



Home School Registration and Signature Form – 2018-2019

AWS SIGNATURES FOR: Student Name/DOB: _____ GRADE _____

CAMS SIGNATURES FOR: Student Name/DOB: _____ GRADE _____

CA SIGNATURES FOR: Student Name/DOB: _____ GRADE _____

Please give a mailing address, email, and cell #.

\$100.00 Registration Fee (Payments can be paid online)

Please go to www.gcass.org Click Pay Online (upper left menu bar). Create an account and proceed with payment or leave cash/ check in our business office.

Please indicate which activity you would like to participate in (check the appropriate line):

Activity fees (non-refundable):

- 1. CA: \$500.00 /Semester (Band/Orchestra/Choir/PE) _____
2. CAMS: \$375.00 /Semester (Band/Orchestra/Choir/PE) _____
3. AWS: \$250.00 /Semester (Band/Orchestra/Choir/PE) _____
4. Music Lessons: (Private) \$20.00/lesson: _____ Suzuki Group Lesson \$40/semester _____
5. AWS: Intramurals: for each Intramural \$25.00: _____ CAMS: Will waive this fee.
6. Placement Testing: \$25.00 _____ & ITBS Testing: \$75.00: _____
7. All Home School Students must wear School uniforms. (Educational Outfitters)

GCSS STUDENT PLEDGE AGREEMENT:

I understand that by being accepted at GCSS I will voluntarily honor Jesus Christ in my words and action or learn ways to do so. In addition, I realize that I must maintain positive academic growth each semester in order to retain attendance privileges. My signature indicates my commitment to uphold, at all times, the printed and announced standards, principles, and policies which govern GCSS.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN STATEMENT:

I agree to read the AWS/CAMS/CA Student Handbook & to support the school in enforcing its policies and standards.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FERPA DISCLOSURE & GCC CONFIDENTIALITY ACKNOWLEDGEMENT/AGREEMENT

I understand that I may obtain/read the FERPA Notice/Disclosure online on the School website. By signing below, I, the undersigned, make known my wishes about the disclosure of identifiable information in writing to GCSS. This includes all school publications/programs including the yearbook and graduation programs.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

GCC MEDIA RELEASE FORM

The Georgia-Cumberland Conference regularly uses photos and video in its publications and materials. This form gives us permission for images of the participant named to be used as outlined below. For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses. This includes all school publications/programs including the yearbook and graduation programs.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT ACCIDENT INSURANCE AGREEMENT--coverage is limited to participation in school sponsored activities for this school year ONLY

This insurance coverage, included in the Registration Fee above, is primary for the first \$500.00 and then secondary up to \$25,000. It also has a catastrophic accident medical benefit of up to \$1,000,000. Further information is included in plan documents that will be provided at your request. You agree to the following:

- 1. Parent's supervision of their child may be requested by the school to assist in supervision during the activities, programs or classes.
2. Parents will be required to accompany their child on any off-campus trips (AWS/CAMS).
3. The school assumes no responsibility for the home school child outside of the scope of the activities, programs, or classes in which the child is registered to participate.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____