

The Barnes Academy

154 Hart Service Road
Hartwell, GA 30643
2023-2024

ED: _____
WD: _____

Student Information:

Full Name: _____ D.O.B. _____ S.S.# _____
Address: _____ County: _____
Email: _____ Text: Yes or No
Phone: _____ Student's Cell #: _____ Age: _____ Sex: _____
Last Grade Completed: _____ Previous School: _____
Student e-mail address _____ Parent E-mail _____

Family Information:

Father's Name: _____
Address: _____
E-Mail Address _____ Employer _____
Position: _____ Business Phone: _____
Cell Phone: _____ Allow Texting: __ Yes __ No Home phone #: _____
If yes for texting, cell phone carrier: _____
Mother's Name: _____
Address: _____
E-Mail Address _____ Employer _____
Position: _____ Business Phone: _____
Cell Phone: _____ Allow Texting: __ Yes __ No Home #: _____
If yes for texting, cell phone carrier: _____
Emergency Contacts: (Name/Phone#/Relationship to Child)

Marital Status: _____ Married _____ Widow _____ Divorced _____ Separated _____ Single
Children in family who are not enrolling and age:

People who your child can be released to & phone number:

Religious Information:

Church Attending: _____ *Pastor:* _____

Church Address: _____

Has child ever made a profession of faith in Christ? _____ *Yes* _____ *No* _____

Medical Information:

Family Physician: _____ *Phone:* _____

Does child have any physical defects or allergies? _____ *Explain:* _____

Is student up to date on all immunizations? _____ *Please, enclose a copy of Immunization Records.*

Behavior Information:

Has student been expelled, dismissed, suspended, or refused admission to another school? _____

Has student ever had disciplinary difficulty at school? _____

Does student have a juvenile or arrest record? _____

Does student use tobacco or nonprescription drugs of any kind? _____

If you answered yes to any of the above questions, please explain: _____

Scholastic Information:

Please indicate academic level of student's previous work:

_____ *Excellent* _____ *Good* _____ *Average* _____ *Poor*

Has your child ever failed an academic subject in school? _____ *Explain:* _____

General Information:

How did you hear about this school? _____

Reason for selecting this school: _____

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Cartwell, Georgia 30643

Medical History Form

It is mandatory that pupils who show symptoms of communicable diseases be excluded from classes until readmission is accepted by the Academy's administration. Your cooperation will be greatly appreciated. God bless you. *Mrs. Sarah LeFroy*

Student _____ D.O.B. _____ Gender _____		
Father's Occupation _____ Mother's Occupation _____		
Father's Health _____ Mother's Health _____		
Past Diseases- (If your child has had any of the following, state age when he/she had them)		
Mumps _____	Diphtheria _____	Polio _____
Measles _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Rheumatic Fever _____	Heart Disease _____
Asthma _____	Chicken Pox _____	Diabetes _____
Hay Fever _____	Pneumonia _____	Discharging Ears _____
Syphilis _____	Gonorrhea _____	A.I.D.S. _____
Has your child had a skin test for tuberculosis? _____ Date administered? _____		
Has he/she been associated with a tubercular patient? _____ If so, when? _____		
Recent Disabilities – (Please check any one of the following noted recently.)		
Frequent colds _____	Fainting Spells _____	Hearing Difficulties _____
Frequent Sore Throat _____	Abdominal Pains _____	Tires Easily _____
Poor Vision _____	Frequent Urination _____	Breath Shortness _____
Frequent Leg Pain _____	Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent Cough _____	Ring Worm _____
Frequent Sties _____	Speech Difficulties _____	Nose Bleeds _____
Dental issues _____	Crippling Conditions _____	Growing Pains _____
A.D.D. _____	A.D.H.D. _____	Autism _____
Learning Disabilities _____	Dyslexia _____	Depression _____
List any problems or limitations that might interfere with your child playing sports or doing physical fitness. _____		
NO student will be excused from P.E. without a written excuse from a physician. Personal Record		
Is he/she shy? _____	Overactive _____	
Bite Fingernail _____	Suck Thumb _____	
Excessive Fears _____	Temper Tantrums _____	
Like School _____	Makes Friends Easily _____	
Eat Breakfast? _____	Restful Sleep _____	
Bedtime? _____	Rising Time? _____	

Date _____ Parent's Signature _____
****Please attach a copy of your child's immunization record to this form. Thank you.**

The Barnes Academy

Policies and Procedures

Established 2005

1. *Classes begin promptly at 8:00 AM. Please be an example to your child and have them at the academy on time.*
2. *Afternoon release is 3:00 PM. Please, understand that this is for release only! If you need to speak to your child's teacher, he/she will be available at 3:15 for conferences.*
3. *Students that are remaining at school after 3:00 PM without prior arrangements will be sent to the after-school program and charged a \$5.00 fee for this program. Please remember that our teachers have other obligations to their families, churches, and community after school.*
4. *Students can only be released to authorized parents and guardians. If you have a change of transportation in the afternoon, please notify the office of these changes otherwise your child will not be released. Identification is required for anyone new picking up a child.*
5. *All student drivers must have a copy of their license and current insurance card on file in the office in order to drive on campus.*
6. *Seniors with only 3 classes to complete may leave at 12:30 if they are enrolled in dual enrollment classes or if they have an after school job.*
7. *Emergency contact numbers and medical release forms must be kept current in the front office in case of an emergency.*
8. *All medications must be given to you child's teacher at the beginning of the day and a medication administration form must be filled out before any medication can be administered.*
9. *All students must have current immunization records in the front office in order to remain at the academy.*
10. *According to Georgia state law, children between the ages of 7 and 16 must attend school. Students are required to be present at school or have a written excuse from home and/or a physician. Any student missing more than 10 days in a semester will be required to attend summer school. This will be pro-rated according to the amount of days over 10 missed by the student. **This is going to be strictly enforced!***
11. *Tuition is due on the first school day of each month. We are trying to keep tuition rates down and yet compensate our staff appropriately. Prompt payment of tuition will ensure this.*
12. *Afternoon tutoring is available to any student that requires extra help for an additional fee of \$20.00 per hour and \$15.00 per ½ hour. This fee is due at the time of the service to the tutor.*

I completely understand these policies and procedures and will follow them to the best of my ability.

Parent/Guardian's Signature

The Barnes Academy

Dress Code

Dress code is as follows:

- A “Barnes Academy” yellow or black polo uniform shirt (Can be purchased from G’s Southern Traditions in Hartwell, Ga.)
- Fingertip long khaki skirt, khaki jumpers, loose fitting khaki capris, khaki shorts (fingertip), or khaki slacks
- Clean dress shoes or tennis shoes (NO FLIP FLOPS). All shoes must have a strap on the back.
- No extra body piercing (tongue rings, eyebrow piercing, ETC....)
- Hair must be neatly groomed (Including facial hair).

**All clothes must be neat in appearance. No unnecessary skin should show at any time.

Dress Down Fridays

Students are allowed to wear jeans and tops of their choice on Fridays. Jeans must be of good taste with NO HOLES above the knee. Tops with writing must be appropriate for all ages to read. (Tops with sexual, occult, or offensive messages are strictly prohibited.) Also, NO CLEAVAGE is allowed to be shown! Remember this is a Christian school, so clothing should exemplify the characteristics of Christ.

I, _____, completely understand the dress code and will abide by it completely.

Student’s Signature

Parent’s Signature

Date _____ 20 ____

The Barnes Academy

154 Hart Service Road
Hartwell, Ga. 30643
706-377-3856
706-377-4666
(Fax) 678-348-7643

In order to protect the integrity of the academy, we ask that all students and parents respect and abide by the rules that are covered in the Student/Parent Handbook. Also, to keep our vision alive we ask that parents stand behind us on disciplinary actions. The Bible says in Matthew 12:25, "Every kingdom divided against itself is brought to desolation; and every city or house divided against itself shall not stand". In order to provide the best atmosphere academically and spiritually, we must work together. According to Ephesians 4:29, "Let no unwholesome word proceed from your mouth, but only such a word as is good for edification according to the need of the moment, so that it will give grace to those who hear." We will not tolerate profanity or inappropriate language at any time. This includes defamation of the character of another student, staff, parent, or the academy. In order to flourish as Christian educators and parents, we must strive to follow God's rules not our own. We must learn to take full responsibility for our actions and have repentant hearts for our transgressions just as the Israelites did when they stole from the plunder from Ai. (Joshua 7) This characteristic must flow through in the attitude, classwork, and respect each child exhibits in the academy for it to be blessed. We stand completely on the Word of God, The Holy Bible, and expect our students, parents, and staff to exemplify Christ to the best of their ability.

If at any time, we, The Barnes Academy, feel that children, parents, or staff are not in complete agreement with the above mission statement, we reserve the right to separate ourselves and proceed with the vision God has laid before us.

I, _____, and my child,

_____, understand the mission of The Barnes Academy and will support this ministry to the best of our ability. We understand that the academy reserves the right to expel a child due to his/her behavior and the behavior of his/her parents. We respect this mission because it protects the integrity and educational foundations attached to The Barnes Academy thus protecting our child.

Mother's Signature

Student's Signature

Father's Signature

I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." Romans 12

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Parent/Guardian's Financial Contract Established 2005

For your convenience in meeting your financial obligations, tuition is divided into monthly installments. The first payment is due on or before _____ (first day of enrollment); the tenth payment is due on May 10, 20__, before the final report card is mailed at the end of the school year. My monthly obligation is \$_____. If, for any reason, I decide to withdraw my child from The Barnes Academy, I agree to pay the following month's tuition to void this contract.

I, _____, hereby pledge to pay my financial obligations to The Barnes Academy on the dates due and understand that it may be necessary to withdraw my student if proper arrangements are not made. I understand that all payments made after the 10th of each month will incur a \$50.00 late fee on all past due balances.

As always, thank you for allowing us to be a part of your child's life. May God bless you and your family.

Sincerely,
Sarah P. LeCroy, Administrator
The Barnes Academy

Parent or Guardian signature

Date

Office Manager

Date

The Barnes Academy

PHOTO/AUDIO/VIDEO RELEASE

I hereby irrevocably consent to and authorize the reproduction, publication and/any other use by The Barnes Academy, Inc., its licensees and assigns, of the photographs/audio/video identified below, in whole or part in conjunction with other photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotion, advertising or web content, without any royalty or compensation to me.

I assign to The Barnes Academy, Inc. any and all rights of ownership to the photographs/audio/video, the transparencies or digital files thereof, and agree that The Barnes Academy, Inc. has full right to copyright, use and publish the same in print and/or electronically, with full right of lawful disposition in any manner.

I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which The Barnes Academy, Inc. may make or authorize, and I release The Barnes Academy, Inc., and its licensees and assigns, from any claim or liability arising from or in connection with The Barnes Academy, Inc.'s use of the photographs/audio/video or any alteration, processing or use thereof in composite form, whether intentional or otherwise.

PHOTOGRAPHS/AUDIO/VIDEO:

FOR MINOR: I am the parent/guardian of

I have read and understand the above. I consent to the foregoing on his/her behalf.

Parent Signature: _____ Date: _____

Print Name: _____

Address: _____

Authorization for Medication Form

Non-Prescription (Over-the-Counter) Medication Permission

Barnes Academy maintains a few over the counter (OTC) medications in the office. Some that we have are acetaminophen (Tylenol), ibuprofen (Motrin/Advil), Tums, Maalox, Benadryl, and antibiotic ointment. **Some of the medications may be a generic brand.** These medications will only be given if permission is indicated below. No other OTC medications will be given, unless the medication is provided by the parent/guardian, with a completed *Authorization for Medication form*.

I give permission for Barnes Academy to administer the following over-the-counter medications to _____ if the staff deems necessary. We will administer dosages according to directions on the label unless otherwise directed by your physician. Please circle any of the Medications below that your child may **NOT** receive.

Complaint Treatment

Headache, Fever, Pain
Abdominal, Discomfort/Gas
Allergic Reaction
Bug Bites
Cold Sores
Constipation
Cough; progressive
Cough; nonprogressive
Cramps, Menstrual
Muscle Aches
Poison Ivy, Oak, Sumac
Sore throat
Stuffy Nose

Tylenol or Ibuprofen
Maalox
Benadryl
0.5% Hydrocortisone Cream, Benadryl
Blistex
Milk of Magnesia
Cough Medicine
Robitussin, Robitussin DM
Ibuprofen or Midol
Ben Gay or analgesic ointment
Calamine lotion, 0.5-1% Hydrocortisone
Throat lozenges, Throat Spray
1% Neosynephrine Drops or Afrin Nasal Spray

_____ **DO NOT ADMINISTER ANY MEDICATION TO MY CHILD WHILE AT BARNES ACADEMY.**

Only bring medicine to school when it must be given during school hours. Bring the medication directly to school office; students are not allowed to have medications with them except with the principal's permission. All medicine must be in original container with name of student and medication and instructions for assisting student. Prescription medicine must have the MD's name on the container. **Written parental request** must be given for student assistance with all medications at school. MD request / signature are required on **all prescription medicines to be given more than two weeks duration.** Parent is responsible for picking up medication when treatment is complete and/or at the end of the year. Any medication not picked up will be **destroyed.**

Prescription Medication Permission

I give permission for Barnes Academy to administer the following prescription medications to _____

Prescription Medicine: _____

Parental Permission/Release/Medical Treatment

I give permission for my child to participate in Barnes Academy sponsored events. In the case of injury or illness, I authorize Barnes Academy staff to render emergency first aid and/or seek all necessary medical attention for my child. In such cases, I understand that I will be notified as soon as possible.

Parent/Legal Guardian _____ Date _____

Emergency contact number _____ Alternate _____