



SAUGAHATCHEE CHRISTIAN ACADEMY

Helping Families Achieve Excellence in Home Education

LIABILITY RELEASE FORM

In order that my Family may obtain the benefits of enrollment with Saugahatchee Christian Academy and any fieldtrips &/or events offered by Saugahatchee Christian Academy (hereinafter called SCA), for purposes of home education during the _____ school year (beginning June 1st of the said school year through May 31st of the following year). I hereby release SCA and Saugahatchee Family Church Inc: their agents, assigns, teachers, principals, pastors, or any other persons working for the benefit, &/or with SCA and Saugahatchee Family Church Inc., from any and all liability, claims, demands, and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively "Claims"), incurred by SCA &/or Participant, arising out of or related in any way to enrollment with SCA, an SCA event, including negligence &/or fault, in whole or in part by SCA. This pre-injury Waiver, Release, and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments. However there is no obligation, express or implied, for SCA/Saugahatchee Family Church Inc. to procure insurance coverage to cover any potential claim. Saugahatchee Christian Academy and Saugahatchee Family Church Inc. affirms that the safety and well-being of all participants is of the utmost importance.

Legal full name of your children:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

As Parents/Guardians, we have considered the ability to obtain independent insurance coverage & certify that we have secured primary insurance for our children/family or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the risks & associated expenses.

INSURANCE COMPANY & POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Saugahatchee Christian Academy

Family Information Form

Date: _____

Parent(s) Name _____
Address _____ Zip _____
Home phone _____
Cell phone _____
E-mail address _____

Check which way you prefer to receive our school communications:

____ E-mail (most SCA communications)

____ Text message your cell phone

Check below if you are interested in:

____ Curriculum counseling (elementary & Jr. High grades)

____ Academic projection (students in grades 9-12)

____ HSLDA membership (Discount Group #298320, Group name: CHEF of Alabama)

apply online at Chef of Alabama website

____ Participation in senior high school graduation ceremony

Senior's full name: _____

Please fill in student information below

	NAME	AGE	GRADE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

FILL IN BELOW ONLY IF DIFFERENT FROM LAST YEAR

Church membership: _____

Pastor's Name: _____

FOR OFFICE USE ONLY

Annual Family Fee	Senior Graduation	Academic Projection	Curriculum Counseling



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STUDENT COURSE PLAN

Please fill out this form with the courses your student will be taking this current school year, and list the curriculum that you plan to use.

If your student is in the 8th grade or above and is taking courses for high school credit, an appointment for an academic projection should be made to discuss the requirements of each diploma and the student's progress towards graduation. You can bring this filled out form to your academic projection appointment.

SCHOOL YEAR:		
STUDENT NAME:		
GRADE:		
SUBJECT	COURSE NAME	CURRICULUM
English		
Math		
Science		
Social Studies		
Elective		

Administrator: Robert May ✧ Academic Advisors: Robert May and Marshia May
Assistant Administrator: Sarah Marchio ✧ Secretary/Treasurer: Angela Delgado
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