



August 2023

Dear The Way of Truth Apostolic Academy (WOTA) Parent,

Greetings! It's almost SCHOOL TIME for the 2023-2024 school year! First of all, I'm writing to say thank you for entrusting us with the education of your children. We will put our very best foot forward to help your child achieve his/her goals for a bright future, with your assistance and encouragement along the way. I need to inform you of a few things for the school year. Please familiarize yourself with the following information, and read all schedules/forms within this packet.

I will be The Way of Truth Apostolic Academy (WOTA) Administrator. I will maintain all school records, collect all tuition, and will deal with any issues that may arise throughout the year.

Tuition Details

All tuition payments must be made ON TIME so payroll can be met on time. NO EXCEPTIONS. There will be a *\$25 dollar late fee* charged for all payments that are made late. Please make all checks payable to Seeds of Change Church, and **DO NOT** postdate them. In the check memo, please note "**WOTA Tuition.**" Your first tuition payment is due on Sept. 1.

Electives

We will be offering electives. Your student may participate in these electives as long as their regular goals are met and in balance each day. The one exception is for PE Class. This is a required class for all high school level students. The high school level students will receive credit towards graduation.

Start Date

The Way of Truth Apostolic Academy (WOTA) **will begin the school year promptly on Monday Morning, August 7, 2023, at 8:30am.**

Please have your students at school by 8:20am, so their lessons can begin right at 8:30am. Transportation is available.

Included in this packet are a few necessary forms that I need you to complete and return. For families with multiple children, you'll have multiple copies of some forms. If you have any questions regarding any of the information in the handbook, or on the student forms, please feel free to call me at (765) 730-1363.

Thank you once again for investing in the future of your children! If you have any questions or concerns, please feel free to address them with me at any time.



STUDENT REGISTRATION FORM

School Year _____

Grade _____

Registration Paid__Yes__No

Check if prerequisites have been provided for admission to WOTA:

- Birth Certificate
- Immunization Record
- Prior School Record (if applicable)

Student Information

Student's Name (last/first/middle) _____

Address (street/city/state/zip) _____

Home Phone # _____ Cell Phone #(s) _____

Email Address (es) _____

Social Security Number _____

Birth date (month/day/year) _____

School Information

Last school attended, if other than WOTA _____

Last Grade Level _____

Has child failed a grade? Yes _____ No _____

If Yes, What Grade?

Medical Information



List any physical difficulties, including allergies:

Child's Physician _____ Telephone Number _____

Father's Name _____

Employer _____ Telephone Number _____

Mother's Name _____

Employer _____ Telephone Number _____



Emergency Contact

Person(s) to contact in case of an emergency (other than parents; list relationship)

_____ Telephone # _____

_____ Telephone # _____

_____ Telephone # _____

_____ Telephone # _____

Other Information

Church you now attend _____

Reason(s) for selecting WOTA:

Drop Off Pick Up Information

I authorize the following people to drop off and pick up my child:



PARENT PERMISSION FORM

Student Information

Aug 7, 2023-May 17, 2024

First Name _____ Last Name _____

Address _____

Unit # _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Birthday _____ Grade _____

Parent Information

Parent/Guardian(s) Name _____ Parent Email _____

Address (if different than above) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Student Health Information

Family Doctor _____ Doctor Phone Number _____

Health Card # _____ Allergies _____

Special Medications _____

I/We give consent for (name of minor) _____ to attend any trips and/or events being sponsored by The Way of Truth Apostolic Academy (WOTA). In the event that he or she is injured while under the care of WOTA and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, WOTA and its representatives free and harmless from any claims, demands or suits for damages arising from the authorization and provision of such medical treatment. I/We understand the nature of the event and do hereby release The Way of Truth Apostolic Academy (WOTA) and its representatives from any liability due to accident or injury incurred on or by the aforementioned minor. I/We agree to cover all costs if my/our minor needs to be sent home for disciplinary reasons. I/We understand that my/our minor may be traveling in vans, cars and/or buses for events.

Parent/Guardian signature: _____ Date: _____

Representatives of The Way of Truth Apostolic Academy (WOTA) will take every possible safety precaution and possible means to contact parent/guardian(s) in the event of a serious injury or other emergency.



STATEMENT OF COOPERATION AND AGREEMENT

1. **Payment Procedures:** Tuition is to be paid in monthly installments (10 or 12 payments) on the 1st of each month, from September 1, 2023-May 1, 2024 or Sept 2024. It is understood that **if payment has not been received by the 7th of the month, a \$25 late fee** will be added. I also understand that grade cards will be withheld until the past due amount is paid.

Tuition is \$220 or \$183 per student, per month, including all tuition and fees.
Payment can be made via cash, check, or card.

Checks: Make payable to *Seeds of Change Church* with “WOTA Tuition” in the memo.

2. We recognize that participation is needed in prayer and service in schooling our child/children. In order to properly share in his/her training, we also recognize that prompt consistent payment of our account is extremely vital to the school and will handle our business relationship with the school accordingly.
3. All new students are accepted on a six-week trial basis. To satisfactorily complete this trial program a student must maintain a (C) grade average and exhibit a cooperative attitude with our school program.
4. In full cooperation with the school, I will bring any and all questions and criticism directly to the administration so that those in authority may properly consider them.
5. The teachers and administration are hereby given full discretion in the discipline of my child/children. This may include various forms of positive reinforcement or the issuing of detention, suspension, or expulsion from the school.
6. I also give my permission for my child to take part in all school activities, such as physical education activities and school sponsored trips/field trips, etc. In case of an accident or serious illness, I request the school personnel contact me. If they are unable to reach me, I hereby authorize them to call my emergency contact, and to follow his/her instructions. If it is not possible to contact either, the school personnel may make any necessary medical arrangements.
7. I understand that no student will be accepted by The Way of Truth Apostolic Academy (WOTA) who has experimented with illegal drugs, or participated in occult activities. I understand any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of The Way of Truth Apostolic Academy are expected to keep high standards and to have high moral conduct. I further understand that any violation of this rule will result in expulsion.



NOTE: Has your child been disciplined by any other school for the use of drugs or for promiscuous behavior? **YES** _____ **NO** _____

If yes, when and what action was taken?

8. I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against The Way of Truth Apostolic Academy (WOTA) or any employee or agent thereof, on my child's behalf and the school or its' agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other cost that The Way of Truth Apostolic Academy (WOTA) or its' agent should incur to defend itself against such action.

We/I, _____(parent(s) name), have read and agree to the Statement of Cooperation and Agreement as listed above, and understand all parent and student obligations.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____



STUDENT MEDICAL INFORMATION SHEET

It is very important for us to be aware of any injury, illness, or operation that your child has/had that may affect his/her performance in class. (Allergies, Asthma, reoccurring injury, etc.)

We are only considering the health and safety of your child by requiring this information.

Please fill out the following information completely and accurately:

Child's name _____ Grade _____

- My child does not have any known physical problems or illnesses that will prevent or hinder participation.
- My child has/had the following medical condition, injury or operation. Please list with dates, medication and concerns.

I hereby authorize my child to participate fully during physical education, recess, field trips, and any other event sponsored by The Way of Truth Apostolic Academy (WOTA).

I further release The Way of Truth Apostolic Academy (WOTA) from any and all responsibility if my child should experience any type of medical difficulty or injury as a result of his/her participation in the aforementioned activities.

Parent signature

Date

No other medical clearance/release will be required except for accident, injury, or illness diagnosed or incurred during the school year that results in restricted activity.



STUDENT/PARENT CELL PHONE CONTRACT

Maintaining the integrity of the learning environment is our top priority.

- Students are NOT permitted to have cell phones in their possession during the school day, other than at lunchtime.
- Students MUST have their cell phones turned off and in the electronic storage area during the school day; cell phones shall cause no disruption.

If a cell phone is not kept in the WOTA storage, disciplinary action will include, but is not limited to, confiscation of the phone. Additionally, student abuse of this policy will result in the student losing the privilege to be able to carry a cell phone permanently, or for a period of time determined by an administrator.

- The first and second confiscation of the phone will only be returned when retrieved by a parent or guardian.
- Third offense will result in students being banned from having a cell phone on campus.
- After the third offense, if the student is caught with any cell phone, it will result in 2 days of suspension.
- There will be absolute ZERO TOLERANCE on cell phone use.

STUDENT CONTRACT I, _____ (student's name) understand that possession of a cellular telephone on school campus is a privilege, and that it may be revoked at any time by the administration for violating this school policy regarding such possession, which I have been provided with and read. On the third offense I will not be able to have any cell phone on campus. If I am caught with any cell phone, it will result in two days of suspension. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of any phone.

Student signature: _____ **Date:** _____

PARENT CONTRACT I, _____ (parent's name) understand this contract regarding my student's possession of a cellular telephone on campus. On the third offense your child will not be able to have any cell phone on campus. If he/she is caught with any cell phone, it will result in two days of suspension. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my child's cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of a cell phone. Should my student's cell phone be confiscated, I understand that it will only be returned when I come to school to retrieve it.

Parent/guardian Signature: _____ **Date:** _____



Grading Scale

Letter Grade	Number	GPA
A+	98 - 100	4.33
A	93 - 97	4.00
A-	90 - 92	3.67
B+	87 - 89	3.33
B	83 - 87	3.00
B-	80 - 82	2.67
C+	77 - 79	2.33
C	73 - 76	2.00
C-	70 - 72	1.67
D+	67 - 69	1.33
D	63 - 67	1.00
D-	60 - 62	0.67
F	0 to 59	0.00