1/17
3 Half Days	\$2000.00	-\$500.00	\$37.50 weekly	\$150.00 per month
5 Half Days	\$3000.00	-\$500.00	\$62.50 weekly	\$250.00 per month
3 Full Days	\$2800.00	-\$500.00	\$57.50 weekly	\$230.00 per month
5 Full Days	\$3600.00	-\$500.00	\$77.50 weekly	\$310.00 per month

Tuition for K3 – K4 (3 or 5 half or full day options) K5 (5 half or full day option)

HIGHVIEW CHRISTIAN ACADEMY
739 Main Road
Charleston, ME 04422
Tel. 207-285-7978
Fax: 207-509-2990

FINANCIAL AGREEMENT

Monthly or weekly tuition payments are required September 1st through June 1st after an initial \$500 nonrefundable payment due on August 1st per child for 2016/2017 school year.

I _____, hereby agree that payment for my child's educational will be paid consistently each month for the duration of the 2016/2017 school year. I realize if I should default on this agreement that he/she will be unable to return to school until payment is made current. It is imperative for payments to remain consistent throughout the year so Highview can meet their financial obligations. This agreement must be signed by both parents, and returned to the school office.

Signed _____

Signed _____

Witnessed _____

Date _____

We will expect payment from each family on the 1st of each month or the first day of the week for weekly payments, unless special arrangements are made with the Headmaster directly. After the 10th of each month your account will be assessed a \$25 late fee.

The scripture teaches us to be diligent in our financial responsibilities and that things are to be done in order. This agreement is binding and is necessary to assure academic excellence and the future of Highview Christian Academy.

HIGHVIEW CHRISTIAN ACADEMY
739 Main Road Charleston, ME 04422
Phone: 207-285-7978 Fax: 207-509-2990

STUDENT EMERGENCY INFORMATION

NAME OF STUDENT _____ TELEPHONE _____

HOME ADDRESS _____

FATHER _____ MOTHER _____

EMPLOYER _____ EMPLOYER _____

BUSINESS TEL. _____ BUSINESS TEL. _____

CELL PHONE _____ CELL PHONE _____

EMAIL _____ EMAIL _____

FAMILY PHYSICIAN _____ TEL. _____

ALLERGIES TO MEDICATIONS _____ BEE/INSECT STINGS _____

MEDICAL INSURANCE CO & NUMBERS _____

WHOM TO CONTACT IF PARENT IS UNAVAILABLE _____ TEL. _____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL _____

THE SCHOOL MAY GIVE THE FOLLOWING MEDICATIONS TO THE STUDENS DURING SCHOOL HOURS

FIRST AID TREATMENTS (creams, sprays, cleaners, etc., sunscreen, bug spray)

DATE OF LAST TETANUS SHOT _____

IN CASE OF ILLNESS OR ACCIDENT, I DESIRE TO BE CONTACTED. IF I CANNOT BE REACHED, PERMISSION IS GRANTED FOR HIGHVIEW CHRISTIAN ACADEMY TO ARRANGE CARE FOR MY CHILD ACCORDING TO THE SERIOUSNESS OF THE CASE.

I HAVE READ THE ABOVE INFORMATION. SIGNATURE OF PARENT OR GUARDIAN:

FATHER SIGNATURE _____ DATE _____

MOTHER SIGNATURE _____ DATE _____

HIGHVIEW CHRISTIAN ACADEMY

**739 Main Road
Charleston, ME 04422
Tel: 207-285-7978
Fax: 207-509-2990**

STUDENT LIABILITY RELEASE

STUDENT NAME: _____

Every activity sponsored by this school is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume all risks and hazards inherent in school-related activities. They also agree to not hold this school or it's employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is both for a medical and liability release.

“In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Highview Christian Academy’s leadership to hospitalize, to secure proper treatment, and or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

Parent or Guardian's Signature _____ Date _____

HIGHVIEW CHRISTIAN ACADEMY
739 Main Road – Charleston, ME 04422
Phone: 207-285-7978 Fax: 207-509-2990

MEDICAL HISTORY

Pupil's Name _____ Birth Date _____ Sex _____

Father's Occupation _____ Mother's Occupation _____

Father's Health _____ If deceased, cause _____

Mother's Health _____ If deceased, cause _____

PAST DISEASES – (If your child has had any of the following, state age when they had them.)

Mumps _____	Diphtheria _____	Polio _____
Measles _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Rheumatic Fever _____	Diabetes _____
Asthma _____	Chicken Pox _____	Hay Fever _____
Pneumonia _____	Discharging Ears _____	Syphilis _____
Gonorrhea _____	Heart Disease/Condition _____	Allergies _____

RECENT DISABILITIES – (Please check any one of the following noted recently.)

4 or more colds yearly _____	Fainting Spells _____	Hearing Difficulty _____
Frequent sore throats _____	Abdominal pains _____	Tires easily _____
Poor vision _____	Frequent urination _____	Breath shortness _____
Frequent leg pains _____	Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent cough _____	Ringworm _____
Frequent sties _____	Speech difficulty _____	Nose Bleeding _____
Dental defects _____	Crippling conditions _____	Growing pains _____

IMMUNIZATION RECORD – (please give date of each.)

Smallpox scar? _____	Whooping Cough _____	Tetanus _____
Schick Negative _____	Diphtheria _____	Typhoid _____
Measles _____	Polio _____	HIB _____

Does your child have a disability due to disease or accident? _____

Has your child had a skin test for tuberculosis? _____ Date administrated _____

Has he been associated with a tubercular patient? _____ When? _____

PERSONAL RECORD – (Please answer all of the following.)

Is he/she shy? _____	Overactive? _____	Bite fingernails? _____
Suck thumb? _____	Have excessive fears? _____	Have temper tantrums? _____
Like school? _____	Play well w/others? _____	Eat Breakfast? _____

When is his/her regular bedtime? _____ When is his/her rising time? _____

SIGNATURE OF PARENT _____ DATE _____

PHYSICIAN NAME _____ PHONE _____

SIGNATURE OF PHYSICIAN _____ DATE _____

(Please attach a copy of the child's inoculation record/series.)

HIGHVIEW CHRISTIAN ACADEMY

739 Main Road

Charleston, ME 04401

Phone: 207-285-7978

Fax: 207-509-2990

STUDENT RECORD RELEASE

RELEASING SCHOOL

School: _____

Phone:

Address: _____

Fax:

City: _____ **State** _____

Zip _____

RECEIVING SCHOOL

HIGHVIEW CHRISTIAN ACADEMY

739 Main Road

Charleston, ME 04422

PHONE: 207-285-7978

FAX: 207-509-2990

Dear Guidance Office:

My child(ren) have been withdrawn from your school. Please release ALL their academic and health records to the above named receiving school.

**STUDENT'S
NAME (last name first)**

AGE

**GRADE LEVEL AT TIME
OF WITHDRAWAL**

Signature of Parent/Guardian

Signature of Receiving Principal _____

HIGHVIEW CHRISTIAN ACADEMY
739 Main Road Charleston, ME 04422
Phone: 207-285-7978 Fax: 207-509-2990

APPENDIX W
MPA TRANSFER WAIVER APPROVAL FORM

This form is to be processed when a student transfers from one school to another without a corresponding change of legal residence of parent/guardian and wishes to participate in interscholastic athletics within one year of the transfer (MPA By-Laws, Article III, Section 4).

The process and responsibilities are as follows:

1. Either PRINCIPAL may initiate the process by making this form available to the transferring student and his/her parents/guardians for their signature (s). The initiating principal shall then sign and forward this form to the second principal for his/her signature.
2. The second PRINCIPAL shall sign the form and forward it to the MPA Executive Director for approval. All shall sign in a timely manner.
3. The transferring student is eligible the day this form is approved by the MPA Executive Director or the Eligibility Committee.

I hereby certify that _____ has been transferred from
(School) _____ (State) _____ (Country) _____
to Highview Christian Academy and is entering grade _____ as of (date) _____
and to the best of my knowledge the student has not transferred primarily for athletic purposes (see

MPA By-Laws, Article III, Section 4, Subsection A, Paragraph 3).

SIGNATURES:

Parent/Guardian _____ **Date** _____

Student's _____ **Date** _____

Sending (Home Country) Principal's _____ **Date** _____

_____ *Do Certify*

_____ *Do Not Certify*

Highview Christian Academy's Principal's _____ **Date** _____

_____ *Do Certify*

_____ *Do Not Certify*

WHEN ALL SIGNATURES ARE COMPLETED, IMMEDIATELY FAX THIS FORM TO THE MPA AT (207-622-1513) OR MAIL TO: MPA, PO BOX 2468, AUGUSTA, ME 04338-2468

*****FOR MPA USE ONLY*****

This request for a waiver of the Transfer Rule is:

___ **Granted by: MPA Executive Director** _____ **Date** _____

___ **Referred to the Eligibility Committee:** ___ **Granted** ___ **Denied** ___ **Date** _____

Notification sent to receiving school on _____

By: _____