

ZION TEMPLE CHRISTIAN ACADEMY

SIGNATURE AND DATE IS REQUIRED WITH CHILD'S NAME. PLEASE DO NOT ADD TO OR TAKE AWAY FROM THESE STATEMENTS.

DISCIPLINE STATEMENT

I agree to authorize the Administrator or the assigned teacher of the Zion Temple Christian Academy to exercise authority as to control behavior and discipline over _____, while at
Student's name

school or during any school activity outside school as they deem necessary.

Parent's Signature Date

STATEMENT OF CO-OPERATION

In making application for my child, it is my desire to have him complete the school year 20____ - 20____. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school and during any school activity.

Parent's Signature Date

STATE ACCREDITATION

Due to some of the questions in the past concerning State Accreditation, we want to take this opportunity to clarify. We are **NOT** accredited by the State of Ohio, which would give them the right to tell us how to operate our school, what to teach etc. We do however; follow the State requirements concerning required number of credits and subjects for graduation.

According to the State Supreme Court ruling in 1976, any parent with very strong religious convictions has the right to put their child in a private school.

We want to make this very clear about this matter. If you understand and comply with the above, please sign this form and return it to the school office.

Parent's Signature Date

Thank You,
Zion Temple Christian Academy