

Registration Form

General Information (one per child please)

Student's	Full Name		Student's Phone_	
Address_				
City		State	Zip Code_	
Age	D.O.B	Grade L	evel for this Year_	
Student's	Email			_ Gender M or F
Allergies_				
Umbrella	School			
What is th	ne name of your hor	ne Church?		
Whom we	re you recommend	ed by?		
Does you	r child need special	accommodation	s? No Yes	_
lf so, e>	kplain:			
Are your s	student's education	al goals for credi	t or audit?	
Explain:	:			
In case	of emergency	/ - please co	ntact:	
Father's Na	ame		Phone	
Father's En	nail:			
Mother's N	ame		Phone	
Mother's E	mail:			
Other Cont	act's Name		Phone	
Other Cont	act's Email:			
Other Cont	act's Relationship t	o Student:		



Elementary School Classes

My child will attend the following course(s) Please check ALL that apply

Student's Name		Grade	
Class	Registration Fee	Tuition	Check-Box
Art	\$30	\$50	
ASL K5-1st	\$30	\$50	
ASL 2nd-4th	\$30	\$50	
English (Phonics)	\$30	\$50	
IEW English	\$30	\$50	
History	\$30	\$50	
Japanese K5-1st	\$30	\$50	
Japanese 2nd-4th	\$30	\$50	
Knitting	\$30	\$50	
Mathematics K5	\$30	\$50	
Mathematics 1st	\$30	\$50	
Mathematics 2nd	\$30	\$50	
Mathematics 3rd	\$30	\$50	
Mathematics 4th	\$30	\$50	
Mathematics 5th	\$30	\$50	
PE	\$30	\$40	
Robotics	\$35	\$65	
Drama	\$30	\$50	
Music	\$30	\$50	
Science K5-2nd	\$30 + \$30 Lab	\$50	
Science 3rd-5th	\$30 + \$30 Lab	\$50	
Spanish	\$30	\$50	
Typing	\$30	\$50	



Middle School Classes

My child will attend the following course(s) Please check ALL that apply

Student's Name		Grade	
Class	Registration Fee	Tuition	Check-Box
Art	\$40	\$60	
ASL	\$40	\$60	
Career Exploration	\$40	\$60	
Choir	\$40	\$60	
Critical Thinking	\$40	\$60	
Drama	\$40	\$60	
Geography	\$40	\$60	
IEW English	\$40	\$60	
Japanese	\$40	\$60	
Knitting	\$40	\$60	
Life Skills	\$40	\$60	
Mathematics 6th	\$40	\$60	
Mathematics 7th	\$40	\$60	
Music	\$40	\$60	
Pre-Algebra	\$40	\$60	
Public Speaking	\$40	\$60	
Robotics	\$35	\$65	
Science w/ Labs	\$40 + \$30 Lab	\$60	
Spanish	\$40	\$60	
Web Design	\$40	\$60	
PE	\$30	\$40	



High School Classes

My child will attend the following course(s) Please check ALL that apply

Student's Name		Grade	
<u>Class</u> Regi	stration Fee	Tuition	Check-Box
Algebra 1	\$50	\$70	
Algebra 2	\$50	\$70	
Anatomy&Physiology	\$50+\$30 Lab	\$70	
Applied Psychology	\$50	\$70	
Art w/ Digital Bonus	\$50	\$70	
ASL 1	\$50	\$70	
ASL 2	\$50	\$70	
Biology w/ Labs	\$50+\$30 Lab	\$70	
Chemistry w/ Labs	\$50+\$30 Lab	\$70	
Programming (Fall)	\$50	\$70	
Consumer Math	\$50	\$70	
Drama	\$50	\$70	
Economics (Fall)	\$50	\$70	
Geomerty	\$50	\$70	
Government (Spring)	\$50	\$70	
Health (Fall)	\$50	\$70	
IEW English	\$50	\$70	
Intro to IEW	\$50	\$70	
Music/Choir	\$50	\$70	
Personal Finance (Spring) \$50	\$70	
Physical Science	\$50+\$30 Lab	\$70	
Pre-Calculus	\$50	\$70	
Robotics (Spring)	\$50	\$70	
PE	\$30	\$40	
Spanish 1	\$50	\$70	
Spanish 2	\$50	\$70	
Typing	\$50	\$70	
History	\$50	\$70	
World History	\$50	\$70	



Michaels Homeschool Academy Put Gad First

Payment Info

Student's Name_____Grade_____Grade_____

Total Registration Fees

Total Monthly Tuition

All Tuition (x10 Months)

Total Monthly Study Hall

All Study Hall (x10 Months)

Your Yearly Total

Administrative use only please leave blank.

Paid	Owe	Received On	Cash	Check #
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			
\$	\$			

Please make checks payable to either Mrs. Livia Michaels or MHA.

Checks can be mailed to:

6001 Morning Glory Drive

Harrison, TN 37341



Payment Guidelines

Please initial All lines on the left side of the page and check your preferred method of payment.

Student's Name_____

_Grade_____

_____ I agree to pay by the ____ month (10 payments), by the ____ semester (2 payments), or by the ____ year (1 payment) beginning in the month of August and ending in the month of May. Reminders are typically sent out via email around the 10th of each month and payment is due upon receipt. However, if reminders are not sent on any given month, I understand that it is still my full responsibility to pay on time.

____ I understand that my invoice is DUE UPON RECEIPT and is considered LATE if Michaels Homeschool Academy does not receive my monthly payment by the 15th day of the month. I realize I will be charged a \$10/student/class late monthly fee if my check is not received by the 15th of the month, or if I have not contacted MHA to make other arrangements.

_____ I understand that all checks must be sent to 6001 Morning Glory Drive Harrison, TN 37341 and be addressed to Michaels Homeschool Academy or Mrs. Livia Michaels who is affiliated with Michaels Homeschool Academy. Any cash must be personally handed to Mrs. Michaels in an envelope with a note containing child(ren)'s name, amount of payment inside, and preferred payment distribution, if applicable.

Parent/Guardian Signature:_	D	ate:



Payment Guidelines

Please initial All lines on the left side of the page and check your preferred method of payment.

Student's Name_____Grade_____

_____ I understand that payment is required for each class, even if my child is absent.

_____ I agree to pay a \$30 charge on any returned check.

_____ I agree to pay a \$75 charge per student per class if I withdraw after the second week of class. This INCLUDES dropping at the end of the semester.

____ If I withdraw within the first 2 weeks of class, I agree to pay for $\frac{1}{2}$ of August's tuition

_____ I understand that all registration fees and payments are nonrefundable, unless my child is not accepted, or a class does not form (which is rare). If your child does not get into a class because it is full, we will refund your registration fees.

_____ I understand that if my account becomes overdue by 2 months, I will be responsible for all late fees and any necessary collection fees if I am delinquent in paying. I also understand that in the case of a legal dispute, I am responsible for any and all court fees, attorney fees, and all cost incurred in pursuit of debt payment. I further understand all registration fees and tuition payments will be forfeited if my child is dismissed at any time during the year.

Parent/Guardian Signature:	Date:
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Consent and Release Form

Student's Name___

_____Grade_____

I hereby give permission for ______ to participate in the Michaels Homeschool Academy (MHA) program during the year ______. Further, I authorize any trained care giving personnel to provide emergency medical treatment of an injury or illness when deemed necessary and agree to accept all responsibility in case of injury to my child.

My child and I are aware that participating in any sport and/or being a part of any recreation and/or church facility is a potentially hazardous activity. I understand that my child(ren) will attend classes at Hickory Valley Baptist Church at his/her own risk. I further understand and do hereby waive and agree to hold harmless MHA, any outside facilities affiliated with MHA, Hickory Valley Baptist Church, any coaches, clergy, administrators, teachers or other participants and all their families in the event of any injury or illness to my child, myself or any other member of my household during any and all activities including but not limited to all classes, games, practices, and special events (field trips, etc.) on or away from building site. In addition, I understand this waiver agreement will also include my decision to allow my high school child(ren) to drive himself/herself to and from school premises. All risks are known and understood by me.

Parent/Guardian Signature:_____Date:_____Date:_____



Consent and Release Form

Student's Name_

Grade_

Furthermore, I agree to give permission to Michaels Homeschool Academy to take and use pictures/projects of my child(ren), at their discretion, for the purposes of advertising. Also, I agree to provide payment for all the above services rendered to my child(ren) and as stated on the "Course and Payment Information" section of this form. We/I further understand that failure of the student and/or parent/guardian to comply to all standards, policies, payment guidelines, terms and conditions may result in the student being dismissed from his/her enrollment at MHA. Thus, we are committed to the guidelines stated in this form. In addition, I hereby acknowledge my willingness to agree to all the terms and conditions stated on this agreement.

Parent/Guardian Signature:	Date:
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Policies and Release Form

Student policies and guidelines.

Student's Name Grade

• First semester grades will be emailed out by December 31st and second semester grades will be emailed out by May 31st of each school year. Parents must pay their student's monthly/semester fees before grades are handed/emailed out. If your family has an umbrella school, please follow their grading scale. If you do not have an umbrella school, you are welcome to follow ours. Our grading scale is as follows:

B = 93-86 C = 85-77 F = 69 or below A = 100-94

- Students are allowed 2 misses per class per semester. After the second miss (equivalent to 2 weeks) and at teacher's discretion, 1 point will be deducted from final semester grade per missed day, unless, a doctor's note or prior notification has been turned in with a parent signature.
- Each student, who has missed a class with a good excuse and with a parent signature, has up to 2 weeks (from missed day) to make up his/her missed homework without penalty, but the sooner, the better. After 2 weeks and with teacher discretion, it will not be counted as a grade.

I, _____ (parent/guardian) hereby, understand and agree to hold my child (name), _____ accountable to all Student Policies/Guidelines stated above by M.H.A. during the school year _____.



Policies and Release Form

Student policies and guidelines.

Student's Name Grade

- Students entering the classroom 15 minutes late will be considered tardy. After 2 tardies and at teacher discretion, 1 point will be deducted from the final semester grade unless a doctor's note or a good excuse has been turned in with a parent signature. Coming in late interrupts the classroom. Please be considerate to your teacher and fellow students and be on time for class.
- Students experiencing symptoms of illness or fever of 100.4 degrees Fahrenheit or above will need to be kept at home. This is for their protection as well as the entire student body and staff.
- Students will need their own email in order to receive a school Gmail account that will be used to be able to communicate with their teachers for weekly assignments though Google Classroom.

I, _____ (parent/guardian) hereby, understand and agree to hold my child (name), _____ accountable to all Student Policies/Guidelines stated above by M.H.A. during the school year _____.

Parent/Guardian Signature:_____ Date:_____



Student Code of Conduct

Michaels Homeschool Academy aims to encourage the greatness that God has instilled in every one of us. To do that, let's understand what are not acceptable behaviors at MHA.

- 1. We have zero tolerance for the following behaviors, which upon investigation can be grounds for dismissal:
 - Actions or attitudes that are detrimental and not worthy of the gospel of Christ.
 - Promotion of drugs, alcohol abuse, sexual promiscuity, homosexuality, transgenderism, or anti-Christian beliefs.
 - Sexual or racial harassment.
 - Pornography.
 - Stealing.
 - Bullying. (participating in the physical or mental abuse of another student)
 - Fighting.
 - Blatant disobedience/defiance.
 - Repeated use of profane, abusive, or crude language.
 - Destruction of property.
 - Cheating and plagiarism.

2. Any behavior promoting, affirming, or condoning homosexual activity or sexual relations outside the bonds of marriage between a biological man and a biological woman as described in Scripture will not be tolerated.

3. Any behavior promoting, affirming, or condoning transgender activity will not be tolerated. This includes but is not limited to contacting students during or outside of school hours.

Student's Signature: _

Michaels Homeschool Academy *Put God First*

Safety Procedures

Pick-up and Drop-off

The safety of your children is our first priority. Therefore, we are asking for your help in following areas:

- 1. Elementary Students: Please drop-off and pick up your kids in their classrooms.
- 2. Middle School Students: Parents utilize the entrance for drop-off and pick-up.
- 3. High School Students: If you are not a student driver, parents can utilize the main entrance for drop-off and pickup. Student drivers can park across the bridge.
- 4. All students need to enter the premises at the Educational Building through the double glass doors under the brown awning. In case of rain, the single glass door under the carport will be accessible.

Note: M.H.A. key-chains will be provided for parents, middle, and high school students to be able to come in and out of our buildings. Be ready to show this method of security when coming inside our buildings or picking up at the carport.

Fire

We will first assess the situation and do our best to contain the fire. In the event of a fire that is hard to manage, the following steps will be taken to ensure the safety of all building occupants:

- 1. Activate the fire alarm.
- 2. Exit the Building and meet up at the grassy area across the bridge.
- 3. Call 911 immediately and provide information.
- 4. Assist and notify emergency responders of any medical emergencies.



Safety Procedures

Tornado

In case of a tornado, we will gather our student body and proceed to the middle and most protected area in the facility which are the rooms in the first hallway.

Flood

In case of a flood, we will gather our student body and proceed to the 2nd floor of the Children's building which is our Drama classroom.

To further increase our security level, there are active cameras in every building. Only one entrance will be utilized to come in and out of the facility, unless it rains. In an emergency situation, all outside doors/exits can be accessed.



Michaels Homeschool Academy Put Gad First

Dress Code

Student's Name_____

Grade

To maintain a good learning environment and to avoid any distractions in the classroom, we have come up with a few dress code restrictions.

The following are NOT encouraged.

- Tank tops/muscle shirts
- Bare midriffs tops
- Spandex/underwear as outerwear
- Inappropriate slogans or emblems
- Super bright/loud hair colors Super tight clothing
- Sunglasses, Headphones, Earbuds, etc.
- Exposed undergarments
- Mini skirts without shorts underneath or shorts that are
 - too short

We want to honor God in all we do and that includes in the way we present ourselves to Him and others. Thank you for your cooperation!

I, _____ (parent/guardian) hereby, understand and agree to hold my child (name), _____ accountable to all Dress Code regulations stated above by M.H.A. during the school year _____. Furthermore, we will respect that comfortable, modest attire is acceptable.

Parent/Guardian Signature:_____Date:_____Date:_____

- Spaghetti straps
- Hats or headgear
- Sagging pants
- See-through clothing
- Exposed undergarments
- Low cut shirts
- Any excessive body piercing or tattoos will need to be eliminated/covered