

DOCUMENTATION CHECKLIST

The following items are required to be attached to the application:

- Copy of IEP/504 (most current) and any other evaluations that may assist in proper placement
- Copy of Previous Text Scores (STANFORD, IOWA, BASI, FSA, SAT, ACT, ETC)
- Copy of Transcript
- Copy of Latest/End of Year Report Card
- Completed Essay (form attached)

The following items are required before the first day of school:

- Copy of Birth Certificate issued by State
- Current Shot Record (Form DH680) with appropriate certification noted (Code 1 or Code 8-not both)
- School Entrance Physical or Sports Physical (dated within 12 months) with Scoliosis screening
- *Scholarship Awards Letter Attached:*
 - Step Up for Students
 - AAA Scholarship
 - Family Empowerment – Unique Abilities
 - Family Empowerment – Formerly McKay Scholarship
 - Parent Affidavit
- Financial Agreement and 1st payment and registration fee paid: \$250.00
- Record Release Signed
- Interview w/Administrator scheduled
 - Date: _____

General Scholarship Information: You may choose which scholarship fits your families need best. You can only use 1 scholarship per child.

- Step Up for Students: www.stepupforstudents.org includes Family Empowerment Scholarship
- AAA Scholarship: www.aaascholarships.org includes Family Empowerment Scholarship
- Family Empowerment Scholarship (McKay Scholarship): www.floridaschoolchoice.org

MISSION STATEMENT: Our mission is to train students to be productive citizens for our community. We at Zephyrhills Christian Academy desire to train up your child: Spiritually, Academically, Through Character Building, to be Warriors for Christ, For Eternity as Proverbs 22:6 instructs.

STUDENT ESSAY

Why do I want to attend to Zephyrhills Christian Academy? (Students 6th grade and higher)

Student Name: _____ Grade Level _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Zephyrhills Christian Academy

A Ministry of Fair Haven Baptist Church

www.zcawarriors.us

34927 Eiland Blvd., Zephyrhills, FL 33541

813-779-1648

APPLICATION FOR ENROLLMENT

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STUDENT INFORMATION

Student Name _____ Goes by: _____
Address _____
City/State/ Zip _____ Phone # _____
Age _____ Sex _____ Birth Date _____ Birthplace _____
Father's Name _____ Phone # _____
Email _____
Mother's Name _____ Phone # _____
Email _____
Last School Attended _____
School Address _____
School website _____ Phone # _____
Grade for which you are applying _____ Last Grade Completed/Promoted _____

SCHOLASTIC INFORMATION

Please indicate academic level of student's previous work: Excellent__ Good__ Average__ Poor__

Has student ever failed an academic subject in school? YES NO

If yes, explain: _____

Has student ever been expelled, dismissed, suspended, or refused admission to another school? YES NO

If yes, explain: _____

Has student ever had disciplinary difficulty at school? YES NO

If yes, explain: _____

Does student have a juvenile or arrest record? YES NO

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind? YES NO

If yes, explain: _____

TRANSPORTATION ARRANGEMENTS

Will your child be driving to school? ____ YES ____ NO *I understand that my child will not be allowed to leave campus during school time (run errands, pick up lunch, etc.)

Please indicate who will be picking up your child from school. A child will not be released to anyone not on this list without written permission from the parent/guardian. **Continue on back of this page for additional space.**

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELIGIOUS INFORMATION

Church Attending: _____

Address: _____

Pastor: _____ Phone _____

Father: Christian? YES NO Mother: Christian? YES NO

Has Applicant (Student) ever made a profession of faith in Christ? YES NO

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school: _____

AGREEMENT

____ For your convenience in meeting your financial obligations, tuition payment plans are available to meet most budget needs. The Financial Agreement and Scholarship Agreement in this packet must be signed. Payments are due on the first of the month. Payments not made timely could result in your student's interruption of school until account is paid current.

____ Accounts not paid timely could result in dismissal.

____ I give permission for my student to take part in all school activities, including physical education, sports, and school sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.

____ I agree to and support the academic standards of the school.

____ I agree to and support the homework requirements and encourage homework to be completed as needed.

____ I agree to and support the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor the Godhead and the Word of God, or disrespect to the personnel of the school.

____ I hereby agree to and support all the regulations of the school on the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my student.

____ I agree to and support that students are not allowed to leave campus to run errands, pick up lunch, etc.

____ Students must have written permission (not verbal: phone call or text message) to leave the school premises before or during school.

In case of emergency, staff may confirm the following:

Security Question: (please answer all)

Mother's maiden name: _____

Father's middle name: _____

First pet's name: _____

____ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

____ By signing this agreement, I agree to all of the above listed standards. I understand and agree with the terms stated on this application and agree thereto.

_____ Parent/Guardian

_____ Parent/Guardian

_____ Date

_____ Date

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EMERGENCY CONTACT INFORMATION

******PLEASE PROVIDE PHONE NUMBERS FOR ALL CONTACTS (EMERGENCY & PICK-UP)******

Student Name _____ SS# _____ (optional)

Parent/Guardian _____ Phone # _____

Parent/Guardian _____ Phone # _____

In case of emergency: If the school is unable to reach the parent/guardian, whom should we contact?

Name _____

Relationship _____ Phone Number _____

Physician _____ Phone Number _____

Hospital _____ Phone Number _____

Dentist _____ Phone Number _____

Insurance Company _____

Policy/Group Information _____

Does student wear glasses? ____ Yes ____ No contact lenses? ____ Yes ____ No

Does Student have any allergies? If yes, explain

Does student have any medical condition? (i.e., diabetes, blood sugar disorder, nose bleeds, etc.)

Is student currently taking medication for this or any other condition? If yes, list name of medication, dosage, how often taken, etc.
(Additional documentation maybe required from physician if administered during school time)

Does student have any disabilities? If yes, explain

I hereby authorize Zephyrhills Christian Academy to seek medical attention when they feel it is necessary and absolve the school from any liability to me or my child because of any injury to my student at school or during any school activity.

Date: _____ Parent/Guardian

Date: _____ Parent/Guardian

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FAMILY CONTACT INFORMATION

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STUDENT INFORMATION

Student Name _____ Goes by _____
Lives with _____ Phone # _____
Address _____
City/State/ Zip _____

FAMILY INFORMATION

Marital Status: Single _____ Married _____ Divorced _____ Widow _____ Separated _____

Father's Name _____ Phone Number _____

Address: City/State/Zip _____

EMAIL _____

Employment _____

Position _____ Business Phone Number _____

Mother's Name _____ Phone Number _____

Address: City/State/Zip _____

EMAIL _____

Employment _____

Position _____ Business Phone Number _____

Children in the family of school age, if not applying:

Name/Age _____

Reason they are not applying: _____

DEMOGRAPHICS

ETHNICITY: (Not required for admission purposes)

____ Hispanic or Latino _____ White, not of Hispanic or Latino Origin

____ Black or African American, not of Hispanic or Latino Origin _____ Asian, not of Hispanic or Latino Origin

____ Native Hawaiian or other Pacific Islander, not of Hispanic or Latino Origin

____ American Indian or Alaska Native, not of Hispanic or Latino Origin

____ Two or more races, not of Hispanic or Latino Origin

FINANCIAL AGREEMENT

ZEPHYRHILLS CHRISTIAN ACADEMY- 4168

School Hours: Monday – Friday

8:00 AM – 2:15PM

Note: Please complete this agreement, even if on scholarship payment plans.

Registration Fee Fee \$250.00/Reenrollment Fee \$100 is a non-refundable fee. All students pay the Registration/Re-enrollment Fee each year. This fee is due at time of registration or re-enrollment and will hold a place for your child. Enrollment is not complete until this fee is paid and the application packet/re-enrollment packet is completed, signed and returned. Acceptance is not guaranteed. The Administrative Interview must be completed for the application to be considered for enrollment/re-enrollment. Applications may be submitted to the School Board for final approval.

Terms of Payment: Payment plans may be available to meet your budgetary needs. The first payment is due on AUGUST 1, and successive payments are due on or before the 1st of each month thereafter.

2023-2024 SCHOOL YEAR

TUITION: K5 – 12TH GRADE

SCHOLARSHIP _____

\$7,150.00 includes:

Tuition	\$5,800.00
Comprehensive Fee	600.00
Curriculum	750.00

Fees not included: Cost TBD

- ACT/SAT Prep Course
- After Care Services
- Class Projects
- Computer Class
- Dual Enrollment
- Elective Fees
- Field Trip Cost
- Lunch
- Project Fees
- Senior Fee
- Sports Fees
- Summer School
- Uniforms
- Yearbook

FOR ACCOUNTING PURPOSES ONLY

ANNUAL	
TUITION	\$ _____
COMPREHENSIVE	
FEES	\$ _____
CURRICULUM	
FEES	\$ _____
SUB-TOTAL	\$ _____
OTHER	\$ _____
OTHER	\$ _____
TOTAL ANNUAL	
FEES	\$ _____
LESS SCHOLARSHIP	
AWARD	\$ _____
TOTAL REMAINING	
TUITION DUE	\$ _____

TOTAL MONTHLY PAYMENT \$ _____

I have read this schedule and I am in agreement with all the fees and conditions as specified. I also understand that the registration fee, testing fee, re-enrollment fee, comprehensive fee, and the current month's tuition and curriculum fees are non-refundable.

Families on scholarship are responsible for the above stated fees should the scholarship be discontinued.

**** ALL ACCOUNTS MUST REMAIN CURRENT FOR STUDENTS TO ATTEND****

Child's Name _____ Grade: _____

Signature _____ Date _____

(Parent or Guardian)

SCHOLARSHIP AGREEMENT

This contract must be signed by parents whose children attend our school with a scholarship. This agreement has been created to insure the rules of the Scholarship Program are followed as required per law. The following guidelines are to be followed by all parents attending under the scholarship program.

___ Checks must be restrictively endorsed by the primary parent promptly upon notice by the receiving school.

___ Payments must be authorized as per the scholarship company's guidelines. After the 10th day a \$25.00 late fee may be assessed directly to the parent for failure to respond. After (20) days the child may be suspended until late fees are paid/and check is signed or authorized.

- Restrictive Endorsed Scholarship funds/Authorized payments will be applied as follows, first to:
 - Standardized Testing Fees, Curriculum Fees, High School Elective fees (if appropriate), Comprehensive Fees, then to:
 - Tuition, additional services deemed appropriate for the education of your student.
 - These fees are not all inclusive and may be individualized for your child based upon their needs as determined by their IEP or 504 Plan and/or graduation requirements or as determined within the daily classroom function.
 - Additional fees may be due and will be determined individually as noted on the Financial Agreement.

___ Scholarship students must maintain ninety (90) percent attendance in order to qualify for continued scholarship payments. A maximum of 18 days per school year is allowed for total absences to remain in compliance with your scholarship agreement.

___ Scholarship students must abide by the School Code of Conduct, School Standards, Zero Tolerance Policy, Mandatory Dress Code Requirements, Homework Requirements, whatever the school rules and regulations are as deemed appropriate by the School Administrator. If a scholarship student is dismissed/expelled they will lose the scholarship and will not qualify for future benefits.

___ Parents receiving scholarships are to understand that other services provided by the school may not be covered under the Scholarship Program. These may include but are not limited to: lost, failed or additional paces to complete the mastery of the concepts or to advance to next grade level (funding limits established with the Scholarship Programs for the regular academic school year), field trips, fundraiser events, class projects, school uniforms, Summer School, etc. Any child whose parent does not pay for these services will not be allowed to participate, or will be responsible for the associated fees. Late fees may apply as well as denied attendance until monetary requirements are satisfied. Additional fees may be due and will be determined individually as noted on the Financial Agreement.

___ Parents understand that in order for their child to attend Zephyrhills Christian Academy they will be held solely responsible for the unpaid portion of tuition and fees in the event they are denied payment from a scholarship program or the scholarship funds do not meet the financial requirements.

___ Parents understand that should the scholarship be discontinued, for whatever reason, whether by parental choice, school choice or scholarship program choice, the parent will be responsible for the published rates appropriate for the grade level of the child.

Failure to adhere to these scholarship program requirements may jeopardize the future use of the student's scholarship, will prohibit the transfer of the scholarship to another school until this account is settled, and will prohibit this family from ever applying for and/or receiving another Scholarship in Florida as long as the debt remains unresolved.

SCHOLARSHIP _____ APPLIED FOR _____ AWARDS LETTER ATTACHED _____

I, _____ the parent of _____, agree to abide by and accept the above requirements and stipulations regarding my child's use of the Scholarship awarded to him/her.

Parent/Guardian Signature _____ Date ____/____/____

ZERO TOLERANCE POLICY

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Attending this school is a privilege. We are here to provide high academics in a safe, structured, Christ-centered environment without the corrupt influence of the world. In order to maintain this standard, we have adopted a zero tolerance policy.

Students of this school are expected to refrain from talking about or engaging in smoking, vaping, drinking alcoholic beverages, sexual misconduct, and using narcotics. Students who participate in and/or discuss such activities in or out of school are subject to expulsion. Students are expected to act in an orderly and respectful manner, maintaining Biblical standards of social courtesy, moral behavior, acceptable language, and honesty. Students must agree to strive toward unquestionable character in dress, conduct, and attitude. ***Students that are not in harmony with this school Standard of Conduct will be suspended and/or expelled and will not be allowed to participate in any school activities during the time of suspension or if expelled.***

Any student observing questionable activities or overhearing conversations, which are contrary to the policy of this academy, should immediately discuss the matter with a supervisor in private. It has been said, "All it takes for evil to triumph is for good men to do nothing" "...to him that knoweth to do good, and doeth it not, to him it is sin." James 4:17

This school is here to draw students and families closer to Christ. In all that we do, we should represent Him. By signing this, you (student and parent) agree to uphold this standard and understand that if you do not, you will be immediately expelled from school.

Driving privileges may be suspended if a student does not follow the school rules and regulations and/or if they do not conduct themselves in a safe, appropriate manner while on school campus or at school activities. If a student is suspended from school, they are not allowed on school campus. Students are not allowed to leave school before or during school without written permission from the parent/guardian.

Students may be placed on academic probation if they are not performing to academic standard and may be retained if appropriate levels have not been attained. Academic Probation may affect their enrollment at ZCA.

Credits earned determine grade level and date of graduation.

Senior Graduation Requirements: The Senior fee is due by May 15th. For an additional explanation of Graduation Requirements, please see the High School Planning Guide. All Seniors must meet the minimum standards of graduation credits to receive a diploma, based upon Florida School Standards and ZCA requirements. ***Students who have not completed the minimum requirements will not be allowed to participate in any Senior activities, will not be considered ZCA graduates, and will not receive their diploma until all work is completed.*** Seniors may participate in graduation activities if they are in good standing and attending school at time of graduation.

_____ Date

_____ Student

_____ Parent

ENROLLMENT CONSENT FORM FORM FOR NON-MEMBER NATURAL PARENT

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Student's Name

Non-Member Natural Parent Name

Please state your relationship to the above named student:

By signing this form, I agree and consent to the enrollment of my above named child at Zephyrhills Christian Academy. I understand that signing this consent does not entitle me to extra copies of my child's academic & behavior records or extra time with child's teachers.

Form must be notarized if not signed in the presence o ZCA Administraion.

Non-Member Natural Parent Signature

Date

NOTARY

State of _____

County of _____

_____ signed before me, a notary, this _____ (date).

____ Personally known

____ ID Presented _____

Notary

PASTORAL RECOMMENDATION LETTER

I, _____, Pastor of _____ Church do recommend
_____ (student) to the Zephyrhills Christian Academy.

Please complete this form and **MAIL** to:

Zephyrhills Christian Academy
34927 Elland Blvd.
Zephyrhills, FL 33541

All information given is strictly confidential. It will not be shared with the prospective family. Thank you for helping us maintain our high standards of acceptance.

Please check the following areas in which this family is faithful:

- _____ Sunday School
- _____ Sunday Morning Worship
- _____ Sunday Evening Worship
- _____ Mid-week Worship
- _____ Tithing
- _____ Other Ministries: Please explain:

Please tell us why you recommend this family to Zephyrhills Christian Academy.

Pastor Signature

Church Phone Number _____

Date: _____

ATHLETIC INFORMATION FOR STUDENTS & PARENTS (6TH GRADE & UP)

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Zephyrhills Christian Academy Athletic Information for Students and Parents

ACADEMIC ELIGIBILITY: In order to participate in high school interscholastic athletics, a student must currently have and maintain a cumulative grade point average of 2.0 or above on a 4.0 un-weighted scale. The athletic director and/or coach will verify all grades within a five-day period subsequent to team tryouts and monitor grades thereafter. Failure to have and maintain a cumulative 2.0 grade point average will result in immediate dismissal from any interscholastic athletic team. Middle school students must have a 2.0 grade point average for the previous semester in order to be eligible.

ATHLETIC TRANSFER ELIGIBILITY: Have you been enticed/recruited by any staff member or coach to attend ZCA to participate in Athletic Programs?

ATHLETIC TRANSFER VERIFICATION: Any high school student who has been authorized to transfer from one school to another must meet the athletic transfer verification requirements. This includes, but is not limited to, students who were previously enrolled in public schools, private schools, charter schools, home schools, magnet schools and alternative schools. For more information on the procedures, visit your school or district website or contact your school athletic director. The verification policy/procedures can be located at the following web address: <http://www.neola.com/pasco-fl/> and the "Athletic Transfer Verification Procedures".

ATHLETIC FEES: There are no try-out fees. Once a student is selected for a team a fee will be due: \$70.00 for high school students; \$50.00 for middle school students. The fee for the second sport is \$40.00 for high schools; \$30.00 for middle schools. The total family fee (for the same school) is \$170.00 for high schools; \$125.00 for middle schools. The individual cap for high schools is \$110.00. The individual cap for middle schools is \$80.00. A student will not be allowed to dress out, participate in a game or be considered part of the team until the full fee is paid. ALL FEES MUST BE PAID WITHIN 3 DAYS OF THE CONCLUSION OF TRYOUTS.

STUDENT STATEMENT: As a student athlete, I agree to maintain athletic eligibility, comply with training rules, and conduct myself so as to bring pride to my school, my team, and my family. I understand I, as well as my parent(s)/guardian(s), are responsible for any uniforms, equipment, and/or supplies issued to me while participating in interscholastic athletics. I agree to repair or replace any damaged item and replace any lost item. I understand suspension from school will result in suspension from practices or games during the time of the suspension.

PAYMENT OF FHSAA FEES: As a student athlete I am representing my school and my school district. I am responsible for my conduct in the athletic program. I will follow guidelines and rules outlined in the District School Board of Pasco County's Code of Student Conduct and the FHSAA Handbook. In the event of an ejection or disqualification while participating in athletics my parent(s)/guardian(s) and I agree to pay the FHSAA fines, which are assessed by the FHSAA (Example: \$250.00 gross unsportsmanlike conduct).

My parent(s)/guardian(s) and I understand I won't be able to participate in any athletic contests until all fees have been paid to my school and I am subject to additional disciplinary action by any school administration depending on the severity of my actions.

Print Student Name

Student Number

Student Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date

STUDENT RECORD RELEASE

To Releasing School:

Date: _____

School Name: _____

Phone Number _____ Website: _____

Address: _____

City, State/Zip _____

Dear Counselor:

My child(ren) has/have been withdrawn from your school.

Please release their academic and health records to the following school:

- ____ Academic Records
- ____ Grades at time of Withdrawal
- ____ High School Transcript showing credits earned
- ____ Health Records (Birth Certificate, SS Card, Shot Records)
- ____ Special Needs Records/Test Results
- ____ Any other records for proper placement

Accepting School Zephyrhills Christian Academy 34927 Eiland Blvd., Zephyrhills, FL 33541 Phone: 813-779-1648 Fax: 813-779-9829 Email: l.mason@zcawarriors.org

Students' Name(s)

(Last name first)

DOB

Grade level at

time of withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature of Requesting Parent/Guardian)

(Signature of Receiving Principal)

MANDATORY DRESS CODE

DAILY UNIFORM

DRESS CODE IS STRICTLY ENFORCED

Students MUST come dressed in uniform every day. An email notice will be sent out regarding special event dress code days via the Praxi Parent Portal.

NOTE: *It is the parent's responsibility to make sure the child is dressed in the proper uniform daily. Students that are not in approved uniform will be sent home or you will need to bring the proper uniform for them to remain in school. Your child will not be admitted to class until violation is resolved.*

SHOES: FLAT-SOLED CLOSED HEEL & TOE (SNEAKERS ARE FINE, NO FLIP FLOPS, SANDALS, SLIDES, CROCS, SLIPPIERS, ETC)

ALL LOGOED SCHOOL UNIFORM ITEMS ARE AVAILABLE IN THE SCHOOL STORE. All items that have logos must be purchased from ZCA. Items that do not have the school logo (Khaki cargo shorts, pants, skirts) may be purchased where you desire. The items listed below are available at the School Uniform Store on campus.

POLO SHIRTS: NAVY BLUE (HAS LOGO)
NAVY BLUE JOGGER (HAS LOGO)
NAVY BLUE HOODIE (HAS LOGO)
P. E. T-SHIRT (Short sleeved & Long sleeved): GRAY (HAS LOGO)
P. E. SHORTS: NAVY BLUE (HAS LOGO)

ADDITIONAL APPROVED UNIFORM ITEMS maybe purchased from sideline.bsnsports.com

JEANS ARE NEVER CONSIDERED SCHOOL UNIFORM.

BOYS BASIC BOTTOMS:

DRESS PANTS: KHAKI
SHORTS: KHAKI (UNIFORM OR CARGO SHORTS)

GIRLS BASIC BOTTOMS: (NO FORM FITTING SHORTS OR SKIRTS)

UNIFORM DRESS SHORTS: KHAKI (KNEE LENGTH)
UNIFORM DRESS PANTS: KHAKI
KNEE LENGTH, A-LINE SKIRT: KHAKI

Ripped or torn uniform items must be replaced.

WINTER WEAR: School Navy Blue Joggers and school sweatshirts/jackets are allowed in the learning center. Street jackets, flannel shirts, etc. are not allowed to be worn in the learning center.

HAIR: Girls hair must be neat and off the face. Color should not be changed to unnatural colors: pink, burgundy, yellow, green, etc. Style: Neat styles, no wild-fad hair styles. Highlights are acceptable but must be kept natural looking.

HAIR: Boys hair must be neat and an acceptable hair style, per administration. Style: Neat styles, no wild-fad hair styles. Color should not be unnatural colors: pink, burgundy, yellow, green, etc. Highlights are acceptable but must be kept natural looking.

All male students must be neatly groomed.

JEWELRY: No additional body piercing, tattoos, gauged ears, removable teeth-plates (grills, golds, etc.) are allowed. Appropriate jewelry is acceptable. Boy's are not allowed to wear earrings in school or at school sponsored events.

GRADUATION ATTIRE must be approved by the Academic Advisor.

PLEASE BE SURE YOUR CHILD'S NAME IS ON ALL PERSONAL BELONGINGS: LUNCH BOX, JACKETS, SWEATERS, UNIFORMS, BIBLES, ETC., SO THEY MAY BE RETURNED TO YOUR CHILD IF LOST OR MISPLACED. PLEASE CHECK LOST & FOUND FOR ANY MISSING ITEMS.