

CONSENT FOR MEDICAL TREATMENT



LOGOS
CHRISTIAN
ACADEMY

Website www.myLogos.org

Phone 847-647-9456

Address Logos Christian Academy 7280 N. Caldwell Ave., Niles, IL 60714

Attention REGISTRAR

Should my child may become ill and/ or injured while under Logos Christian Academy's supervision (hereinafter referred to as the School), I approve of the School Administration minor or incidental first aid such as Tylenol, band-aid, etc. In the event of a more serious illness and/ or injury, I authorize LCA to:

- 1) Contact a parent or legal guardian of the student and follow his/ her instructions.

- 2) In the event of an emergency, when a parent or guardian cannot be reached immediately, the School Administration is hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital or medical facility for consultation and/ or treatment. Such transporting is to be done either by School provided transportation, or if School officials deem it preferable, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical and/ or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal, or his designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Principal or his representative, and the School from any and all liability that might arise as a result of the medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arise. I agree to be responsible for any cost of medical service or treatment of my child as the result of the above authorization and agree to indemnify and hold harmless the School, the Principal or his representative from any expenses incurred for said treatment or services.

Child's Physician _____ Phone _____

Parent's (Legal Guardian) Signature _____ Date _____

ADMISSION POLICY



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Attention REGISTRAR

All applications are made to the governing body of Logos Christian Academy (hereinafter referred to as the School), who has the right to accept or reject any application. Applicants agree to abide by all rules and regulations established for the School, whether presented in the School Handbook, communicated orally, written by the Principal and/ or other teachers in the course of the school year. Parents agree to have their enrolled children instructed in the Old and New Testament (NIV and/or KJV), and to have a Christian philosophy of education presented in all phases of the School's curricula.

No jewelry (earrings, rings, body-rings, chains, body piercing, etc.) or tattoos are permitted for students. If such a preexisting condition occurs, the Parent agrees, within reasonable limits, that he/she should try to correct it in order to qualify his child for consideration. The list of such limitations is open and can be extended at any time as deemed necessary by the School governing body, or the Principal, without prior notice.

Admission is granted after an interview with the Administration, and is contingent upon the results of required testing (such as the Placement Test), and the review of permanent records of the student from his/her prior school (where applicable).

The School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, sex, national and ethnic origin in the administration of its educational policies, admission policies, scholarships, and other school administered programs.

Parent's (Legal Guardian) Signature _____ Date _____

FINANCIAL POLICY



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Attention REGISTRAR

REGISTRATION FEES

- The Registration Fee is due at the time the application is submitted
- An application form not accompanied by the registration fee will not be considered a completed application form, and will not be dated until the fee is paid or a special arrangement is made with the School (in writing)
- The fee is **non-refundable**, except if the School is unable to provide enrollment to the student

TUITION

Tuition is a **yearly** sum that may be paid in up to ten monthly payments. Each monthly payment must be paid by the fifth of the month, unless other arrangements are made in advance with the School's Office. Fees paid after the fifth of the month will be assessed a \$10 late charge fee. A \$25 fee will be applied for insufficient funds due to a returned check. Any returned checks might suspend our acceptance of your checks in the future. Nonpayment of the monthly payment may result in collection action against you.

BOOK / OTHER FEES

Book fees and incidental expense fees (such as computer fees, testing fees, ACT prep fees, team fees, graduation fees, etc.) will be published in the School's schedule of fees form, available at the office and on our website (www.myLogos.org). The fees may be increased at any time, without prior notice, but they are not likely to change once they are published in final form for any given school year.

Parent's (Legal Guardian) Signature _____ Date _____