

# Springvale Christian Academy

1700 Clark Drive

Telephone (513) 575-9104 Fax (513) 239-8114

Loveland, Ohio 45140

## Statement of Cooperation

In signing this Statement of Cooperation, I agree that:

I understand that I have a responsibility to actively support the purpose, philosophy, objectives, procedures, and discipline of the school as established by the administration of Springvale Christian Academy.

I pledge that, if for any reason, my child does not respond favorably to the school, I will not try to change the school, but will withdraw him quietly and without delay. I agree to speak well of the school, its teachers, staff, and administration.

I understand that Springvale Christian Academy reserves the right to dismiss any student for lack of cooperation on the part of the student, parent, or guardian with the Christian education process. The teacher and administration are hereby given full discretion in the discipline of my child/children. This could include detentions, suspension, or expulsion.

I will be responsible to see that my child/children abide by the policies as stated in the handbook.

I have read the Statement of Philosophy, Statement of Faith, and Conduct/Discipline policies within the Parent/Student Handbook and agree to have my children educated in accordance with them.

I hereby give my permission for any child/children to go on field trips scheduled by the school. I absolve Springvale Christian Academy and Springvale Baptist Church from liability because of any injury to my child/children during school activities.

As a parent, I understand and agree to pay all financial charges incurred during each school year while my student remains enrolled at Springvale Christian Academy. (I understand a late fee of \$25 will be assessed when payment of tuition is made after the 10th of the month.)

I understand that Springvale Christian Academy reserves the right to take photos or video of any student and post them on Springvale Christian Academy's website, yearbook, or any other SCA advertisement.

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

\_\_\_\_\_  
Parent / Guardian's Name

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Parent / Guardian's signature

\_\_\_\_\_  
Date