



# ATHENS BIBLE SCHOOL

## Application Procedure

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 [www.athensbibleschool.org](http://www.athensbibleschool.org)

*"A Better Education on a Better Foundation"*

At Athens Bible School (ABS), it is our honor to serve the educational needs of the families in our community. Our admission process begins with a short walking tour of our campus to acquaint the family with Athens Bible School and its facilities, followed by a family conference with the President or Assistant Principal. This may be scheduled by calling the ABS office. We ask that you please bring a copy of the student's current report card and a copy of the student's latest standardized test scores.

After the conference, the parents should pick up or download the appropriate forms (listed below) to complete and return to the office as soon as possible. There is a registration fee of \$250.00 per family that must be paid when the application is submitted. This fee is non-refundable unless the student is denied admission by the school.

### **The following forms must be completed and submitted for admission to Athens Bible School.**

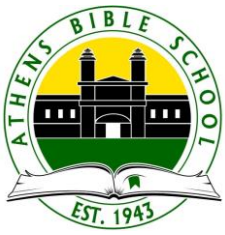
1. **Application for Admission:** Requests general information about the family and previous schools. On the back of this form the student must write a letter explaining why he/she wants to attend Athens Bible School. For students in elementary grades one through five, parents must write the letter.
2. **Transcript Release Request:** Authorizes the previous school to release information to ABS (if applicable).
3. **Student and Family Information Form:** Requests pertinent information about your student and family, as well as names of persons who have permission to pick up your student from school.
4. **Educational Reference:** This form is to be completed by a teacher, coach or administrator who is familiar with the applicant's academic progress.
5. **Character Reference:** This form is to be completed by someone who knows the applicant well and can provide the admissions team with a candid assessment of his/her character.
6. **Notification Card for Emergency or Illness:** This form must be on file in the nurse's office in case of illness or accident.
7. **Tuition Agreement/Payment Plan:** Contains tuition and fee information and provides payment plan options.
8. **Debit/Charge Card Authorization Form:** One of these two forms must be completed in order to take advantage of the monthly payment tuition plan.
9. **Consent and Waiver Form:** One form must be completed per student. This form addresses ABS handbook compliance, corporal punishment and model release.
10. **Volunteer Form:** We love and need volunteers throughout the year. Please complete this form if you desire to volunteer at the school. Doing so will help us match your skills and passions to the right needs.

### **The following forms should only be completed if they apply to your situation.**

1. **Student Prescription Form:** This form is to be completed **on a case by case basis**. If and/or when your child will need to have prescription medicine administered during school hours you will need to complete this form. This form may be picked up in our office or downloaded from our website.
2. **Expanded School Program:** This program is for ABS Kindergarten – 6<sup>th</sup> grade students who require oversight after school hours until their parents are able to pick them up.
3. **Free and Reduced Lunch Application:** Available to any family who wishes to apply. Forms may be picked up separately from the main office.

We also ask that students seeking admission to ABS provide a record of good behavior and a desire to learn both academics and the Bible. Although we do not have a special education teacher at this time to provide special education services, we do admit children with a wide range of abilities. ABS does not discriminate against any student because of race, color, sex, handicap, or national origin.

A student serving any disciplinary action at another school cannot be admitted to ABS until that action has been completed. A student may be admitted on probation at the discretion of the President.



# ATHENS BIBLE SCHOOL

## Application for Admission

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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**One application should be completed for each student.**

### Student Information

First name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's marital status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

Student's email \_\_\_\_\_ Student's cell number \_\_\_\_\_

### Student's Character

With what church does he/she attend, if any? \_\_\_\_\_ Is he/she a member? \_\_\_ Yes \_\_\_ No

Does or has the student ever used tobacco, alcohol or illegal drugs? \_\_\_ Yes \_\_\_ No

Has the student ever been suspended or dismissed from a school? \_\_\_ Yes \_\_\_ No If yes, please explain below:

\_\_\_\_\_

### Student's Education

Please list the schools that the student has attended:

SCHOOL	CITY/STATE	GRADE LEVEL	YEARS ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state any physical, mental, or social challenges about the student of which we need to be aware:

\_\_\_\_\_

### Family Information

Are the student's parents: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Father Remarried \_\_\_ Mother Remarried

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Years of Education \_\_\_\_\_ Highest Degree \_\_\_\_\_ Employer \_\_\_\_\_

With what church does he attend, if any? \_\_\_\_\_ Is he a member? \_\_\_ Yes \_\_\_ No

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Years of Education \_\_\_\_\_ Highest Degree \_\_\_\_\_ Employer \_\_\_\_\_

With what church does she attend, in any? \_\_\_\_\_ Is she a member? \_\_\_ Yes \_\_\_ No

Age of brothers and sisters, if any: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Names of parents, brothers or sisters who have attended Athens Bible School:

\_\_\_\_\_





# ATHENS BIBLE SCHOOL

## Transcript Release Request

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 [www.athensbibleschool.org](http://www.athensbibleschool.org)

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\_\_\_\_\_  
Name of student's current school

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Address of student's current school

Dear Registrar,

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

is making application to Athens Bible School. Please send or fax a copy of the following pertinent information contained in this student's records:

- Transcript of past academic record (including grades earned during the current year to date)
- Attendance records
- Standardized test scores
- Health records including immunization dates
- Discipline information

Thank you for your cooperation in sending this information at your earliest convenience.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



# ATHENS BIBLE SCHOOL

## Student and Family Information

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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**In order to register your child, complete and return this form and all other applicable forms in their entirety along with the following:**

1. A signed tuition agreement/payment plan.
2. \$250 registration fee per family.
3. The student's certified birth certificate (a copy of this will be made and put on file. The original will be returned to you)
4. Social security card (a copy of this will be made and put on file. The original will be returned to you)
5. Blue immunization certificate.
6. A recent photograph that can be filed with the student's school records.

### Parent/Guardian Information

Name(s) \_\_\_\_\_ Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's full name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's full name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's work phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

In what public school district does the student currently live (Athens High, Cowart Elementary, Elkmont, etc) \_\_\_\_\_

### Student Information

Full Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last

Full Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last

Full Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last

Full Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last

In the case of emergency, does the school have authority to seek medical treatment for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Doctor/Facility \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contacts (In the case that the parents cannot be reached)

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If we dismiss early for inclement weather and neither you nor the emergency contacts can be reached, what do you desire your child to do?

\_\_\_\_\_

### Signature Required

If possible, we request that both parents sign this form acknowledging that the information above is accurate.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature



# ATHENS BIBLE SCHOOL

## Educational Reference

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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### Applicant Information (to be completed by applicant or parents)

The student applying to Athens Bible School should complete the section below and then give this form to a teacher, coach or administrator of the applicant who is not related to the applicant nor a peer, and who is knowledgeable of the applicant's academic progress. If the applicant is homeschooled and no other educational reference is available, the parents of the applicant may complete the reference.

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
 Street address City State Zip Code

I, the applicant to Athens Bible School, give my consent to my reference to release the requested information, and I waive my right of access to the information submitted by this reference.

\_\_\_\_\_  
 Applicant's Signature

### Recommendation (to be completed by the educational reference)

The above named student is applying to Athens Bible School, a private, kindergarten – 12<sup>th</sup> grade private school that fosters a Christ-centered atmosphere and teaches a Biblical worldview. Your candid assessment of this student's educational maturity and personal qualities will be a significant value to the admissions committee. Please complete and return this form as quickly as possible by email, fax or postal mail. **For any "yes" answers below, please submit additional remarks on the back of this form or a separate document. A "yes" answer does not necessarily disqualify a student, but an explanation is required.**

- How do you know the applicant? \_\_\_\_\_
- How long have you known the applicant? \_\_\_\_\_
- Has the applicant ever been suspended or dismissed for any reason? \_\_\_\_\_
- Does the applicant have any personal habits or attitudes you feel to be inconsistent with the spiritual and moral atmosphere of Athens Bible School? \_\_\_\_\_
- Is there a question about the applicant's ability to succeed academically? \_\_\_\_\_
- To your knowledge, does the applicant use tobacco, alcoholic beverages, or illicit drugs, or does the applicant have any inappropriate sexual relationships? \_\_\_\_\_
- Has the applicant been involved in any crime(s)? \_\_\_\_\_
- Evaluate the applicant by checking the appropriate rating:

Criteria	Excellent	Good	Average	Poor	Unknown
Attitude toward authority					
Cooperation					
Integrity					
Leadership					
Peer acceptance					
Reputation					
Self-discipline					
Social maturity					

9. Please provide any additional comments that you think would be valuable to the admissions committee on a separate page

10. Recommendation: \_\_\_\_\_ Highly recommend      \_\_\_\_\_ Recommend      \_\_\_\_\_ Recommend with reservation  
 \_\_\_\_\_ Prefer not to recommend      \_\_\_\_\_ Please contact me to discuss this reference

\_\_\_\_\_  
 Name (please print) School Name Your Title

\_\_\_\_\_  
 Email address Phone number

\_\_\_\_\_  
 Signature Date

**Return reference to the ABS Admissions Office:**  
 507 South Hoffman Street, Athens, AL 35611

admissions@athensbibleschool.org

256.232.3525

Fax 256.232.5417



# ATHENS BIBLE SCHOOL

## Character Reference

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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### Applicant Information (to be completed by applicant or parents)

The student applying to Athens Bible School should complete the section below and then give this form to someone who knows the applicant well and can provide the admissions team with a candid assessment of his/her character.

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
 Street address City State Zip Code

I, the applicant to Athens Bible School, give my consent to my reference to release the requested information, and I waive my right of access to the information submitted by this reference.

\_\_\_\_\_  
 Applicant's Signature

### Recommendation (to be completed by the character reference)

The above named student is applying to Athens Bible School, a private, kindergarten – 12<sup>th</sup> grade private school that fosters a Christ-centered atmosphere and teaches a Biblical worldview. Your candid assessment of this student's character maturity and personal qualities will be a significant value to the admissions committee. Please complete and return this form as quickly as possible by email, fax or postal mail. **For any "yes" answers below, please submit additional remarks on the back of this form or a separate document. A "yes" answer does not necessarily disqualify a student, but an explanation is required.**

- How do you know the applicant? \_\_\_\_\_
- How long have you known the applicant? \_\_\_\_\_
- Does the applicant have any personal habits or attitudes you feel to be inconsistent with the spiritual and moral atmosphere of Athens Bible School? \_\_\_\_\_
- Which term best describes the applicant's character?  
 \_\_\_\_\_ Exemplary \_\_\_\_\_ Steady/Consistent \_\_\_\_\_ Rather consistent \_\_\_\_\_ Weak/Inconsistent \_\_\_\_\_ No Evidence
- To your knowledge, does the applicant use tobacco, alcoholic beverages, or illicit drugs, or does the applicant have any inappropriate sexual relationships? \_\_\_\_\_
- Has the applicant been involved in any crime(s)? \_\_\_\_\_
- Evaluate the applicant by checking the appropriate rating:

Criteria	Excellent	Good	Average	Poor	Unknown
Attitude toward authority					
Cooperation					
Integrity					
Leadership					
Peer acceptance					
Reputation					
Self-discipline					
Social maturity					

11. Please provide any additional comments that you think would be valuable to the admissions committee on a separate page.

12. Recommendation: \_\_\_\_\_ Highly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with reservation  
 \_\_\_\_\_ Prefer not to recommend \_\_\_\_\_ Please contact me to discuss this reference

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Email address Phone number

\_\_\_\_\_  
 Signature Date

**Return reference to the ABS Admissions Office:**  
 507 South Hoffman Street, Athens, AL 35611

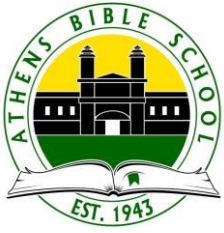
admissions@athensbibleschool.org

256.232.3525

Fax 256.232.5417







# ATHENS BIBLE SCHOOL

## Tuition Agreement / Payment Plan (2017-2018)

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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### TUITION

Tuition at ABS is calculated based on the number of children that you have attending the school. Every effort has been made to insure the highest educational experience at the most affordable price. Tuition for the 2017-2018 school year is as follows:

**NEW Student Rate: \$3995** (This is for the first two children. The third child in a family will receive the lower third child rate of \$3299).

### RE-ENROLLMENT RATES

#### High School (Grades 7 – 12)

- First child in your family - \$6317.00
- Second child in your family - \$5490.00
- Third child in your family - \$3362.00
- Fourth child in your family – Free

#### Elementary (Grades 1 – 6)

- First child in your family - \$6112.00
- Second child in your family - \$5318.00
- Third child in your family - \$3299.00
- Fourth child in your family - Free

If you have more than three children in your family attending Athens Bible School, the tuition of the children past the third child is free. The calculation of a family's tuition is based upon the oldest child being the "first child." Example: A family has four children attending Athens Bible School (Anna – 11<sup>th</sup> grade, Billy – 8<sup>th</sup> grade, Christy – 4<sup>th</sup> grade, and David – 1<sup>st</sup> grade). Their tuition is as follows:

- Anna – High School, First child of the family - \$6317.00
- Billy – High School, Second child of the family - \$5490.00
- Christy – Elementary, Third child of the family - \$3299.00
- David – Elementary, Fourth child of the family – FREE

### REFERRAL CREDIT

Current enrolled families may receive a credit to their tuition if a new family to ABS writes the currently enrolled family's name on their payment plan as referring them to ABS. New families may only make one referral.

**Referral credit for each new family is \$300**

The following family referred me to Athens Bible School: \_\_\_\_\_

### REQUIRED FEES

- Registration Fee: \$250 per family (1<sup>st</sup>-12<sup>th</sup>). Due at time of registration and by March 1<sup>st</sup>, 2017. After April 1<sup>st</sup>, 2017 the registration fee increases to \$300, after May 1<sup>st</sup>, fee increases to \$400 and after June 1<sup>st</sup>, 2017 fee increases to \$500.

### METHODS OF PAYMENT

For your convenience, Athens Bible School offers four different methods of payment. Please select a plan. They are as follows:

- Single Payment Option** – If you pay the entire school year's tuition in one payment, you will receive a 3% discount. Payment must be received by May 1, 2017.
- Per Semester Option** – If you pay for an entire semester's tuition before the semester begins, you will receive a 2% discount. Payment for the fall semester must be received by August 1, 2017 and payment for the spring semester must be received by December 1, 2017.
- Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2017. This payment must be made by automatic bank draft from your account or as an automatic charge on your credit card or debit card. See authorization agreement. Exceptions must be cleared by the Board of Directors.
- Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2017. NOTE: This option is only available until May 15, 2017. After that date, you must choose one of the three remaining options. This payment must be made by automatic bank draft from your account or as an automatic charge on your credit card or debit card. See authorization agreement. Exceptions must be cleared by the Board of Directors.

### DELINQUENCY POLICY

If your account becomes 60 days overdue your child will not be allowed to attend classes. He/She must be withdrawn from school or the debt on the account must be paid in full.

**I have read this document in its entirety, understand what is required of me and will honor my financial commitment to Athens Bible School.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Total Number of Children \_\_\_\_\_ Total Tuition Amount \$ \_\_\_\_\_



# ATHENS BIBLE SCHOOL Authorization Agreement for Direct Payments

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

"A Better Education on a Better Foundation"

Please list the name and grade of each child that will be on your account:

Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____

### Finance & Accounting

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Athens Bible School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Please mark the payment option that you would like:

- Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2017.
- Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2017.  
NOTE: If choosing this option, please have your completed form turned into the office no later than May 15<sup>th</sup>, 2017 to allow time to register your information with your financial institution.

Please select the date you want to have the direct payment processed:

1<sup>st</sup> of each month \_\_\_\_\_ 10<sup>th</sup> of each month \_\_\_\_\_ 20<sup>th</sup> of each month \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ Account I/D Number \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Return form to: Athens Bible School  
Accounting Office  
507 South Hoffman St.  
Athens, AL 35611



# ATHENS BIBLE SCHOOL

## Charge Card Authorization Form

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

"A Better Education on a Better Foundation"

Please list the name and grade of each child that will be on your account:

Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____

### Finance & Accounting

## CHARGE CARD AUTHORIZATION FORM

If you would like to use a credit card to automatically pay your Athens Bible School tuition and fees, the following information must be provided. **Please note that you must sign the acknowledgment indicating your awareness of the charge.** The information will be used in the strictest of confidence and will not be used for any other purpose. Please note that you will have to fill out a new form if your card expires before your child's education has been completed. Once this authorization is on file, it will automatically be charged monthly on the day selected below. Charges will be for the current month tuition, fees and any past due amounts. This form will remain in force until the card has expired, or you notify accounting in writing 15 days prior to the next scheduled charge.

Cardholder Name as it appears on card: \_\_\_\_\_

Cardholder Address (as it appears on credit card statement):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Item to be Charged (mark all that you want to be charged):  Current tuition  Past due tuition  Fees

Date to be Charged (Circle One): 1st of each month    10<sup>th</sup> of each month    20<sup>th</sup> of each month

Please mark the payment option that you would like:

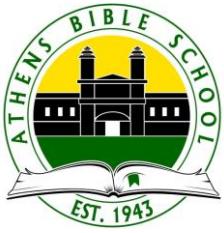
- Ten Month Option** – Your tuition will be due in 10 equal installments beginning on August 1, 2017.
- Twelve Month Option** – Your tuition will be due in 12 equal installments beginning on June 1, 2017. NOTE: If choosing this option, please have your completed form turned into the office no later than May 15<sup>th</sup>, 2017 to allow time to register your information with your financial institution.

I acknowledge that Athens Bible School will be charging my credit card as indicated above and does so with my permission.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Return form to:  
Athens Bible School  
Accounting Office  
507 South Hoffman St.  
Athens, AL 35611



# ATHENS BIBLE SCHOOL

## Consent and Waiver Form

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

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Please complete this form for each student

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

## Handbook Compliance Agreement

### Compliance by Student to the Student Handbook

I have read, understand and agree to comply with the policies as written in the Athens Bible School Handbook that has been made available to me as a hard copy and on the Athens Bible School website. I fully understand that I am responsible for adhering to these policies as stated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Compliance by Parent to the Student Handbook

I have read and understand the policies as written in the Athens Bible School Handbook that has been made available to me as a hard copy and on the Athens Bible School website. I have reviewed this handbook with my child and I fully understand that my child is responsible for adhering to these policies as stated. I recognize my responsibility as a stakeholder in my child's education to assist the school in enforcing the standards of conduct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Corporal Discipline

Athens Bible School reserves the right as a private institution to administer corporal punishment; However, we are determined to make every effort to consider some parents' opposition to this method of discipline. If the school feels that a child's behavior warrants corporal punishment and parents do not wish the administration or faculty to administer punishment, the parents must take the student home for the remainder of the day. This will result in an unexcused absence. If corporal punishment is administered, parents will be notified.

- Athens Bible School has my permission to administer corporal punishment when necessary.
- Athens Bible School does NOT have my permission to administer corporal punishment. Please contact me and I will pick up my child with the recognition that he will receive an unexcused absence for missed classes which may impact my child's grades.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Model Release Form

I hereby GIVE / DO NOT GIVE permission to Athens Bible School to use my child's photo/image in all related materials (including but not limited to printed materials, Facebook, videos, DVD, ABS website, etc.) for use in the advertising of Athens Bible School. I expect no material compensation for the use of my child's photo/image.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# ATHENS BIBLE SCHOOL

## Volunteer Form

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 [www.athensbibleschool.org](http://www.athensbibleschool.org)

*"A Better Education on a Better Foundation"*

**Volunteer's Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Student Names**

**Grade**

_____	_____
_____	_____
_____	_____

**Please check areas of interest**

- First aid
- Lunchroom substitute
- Office assistance (when understaffed)
- Special tutorial assistance (example: math, reading, etc.)
- Fundraising events
- Room mother (specify grade) \_\_\_\_\_
- Classroom substitute

**Do you work outside the home?** Yes  No

**Best available time to volunteer?** \_\_\_\_\_

We appreciate our families and their willingness to help the school function and be successful. Being active in your child's school can only help to make for a better environment. Thank you!



# ATHENS BIBLE SCHOOL

## Student Prescription Form

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

"A Better Education on a Better Foundation"

**This form is to be used on a case by case basis and is only required if and/or when your child needs to take prescribed medication during the school day. This must be signed by the prescriber.**

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_  
Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_ List any known drug allergies/reactions \_\_\_\_\_

### PRESCRIBER AUTHORIZATION

Name of medication \_\_\_\_\_ Reason for taking \_\_\_\_\_  
Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency/Time(s) to be given \_\_\_\_\_  
Begin medication (date) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ End medication (date) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Does the medication require refrigeration: Yes  No   
Is the medication a controlled substance: Yes  No   
Is self-medication permitted and recommended for this student: Yes  No

**If you marked "yes", then please sign the "Self-Medication Authorization" area below.**

**Potential side effects/contraindications/adverse reactions** \_\_\_\_\_

**Treatment order in the event of an adverse reaction** (attach additional sheet or use the back of this form if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Prescriber**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

### PARENT AUTHORIZATION

I authorize the School Nurse, the Registered Nurse (RN) or Licensed Practical Nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of the medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug's expiration when appropriate.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

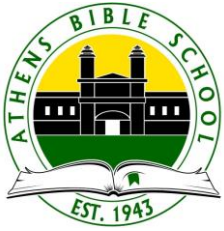
### SELF-MEDICATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the agents of the school and the local school board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

If there are any problems or questions please call me at: \_\_\_\_\_  
(Home) (Cell) (Work)



# ATHENS BIBLE SCHOOL

## Expanded School Program

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417 www.athensbibleschool.org

"A Better Education on a Better Foundation"

The Athens Bible School Expanded School Program is for children, grades K-6, who are currently enrolled as students in Athens Bible School. This program provides care and limited tutorial services for children who require oversight after school hours until parents are able to pick them up.

Students will be assembled in the ABS library. They will be provided a snack and a drink. Students will be strongly encouraged to do homework if applicable, read a book, or be provided an educational activity. Staff members will be on hand to help students complete their homework and give them guidance when needed.

### To Register

1. Complete this form in its entirety (one form per family).
2. Sign and return this form with the \$15 non-refundable registration fee per child.

### Fees

Parents will pay a daily or weekly fee according to attendance.

- Daily: \$7.50 (first child), \$6.50 (each additional child)
- Weekly: \$32.00 (first child), \$27.00 (each additional child)

### Hours

The Expanded School Program is from 2:45-5:00 pm during school days, Monday – Friday. Extended hours are offered on half school days (11:30am – 1:30pm). On days when school is dismissed early due to hazardous weather conditions, the Expanded School Program will not be available. All children must be picked up from school at the release time on such days.

### Student Name

### Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Payment will be provided by:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Who may we contact if you cannot be reached during inclement weather or changes in the school schedule?

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_