



## Family Share Tuition Worksheet

The following worksheet will help determine your family's share of your student's tuition. Maximum tuition per child is \$5000. Minimum tuition per family is \$500.

1. Adjusted Gross Income on IRS Form 1040 \_\_\_\_\_
2. Number of dependents \_\_\_\_\_
3. Multiply number of dependents by \$3400 \_\_\_\_\_
4. Subtract line 3 from line 1 \_\_\_\_\_
5. Multiply line 4 by 10% (.10) \_\_\_\_\_
6. Divide line 5 by 2, or number of dependents, whichever is greater \_\_\_\_\_
7. Multiply line 6 by the number of children attending Joshua Christian Academy \_\_\_\_\_
8. Monthly payment (divide line 7 by 10) \_\_\_\_\_

Line 5 is the maximum tuition that your family will pay, regardless of the number of children enrolled, provided it falls within the maximum and minimum tuition guidelines.

Childcare, excessive medical costs, court ordered payments, tuition at other schools, and other unusual expenses may be considered in calculating your Family Share. Documentation of these extraordinary expenses is required for review.

Tuition is paid in 10 monthly payments, and is due by the 10th of each month. The first payment is due one month prior to the first day of school (July \_\_\_\_, 20\_\_) in order to secure your student's placement.

Partner Scholarship: \$ \_\_\_\_\_/student (subtract line 6 from \$5000)

Family Share Tuition: \$ \_\_\_\_\_/month (line 8)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Parent Covenant

In recognition of the promises of Joshua Christian Academy to provide your child with an outstanding Christ-centered education, and that my child's success in school depends largely on my support and involvement:

- I accept the school's mission statement, beliefs, and strategies of education that are in accordance with the Word of God and Biblical virtues.
- I agree to support the school in upholding its rules and policies as outlined in the Parent-School Handbook. As a parent, I am responsible for the behavior and actions of my child.
- I agree to participate in mandatory parent activities, including two Saturday Schools, two parent-teacher conferences and 10 hours of parent volunteer service.
- I agree to pay the "Family Share" portion of my child's tuition that has been mutually agreed upon by parent and the school.
- I agree to provide a supportive, educational environment for my child, which includes:
  1. I will make sure my child arrives at JCA every day by 9:50 a.m. (Mon.-Fri.)
  2. I will make sure my child follows the JCA dress code.
  3. I will check my child's homework every night, try to read with him/her every night, and limit the amount of television he/she watches.

Failure to adhere to these commitments can cause my child to lose various privileges and can lead to my child's removal from Joshua Christian Academy.

Name of Student

Grade

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



# Student Medical Questionnaire

Name: Sex: Birthday: / / Grade next Year:

Breathing Problems:

- Asthma
- Reactive Airway
- Other Problem (List)

Neurological Problems:

- Frequent Headaches
- Dizziness, fainting, seizure
- ADHD/ ADD

Gland Problems:

- Diabetes
- Thyroid
- Other Problem (List)

Heart Problems:

- Heart Murmur
- Heart Surgery
- Other Problem (List)

Eating Problems:

- Stomach Problems/ Ulcer
- Bowel Problems
- Special diet

Orthopedic:

- Broken Bones
- Orthopedic Braces
- Other Problem (List)

List: .....

Dr. Ordered Special Needs:

- Glasses/ Contacts
- Hearing Aids
- Seat Close to Instruction
- Liberal Bathroom Privileges
- Limited PE
- Braces/ Ortho

Allergies Food:  
Medicine:  
Environmental:

Current Medications: Immunizations Received this Year:  
Date: / /

Medications to be given at school:

Illnesses, Operations, or Accidents in the past year:

Emotional, Social, or Other Conditions that could affect school performance:

International travel in the last year:

Parent Name: Phone: Home Work Cell

Parent Name: Phone: Home Work Cell

Physician Name: Phone: Hospital of Preference:

Emergency Contact: Phone: Home Work Cell