WCA Statement of Cooperation

Student Name: _____

In consideration of enrollment of my (our) child(ren) in Westside Christian Academy:

1. I (We) acknowledge that Westside Christian Academy (WCA) is a private, Christian school.
2. I (We) acknowledge that I (we) have received a copy of the *Parent/Student Handbook* of WCA, that I (we) have read it, and I (we) have had ample opportunity to have all of my (our) questions about it answered.
3. I (We) acknowledge and I (we) pledge respect for the Statement of Faith, the Mission Statement, and the Statement of Philosophy of the School as printed from the *Parent/Student Handbook*.
4. I (We) agree to adhere to the policies of the School as set out primarily in the *Parent/Student Handbook*.
5. I (We) agree to abide by, and be guided by the statements, guidelines and other requirements set out in the *Parent/Student Handbook*.
6. I (We) agree to pay the tuition charges as stated in the *Parent/Student Handbook*.
7. From time to time, my child may have to take medication during the school day. I (We) will abide by the Health Room policies in the *Parent/Student Handbook,* and I (we) specifically consent to the designated school staff member administering the medication according to the written direction I (we) provide.
8. I (We) agree to cooperate with the School Board, the Principal, the teachers, staff and other parents for the betterment of my child(ren) and his/her classmates as students of WCA, and I (we) grant authority to discipline my (our) child(ren) as described in the *Parent/Student Handbook*.
9. I (We) give permission for my (our) child(ren) to take part in all school activities, including sports and school sponsored trips away from the school premises and absolve the school from any liability because of injury. In case of accident or serious illness, I (we) 1) request the school to contact me (us), (2) authorize the school to call the physician if unable to reach me (us), or (3) make any arrangements necessary if unable to contact our physician.

Please initial statements #10 and #11

10. I have read and agree to ensure that my child will abide by the dress code standards. _____ _____
11. I understand that if I do not want my child's photo taken, or posted on the WCA Facebook page or website, I will notify the office in writing. _____ _____

Please note: Both parents (unless legally separated or divorced), or all legal guardians, must sign this form and return it to the main office prior to Friday, August 23, 3034.

_____	_____
Parent/Guardian Printed Name	Parent/Guardian Printed Name
_____	_____
Signature	Signature
_____	_____
Date	Date

Please use this QR Code to access the
WCA Parent/Student Handbook

The handbook can also be found on the WCA website:
www.wcasumter.org