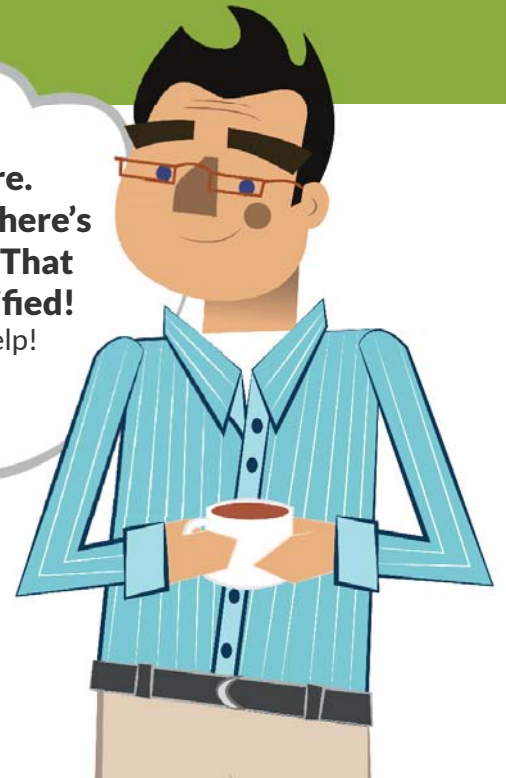


## ENROLLMENT PACKET

Hi! Jake, here.  
Let Us Know if There's  
Anything Here That  
You'd Like Clarified!  
We're glad to help!



### Continue Your Registration Process

Once your application has been processed, and your family interview is completed, you'll be notified of your registration status. Once your student is accepted, you can finalize your student's enrollment by completing this paperwork.

Print this packet and read or fill out each form as directed. Bring in to the school office with the documents listed on the last page.



## We're So Excited You've Been Accepted to Northern!

On the pages ahead, you'll find the paperwork we need to fully enroll your student in Northern Discovery Academy. You can use this packet as an easy checklist for the things you need to complete your student's enrollment.

## This Is a List of What You'll Be Reading or Filling Out:

- NDA Mission & Belief Statement
- General School Policies
- Health Policies
- State of Michigan Health Appraisal Form
- Trail Mix Lunch Shop Information & Policies
- Dress Code Guidelines
- Technology, Social Media, Device & Cell Phone Policy
- Tuition Costs & Payment Plans
- Family Tuition Worksheet
- Parent/Student Covenant
- Permission to Use Photographs
- Documents to Gather







## **Our Mission**

Our mission is to equip students to glorify God in all they do, and to impact the world for Christ. We believe this begins with education. Each day students will be encouraged to explore God's world through nature, history, math, and the cultures they encounter in the classroom and in their community. Students will be encouraged to discuss what they have observed and learned, so that they learn to discern truth and mature to value that which honors God and, finally, to see their own interests as avenues of impact for God's glory.

Enrolling families do not need to agree with this belief statement, but students and their families are expected to be respectful of our school's faith at school and at school events.



## **Northern Discovery Academy Belief Statement**

### ***Scripture***

We believe the sixty-six books of the Old and New Testament Scripture alone to be inspired in all its very words by God and inerrant in the text of the original manuscripts, and that they alone are of supreme and final authority in faith and life.

### ***God***

We believe in one God who is Creator of heaven and earth, who is infinite Spirit, light, love, and truth; eternal, almighty, infallible in all things, including His omniscience and knowledge of all future events; that He is unchangeable, all wise, just, and holy; and that the triune God eternally exists in one essence and three Persons: Father, Son, and Holy Spirit. God intervenes in the universe, and miracles—including predictive prophecy—are possible.

### ***Creation***

We believe in the ex-nihilo special creation of the entire space-time universe, as described in the biblical creation record, and in the direct creation of many diverse biological categories. We also believe in the historicity of the biblical record, including the special creation of Adam and Eve as the literal progenitors of all people, the literal fall and resultant divine curse on the creation.

### ***Jesus Christ***

***Incarnation:*** We believe in Jesus Christ, the Second Person of the Trinity, the Eternal Word manifested in the flesh. We believe that He was conceived by the Holy Spirit, born of the virgin Mary, lived a sinless life, and that He is fully God and fully man, having two distinct natures co-joined in one Person.

***Death:*** We believe that the Lord Jesus Christ died as a representative and substitutionary sacrifice for the sin of humanity and thus offers salvation to all as a free gift based on grace alone. The representative and substitutionary work of Jesus Christ is effectual for all who receive Him as Savior.

***Resurrection:*** We believe that the Lord Jesus Christ arose from the dead in the same physical body, though glorified, in which He had lived and died, and that His resurrection body is the pattern of that body which will be given to all believers at the return of Christ.

***Ascension:*** We believe that the Lord Jesus Christ ascended into heaven in the same glorified physical body in which He arose, was seated at His Father's right hand, assuring us of the perfection of His work of redemption, and that He now, as Head over all things to the Church, is engaged on behalf of the saved as their only Advocate.

***Return:*** We believe in the future, personal, literal, and bodily return of Jesus Christ for His redeemed ones.

## **Humanity**

We believe that humans were originally created in the image and likeness of God, and that humans fell through sin; as a consequence of sin, humanity became spiritually dead with a corrupt human nature that has been transmitted to the entire human race, the Man Jesus Christ alone being excepted; and hence, that every descendant of Adam is born into the world with a nature that is corrupt.

**Human Sexuality and Marriage:** According to the Bible, we view marriage as ordained by God from the creation of humanity, of one adult biologically born male and one adult biologically born female, and historically understood by the Church, to be the most basic societal institution and the exclusive institution appointed by God for sexual intimacy. We believe God has created each human as a unique individual, a biologically born male or female, just as he created Adam and Eve as male and female respectively.

**Sanctity of Human Life:** We believe that all human life is created by God in His image, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life (Psalm 139).

## **Salvation**

We believe that only those who receive the Lord Jesus Christ as Savior by faith alone, apart from all good works, are justified before God, and have become children of God and, therefore, will inherit entrance to Heaven and eternal communion with God.

## **The Holy Spirit**

We believe that the Holy Spirit, being the Third Person of the Godhead, convicts men of sin, regenerates, indwells, baptizes, seals, and sets believers apart to a holy life; that He keeps and empowers believers day by day. We believe that He is the Teacher of the Word of God through which He guides us in our daily lives.

## **The Final State**

We believe in the eternal and everlasting blessedness of the saved, and the eternal conscious punishment of the lost.

## **Ordinances**

We believe that the Lord Jesus Christ instituted baptism and the Lord's Supper (neither necessary for justification), to be observed until He comes, and overseen by the local church.

## **The Church**

We believe that the universal Church of Jesus Christ is composed of those who have been redeemed and washed in His blood, regenerated and sealed by the Holy Spirit, and that they are saved to worship and to serve; that it is the responsibility and privilege of all who are saved to seek to win others to Christ, to the "uttermost part of the earth"; that they should seek to live a holy life, to separate themselves from and forsake all that might dishonor God, cast discredit on His cause, or weaken their testimony.

## **Satan**

We believe that there is a personal devil who can exert vast power but only as far as God permits him to do so; that he shall ultimately be cast into the lake of fire and brimstone and shall be tormented day and night forever. Other, both good and evil, supernatural beings exist.

*I understand the mission of Northern Discovery Academy and its belief statement. I will, at all times, show respect for the school's mission and beliefs with my speech, behavior, and attitude.*

---

**Printed Student Name**

---

**Signature of Student**

---

**Date**

---

**Printed Name of Parent/Legal Guardian**

---

**Signature of Parent/Legal Guardian**

---

**Date**



## Attendance Policies

On-time attendance for all students is essential for both the success of the individual and the school. School begins at 8:30 and ends at 3:30, Monday to Thursday. On occasional Fridays, students will attend to enjoy a field trip or in-depth project. Written permission is required to release students at end of day to anyone not listed on their registration form.

## Absences from School

All absences from school must be reported to the school office by the parent or guardian by 9:00 am on the day of the absence. We are required by the health department to record symptoms of illness. Students leaving prior to lunch or arriving after lunch will be marked as attending a half-day. Please note how to handle these absences:

**Tardiness:** Class begins at 8:30 with a required assembly. The assembly is an important start to the school day. We recommend students arrive at least five minutes prior to class beginning to take care of coats and stow away their gear.

**Illness:** Students are asked not to attend school when they have these conditions or symptoms: fever, vomiting, consistent cough, diarrhea, pinkeye (until a doctor says they are non-contagious), or head lice. We ask that parents not return students who suffer from stomach flu for at least 48 hours after the student last vomited or when their energy and appetite has returned, whichever comes last. We also ask that any student that cannot go fifteen minutes without blowing their nose be kept at home. This will help reduce student absences. Parents will be notified when a student needs to be picked up if they become ill during the school day. It is the student's responsibility, with their parents, to make up the work within a period equal to the student's illness.

**Dental/Doctor Appointments:** Notify the school of the absence at the beginning of the day, and come to the school office to check the student out of school.

**Family Vacations:** Parents are urged to plan trips and vacations outside of the school year, but when this is not possible, please notify your student's teacher and the school secretary at least 2 weeks prior to the student's absence. It is the student's responsibility, with their parents, to make up the work a student misses within a period equal to the student's absence. Tests missed will be made up at the teacher's convenience. Teachers will supply assignments for completion prior to a student's absence when properly notified.

**Emergencies:** In the case of a family emergency, such as a death, traumatic situation or terminal illness that may affect the student's well-being and their attendance, please notify the school office.

## School Closing Procedures

School will not be held during severe weather conditions. NDA will close when Newaygo or Tri-County schools close due to bad weather. In the event of such a closing or delay, parents will be emailed to confirm that school has been canceled as early as possible. When school is closed, all extra activities or events scheduled for that day will be canceled or rescheduled as appropriate.

If we have chosen to hold school and you consider it unsafe to send your child, please use your own judgment. You know your area's road conditions better than we do and we do not want to place your children at risk. Your children will not be penalized for missing classes. Please call the school office to inform them of your situation.



## Communication with Parents

As needed, teachers may email parents regarding what is going on in the classroom. Additional communication direct to parents will also take place via email. Some forms will be sent home with students. Parent-teacher conferences are scheduled in the fall and spring via sign up through email. You are always welcome to speak to a teacher informally before or after school, as necessary for informal communication as well.

## Siblings

We love siblings, but siblings should not attend school events such as field trips or class parties unless specifically invited, as this changes the focus of the supervision of these events, and school events are not planned to handle siblings of all ages. Siblings are welcome at any whole-family events, of course!

## Harassment and Bullying Policy

It is a violation of biblical principles and school policy for a student to harass, bully, or intimidate another student. Our students are expected to report bullying or habitual mistreatment to staff. All incidents are fully investigated and decisively addressed.

## Lunch

Students can bring a lunch to school each day. Water is provided, but students may bring other drinks to lunch. To help families, NDA also offers our "Trail Mix Lunch Shop," which will regularly stock packaged lunch, snacks, and drinks for purchase, plus a few hot and ready foods if a student wishes to eat a school lunch or supplement their lunch (with parental permission), or forgets their lunch. See our "Trail Mix Lunch Shop Policy" in our registration packet for more information about this program.

## Recess

Students go out for recess each day, so students should dress in appropriate gear for the weather. We recommend boots when snow is on the ground, as the campus receives plenty of it! We ask that any parent that wishes for their student to be kept inside for recess due to illness or other consideration send a written note to school that day with an explanation of their student's situation.

## Birthdays

Students desiring to bring in a birthday treat (purchased or homemade) made do so if a parent checks in first with their student's teacher prior to a student's birthday. Many children have food allergies or restrictions on what they can eat. Your teacher will make you aware of any restrictions among your student's classmates. Please do not bring in any treat that includes peanuts, peanut butter, or peanut oil. You may also consider non-food treats with permission. We recommend that parents of students with allergies keep a treat in the freezer that their student can enjoy in the event that they cannot enjoy a provided treat in their class.

## School Registration and Supplies

School registration procedures are listed online and in registration and enrollment paperwork. Returning students must also fill out some forms, also listed online. A list of needed supplies for your student will be posted on the school website as of August 1 each year. Textbooks and reading material provided to each student are considered the property of the school.

## Items to Leave at Home

Things to leave at home include: gum, valuables, toys, trading cards, fidget gadgets, weapons, play guns, and pets.

*I understand the general school policies of Northern Discovery Academy, and agree to abide by them.*

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**Printed Student Name**

---

**Signature of Student**

---

**Date**

---

**Printed Name of Parent/Legal Guardian**

---

**Signature of Parent/Legal Guardian**

---

**Date**

## Health Policies

Parents are required to submit an immunization record to enroll their student in Northern Discovery Academy. Please see staff regarding any medical waivers, etc., and record health-related notes on our Student Emergency Information Form.

**Allergies:** Please notify the school and your student's teacher in writing about your student's food or environmental allergies. Please write out any requirements for use of an EpiPen or similar reaction treatment.

**Medication:** We strongly prefer that students take medicine at school only when absolutely necessary. Non-prescription medication such as Tylenol, ibuprofen, Claritin, will be administered only with the authorization of a parent or guardian. Office personnel will only administer prescription medications if: the medicine is in its original container, labeled with the student's name and printed directions for administration; and, with written permission from the parent. **NOTE: All medication MUST BE brought to the office by a parent.** Medication found with a student will be taken from the student, and a parent called.

## Required Health Paperwork:

The State of Michigan requires the following health-related paperwork be completed for enrollment:

**Health Appraisal Form (Next 2 Pages)**

This form is a state requirement and must be filled out by your child's doctor.

Note that Pre-Kindergarten/Kindergarten and any first-time enrollees in a Michigan school, regardless of grade, must additionally have their hearing and vision tested along with updated immunizations. Use the Health Appraisal form on the next page – this is a state requirement and must be filled out by your child's doctor.

**Copy of Immunization Record**

The State of Michigan requires that each Pre-K, Kindergarten student and all new and current 7th graders have on file before the first day of school a new Official Certificate of Immunization or a Certified Immunization Waiver from your local county health department showing Northern Discovery Academy as the attending school. If immunization records are not current per State of Michigan school attendance requirements a student may not legally attend a school.

---

## Office Use Only: Required Health Paperwork

**Student Has Submitted a Current Health Appraisal Form**

*Student has submitted a copy for the school's records.*

**Student Has Submitted Proof of Hearing and Vision Screening, if Required**

Pre-Kindergarten/Kindergarten and any first-time enrollees in a Michigan school, regardless of grade, must additionally have their hearing and vision tested along with updated immunizations. Students should use the Health Appraisal form as this is a state requirement and must be filled out by the child's doctor. **Student has submitted a copy for the school's records.**

**Student Has Submitted Copy of Immunization Record**

The State of Michigan requires that each Pre-K, Kindergarten student and all new and current 7th graders have a new Official Certificate of Immunization or a Certified Immunization Waiver on file before the first day of school. **Student has submitted a copy for the school's records.**

---

Printed Name of Staff Member

---

Signature of Staff Member

---

Date



# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ( )

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<b>Birth History:</b>  Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:  If yes, list medications:  Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			<b>Parent/Guardian Signature</b> _____ <b>Date</b> _____	

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:	Exam Date: / /



**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6			
Tdap	1		Meningococcal (MCV4 / MPSV4)	1	2
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	4		2	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Pneumococcal Conjugate (PCV7/PCV13)	1	3		1	
	2	4		2	
Rotavirus (RV1/RV5)	1	3	3		
Measles,Mumps, Rubella (MMR)	1	2	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Varicella (Chickenpox)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_'s teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

child's name

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examiner's Name (Print or Type)

\_\_\_\_\_  
Degree or License

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

MI \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone \_\_\_\_\_

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

# NORTHERN DISCOVERY ACADEMY STUDENT EMERGENCY INFORMATION FORM

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Internet at Home? Y or N  
Email \_\_\_\_\_ I would prefer to be contacted via \_\_\_\_\_

Person Child Lives With During School Year:      Both Parents      Father      Mother      Guardian  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Employer \_\_\_\_\_ Phone# \_\_\_\_\_  
Guardian (If applicable) \_\_\_\_\_

## Please List All Siblings in Your Home, Including Non-School Age Children:

NAMES	GRADE	DOB	NAMES	GRADE	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List two emergency names and phone numbers of people who have permission to assume temporary care of your child if you cannot be reached:

1. Name _____	2. Name _____
Address _____	Address _____
Phone # _____	Phone # _____

## Daycare / Childcare Information:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

## MEDICAL INFORMATION

For educational purposes, I wish to share the following information with Northern Discovery Academy staff:

**Health Conditions** (include symptoms, limitations, and any care that may be required by staff): \_\_\_\_\_  
\_\_\_\_\_

**Allergies** (be specific, and share any care that may be required by staff, e.g., EpiPen administration): \_\_\_\_\_  
\_\_\_\_\_

**Medications** (include names, doses, frequency, and any administration that may be required by staff): \_\_\_\_\_  
\_\_\_\_\_

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements the administration deems necessary.*

Signature of Parent or Guardian (required) \_\_\_\_\_

### Physician:

Name \_\_\_\_\_  
Phone # \_\_\_\_\_

### Dentist:

Name \_\_\_\_\_  
Phone # \_\_\_\_\_



## Trail Mix Lunch Shop Information & Policies

To add to the student experience, Northern Discovery Academy is pleased to offer our Trail Mix Lunch Shop. It will offer lunch items that a student may purchase during the lunch hour to supplement their lunch, supply their lunch, or serve as their lunch if a student forgets their lunch.

***A variety of items will be available at the shop, and will include items like these:***

### **Beverages:**

100% juice in one-serving boxes or bottles  
Bottled water

### **Main Lunch Items:**

Chips & Meaty Queso  
Hot Dog  
Microwaveable Soups  
Tuna & Crackers  
Microwaveable Mac & Cheese  
Lunchables  
Mini-Pizza

### **Side Lunch Items:**

Yogurt  
Granola Bars  
Packaged Chips  
Packaged Cheese Ritz Bitz  
Packaged Cookies  
Crackers & Cheese Pack  
Protein Packs (Cheese, Fruit & Meat)  
Raisin Boxes  
Packaged Dried Fruit  
Fruit, Such As: Apples, Bananas, Cuties Oranges  
Small Carrots Bags

Students can purchase a Trail Mix Punch Card, that will then be punched upon purchase. No items will include peanut butter or peanuts. If a student forgets their lunch, and has not brought money for a lunch, they will be allowed to choose one main lunch item and two side items for their lunch. A lunch total will be emailed to the parent, and the student can bring in the appropriate payment the following day that school is in session.

If you would prefer that your student not be allowed to purchase any items from the shop at any time, you may opt out by signifying such below. In the event a student forgets their lunch, the student will be allowed to call you to drop a lunch off to them at the school office.

Any student sent in with money will be allowed to purchase what their money allows, within reason. Parents are responsible to set guidelines for students as to what and how much a student can purchase, and when. Remember that school staff requires notice in writing of any student food allergies.

***I have decided to opt-in or opt-out of the Trail Mix Lunch Shop service as marked below. CHOOSE ONE:***

- My student will be allowed to purchase items from the shop, and I understand that they will be allowed to buy a Trail Mix Punch Card. They may also purchase a lunch if they left their lunch at home. If I prefer to drop off a forgotten lunch to the school office, I understand that I may do so prior to 11:00 am.
- My student will not be allowed to purchase items from the shop, and may not purchase a Trail Mix Punch Card. If a lunch is forgotten, I understand that I will have to drop off a lunch for a student prior to 11:00 am. I understand that if I fail to do so, or the forgotten lunch is not noticed in time to drop off a lunch, a school staff member will help your student select three good meal choices, and I will be notified and responsible for the cost of those items.

---

**Printed Name of Parent/Legal Guardian**

---

**Signature of Parent/Legal Guardian**

---

**Date**







**Technology, Social Media, Device & Cell Phone Policy**

Students of Northern are asked to utilize school and personal technology in a way that brings glory to Christ and demonstrates respect for the mission of Northern Discovery Academy, their classmates, and their teachers. These policies may be updated at any time to meet the challenges that accompany the introduction of new technologies.

**Technology Guidelines:**

At times students may be given access to computers during field trips, such as at a library or in a museum. Students should use any type of technology with discretion, using computers, tablets, or search engines as they are intended to be used, and avoiding searches or sites that include offensive material, music, or pictures. Technology will only be utilized for educational purposes and will be highly structured and monitored.

**Cell Phone Policy:**

As cell phones can create distractions, they are not allowed in class during the school day. Cell phones may be brought to school, but they must be turned off and stowed away during school hours -- from 8:30 to 3:30. Students may keep their phones in their backpack, bag, or purse, but must not access them during school hours. Any phone seen during the school day will be kept by school staff until the end of the day. In case of any emergency, parents can contact the Northern office number, and the student will be notified. A student with an emergency should seek permission from a staff member before they use their phone. NDA cannot be responsible for the safekeeping of a student's cell phone.

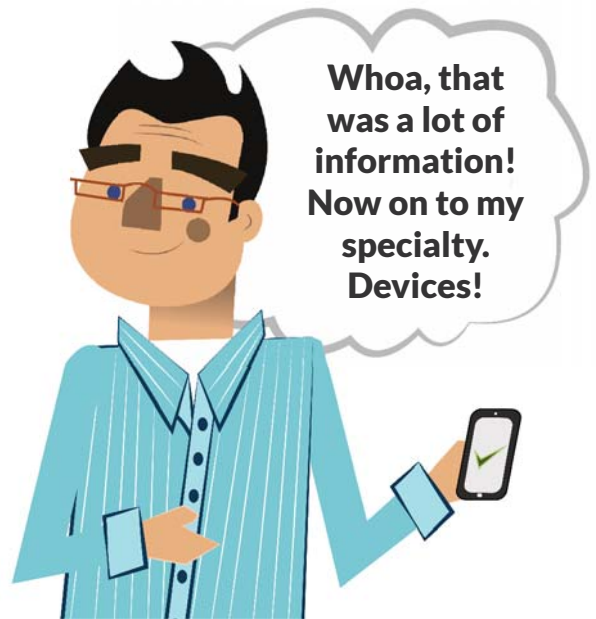
**Electronic Device Policy:**

Like cell phones, many other electronic devices can likewise create distractions in class. Like cell phones, these devices may be brought to school, but they must be turned off and stowed away during school hours -- from 8:30 to 3:30: tablets, electronic reading devices, mp3 players, gaming devices, electronic educational devices, bluetooth devices, musical instruments, radios and CD players, speakers, laser pointers, video players, and laptops. NDA cannot be responsible for the safekeeping of a student's cell phone.

**Social Media Policy:**

Northern Discovery Academy students should thoughtfully use social media, prudently thinking through how this type of communication represents Christ and the unity of His body to others. Students should not disparage instructors or school policies online, and should not create posts that: include offensive material or images, bully or deliberately embarrass others, use abusive language, promote cheating or plagiarism, or violate biblical principles.

*I have read the above technology, cell phone, electronic device, and social media policies and agree to abide by them.*



\_\_\_\_\_

**Printed Student Name**

**Signature of Student**

**Date**

\_\_\_\_\_

**Printed Name of Parent/Legal Guardian**

**Signature of Parent/Legal Guardian**

**Date**



## Northern Student Conduct Covenant

I covenant with the Northern Discovery Academy community to hold myself to the following standards of conduct:

- I understand that Northern Discovery Academy exists to help me grow as a follower of Christ, and glorify God in all I do. With this in mind, I will demonstrate respect for my school and my instructors.
- I will be faithful in attending and participating in class as led by my instructors.
- I understand that being a Northern student in good standing requires that my conduct, attitude, speech, relationships, and dress promote unity and be honoring to Christ.
- I commit to relationships that build others up, recognizing that my words and actions impact those around me. I will demonstrate respect for my school, and the Northern Discovery Academy community with my words and actions, both in person and on social media.
- I will keep myself in good standing with Northern and strive to meet and exceed our school's standards for conduct and education.

## Northern Student Courtesy Guidelines

To build each other up in Christ, students should "Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should not look not only to your own interests, but also to the interests of others." (Philippians 2:3,4)

Students live out this verse by showing kindness to their fellow students and teachers, cultivating an attitude of inclusion, encouragement, and forgiveness. They should embrace cooperation, avoid a critical spirit, and develop habits of courtesy.

Regarding boy-girl relationships, Northern seeks to promote relationships between students that honor God and that are not a social, spiritual, or academic distraction. With that in mind, students should conduct themselves in a way that will not be an embarrassment to themselves or those around them, and refrain from any public displays of affection, including hand-holding, on campus or at school events.

*I covenant to follow the above conduct and courtesy guidelines. I will seek to follow appropriate guidance from my teachers as I grow in Christ, and have read the school's policies and will abide by them during my time at Northern.*

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**Printed Student Name**

---

**Signature of Student**

---

**Date**

---

**Printed Name of Parent/Legal Guardian**

---

**Signature of Parent/Legal Guardian**

---

**Date**





## Permission to Use Photographs

I grant Northern Discovery Academy, its representatives, and employees, permission to take photographs of me and my property in connection with the school, and school-related activities.

I authorize Northern Discovery Academy, its assignees, and transferees, to copyright, use, and publish the same in print and/or electronically.

I agree that Northern Discovery Academy may use such photographs of me with or without my name and for any lawful purpose, including such uses as illustration, advertising, publicity, web content, and student yearbooks.

*I have read and understand the above.*

\_\_\_\_\_  
**Printed Student Name**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

*Required for any student under the age of 18.*



**Northern Discovery Academy**  
**5490 E. 48th Street**  
**Newaygo, Michigan 49337**  
**Email: northerndiscoveryacademy@gmail.com**

## Permission for Release of Student Records

Name of School Previously Attended: \_\_\_\_\_

Address of School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

*I hereby give my permission to release the educational records (listed below) of:*

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## RECORDS TO BE RELEASED:

- Official transcripts of credits/courses completed
- Most recent report card indicating conduct and effort grades
- Discipline records (if applicable)
- Most recent IEP (if applicable)

## NOTES:

*I authorize the release of the above information to Northern Discovery Academy. I release every person and/or institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Northern Discovery Academy for that purpose.*

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

*Required for any student under the age of 18.*

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**



## **Other Documentation to Gather for Northern Discovery Academy Staff to View or Copy**

These items are needed for each student. Please plan to bring them in for a staff member to view or copy.

### **This Is a List of What We Need for New Students:**

- Student's Birth Certificate - a certified/state-issued birth certificate must be viewed and copied
- Health Appraisal Form - provided in the health section of this document
- Student Emergency Information Form - provided in the health section of this document
- Immunization Record - as mentioned in the health section of this document
- Court Documentation in the event of custody issues.
- Photo ID of Legal Parents/Guardians.
- Record Release Form for Student Records, if your child is transferring from another school/institution
- Transcript from Previous School or Homeschool with Completed Classes (for students grade 6 and higher)
- Results of Placement Tests, administered by Northern staff at Family Interview for placement purposes

Once you have completed this packet, drop it off to us, so we can view or copy the above items, and return them to you.

Let us know if you have any questions about this list.





# NORTHERN DISCOVERY ACADEMY TUITION PAYMENT OPTIONS & POLICIES

## Tuition Costs & Payment Plans

Northern Discovery Academy seeks to provide an affordable education for families. Northern's yearly tuition is well below other private schools in the area. Each family pays a single family enrollment fee of \$200, plus the tuition listed below. (The only costs not covered by tuition are needed student supplies, costs to participate in extracurricular opportunities, and field trip costs, which vary trip by trip and can be paid at the time of the outing.)

It is Northern's desire to keep tuition costs low for everyone, and each of our families helps us toward that goal. Enrollment commitments and tuition agreements submitted by families are used to help NDA make informed decisions about staffing for the year, which helps us keep costs low for everyone. As such, we want to make tuition plans and payments work each year for our families. Please look over the options and policies below.

<b>Tuition Costs for the 2019-2020 School Year:</b>	<b>Grades 1-6</b>	<b>Junior &amp; Senior High</b>
Student Tuition for the 2019-2020 School Year:	\$3,700.00	\$3,900.00
Tuition for a Family's Second Student:	\$3,400.00	\$3,600.00
Tuition for a Family's Third & Subsequent Students:	\$3,200.00	\$3,400.00
Tuition for Partial Year (Mid-Year Transfers In/Out)	\$465.00/mo. attend	\$490.00 per month attended

## Tuition Payment Options:

We offer a few payment schedule options so families can find one that works for them. Choose your preferred tuition option and outline it on the Tuition Payment Plan Agreement on the next pages. Note that ...

- All payment plans incur an administrative fee noted in the description.
- A returned check fee of \$29 will be added for any unpaid checks.
- Late payments are subject to the fees below.
- Your signed Tuition Payment Plan Agreement constitutes a promissory note to Northern Discovery Academy.

## What Works Best for Your Family? Northern Discovery Academy - Tuition Payment Plan Options

<b>Number of Payments</b>	<b>Initial Downpayment</b>	<b>Flex Payment</b>	<b>Admin Fee or Discount</b>	<b>Payment Dates</b>	<b>Relevant Policies</b>
Single Payment	--		Discount: 10%	Payment in Full by Aug 25	Policy A, C
9-PAYMENT	Eligible	Eligible with Downpayment	One time fee: \$30	Monthly, Aug 25 - April 25	Policy B, C
10-PAYMENT	Eligible	Eligible	One time fee: \$35	Monthly, Aug 25 - May 25	Policy B, C
11-PAYMENT*	Eligible	Eligible	One time fee: \$40	Monthly, July 25 - May 25	Policy B, C
12-PAYMENT*	Eligible	Eligible	One time fee: \$40	Monthly, June 25 - May 25	Policy B, C
Custom (for Mid-Year Transfer Students)	Eligible	May Be Eligible w/ Downpayment	One time fee: \$5 x # of months	Monthly by Arrangement, Based on Enrollment Time	Policy B, C

\* Parents who'd like the advantages of an 11- or 12-month payment plan can enroll in one of these plans even if they miss summer payments by simply making equivalent payment to the missed payments as a downpayment, and still qualify for the plan.

SEE NEXT PAGE for information on downpayments, flex payments, and specific policies relevant to each payment plan.

## Tuition Policy: Keeping Financial Accounts in Good Standing

**It is our desire here at Northern Discovery Academy to do everything we can to assist parents in keeping their account in good standing.** If you have an issue with payment due to family illness or crisis, job loss or interruption, or unforeseen financial need, please communicate with our office to see what options are available for payment restructuring, etc. We want to work with you.

### **Flex Payment Options & Policies**

Some parents may elect to include a flex payment in their payment plan; these are extra large payments made based upon extra income at a certain time of year -- perhaps a work bonus or tax refund. Parents are expected to provide details on the nature of income that will be used for a flex payment, and may be asked to provide relevant documentation of the expected income. Up to 1/3 of student tuition may be defrayed, as long as it does not exceed documented expected income. This flex payment will be scheduled to align with income expectation, but may not be scheduled later in the year than the March 25th payment. If the flex payment is not made in the selected month, a double payment will be due that month, and a meeting will be requested to discuss the account, which will incur an additional fee of \$30 assessed to the account to cover administrative fees.

Flex payments can be approved for families that choose a 10-, 11-, or 12-payment plan. Flex payments are based upon good faith in the payment arrangement, and for that reason, is available to families making payments ahead during the summer, or providing a downpayment that is equivalent to payments that would have been made as part of such an arrangement. Families making fewer payments, perhaps because they are transferring their student in for part of the year, may be able to make arrangements to pay with an included flex payment, but this is not guaranteed. Flex payments will be approved on a case-by-case basis.

### **Downpayments**

Downpayments are not required, but most payment plans (except a single payment in full) allow a family to make at the beginning of the year so that their monthly payment is lowered. *(Tuition policies continue on the next page.)*

### **Late Payment Policies**

Payments are due on the 25th of each month, as outlined in your Tuition Payment Plan Agreement. Payments due on the 1st or after of the following month (5-6 days later) are considered late.

### **Late Payment Fees**

Payments not made prior to the 1st of the following month (5-6 days later) will incur a \$20 fee, and payments still not received by the 15th of that same month will incur another \$20 fee. These same fees will continue to be added on succeeding months on both the 1st and 15th of each month, until the account is current. If payments become 45 days overdue, a meeting will be requested to discuss the account, and an additional fee of \$30 assessed to the account to cover administrative fees.

If an account remains chronically unpaid, Northern Discovery Academy may engage a service for collection or sell the indebtedness to a collection service to collect any unpaid balance in accordance with the practices of a collection service. Transcripts and other documentation will not be released until payment issues are resolved.

### **Relevant Policies List for Individual Payment Plans**

We ask that our families understand that tuition agreements are used to help NDA make year-long staffing decisions and commitments to our dedicated teachers and still keep costs low for everyone. As such, all agreements are subject to all the policies outlined as part of NDA's "Tuition Payment Options and Policies," and those relevant to the payment plan you've selected. These are the policies that are relevant to specific payment plans.

- |                 |   |
|-----------------|---|
| <b>Policy A</b> | Parents who pay for the full year and receive a 10% discount are not eligible for a refund if they elect to transfer their student. Exceptions will be considered for catastrophic family situations.   |
| <b>Policy B</b> | Parents who pay via payment plan who elect to withdraw their student before the year ends can settle their account by refiguring their amount owed based upon transfer tuition. In the case of a withdrawal, students attending fewer than 4 months of a school year will be assessed an additional \$200 fee per student to cover administrative costs incurred. Exceptions will be considered for catastrophic family situations. Should a family withdraw one student, discounts for subsequent students still attending will be adjusted. |
| <b>Policy C</b> | The application fee and fees related to chosen electives or extra-curricular activities are non-refundable. Should a family withdraw one student, discounts for subsequent students still attending will be adjusted.   |

