



APPLICATION PROCESS

1. COMPLETE APPLICATION FOR ADMISSION AND SUBMIT IT
2. SUBMIT ALL HIGH SCHOOL OFFICIAL TRANSCRIPTS
3. REVIEW AND COMPLETE FINANCIAL AID/SCHOLARSHIP APPLICATION IF APPLICABLE
4. SEND DEPOSIT
5. SIGN SCA SCHOLARSHIP LETTER OF INTENT
6. COMPLETE PAYMENT AGREEMENT
(a 4% credit card transaction fee will be applied to all credit card transactions)
 - A. FULL PAYMENT
 - B. HALF PAYMENT
 - C. QUARTERLY

APPLICANT INFORMATION

Name: (Family Name, Given Name)		Nickname:	
School Year:	Gender:	Date of Birth:	Age:
Term Applying for: Fall__Spring	Current Grade:	Place of Birth:	Country of Citizenship:
Date of Application:	Grade Applying For:		

APPLICANT INFORMATION

Street Address:	City:	State/Province:	Country:
Home Phone Number:		Cell Phone Number:	

Postal Code:

Email Address:



PHYSICAL EXAMINATION RECORD

PHYSICAL EXAMINATION (To be completed by Medical Provider)

Physical Exam Date _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DATE OF BIRTH (mo/day/yr) _____ STUDENT ID# _____

TEMP _____ RESP _____ PULSE (sitting) _____

BLOOD PRESSURE (sitting) _____ HEIGHT _____ WEIGHT _____

BMI (Body Mass Index) _____

VISION: Right Eye 20/____ Left Eye 20/____ Corrected: Right Eye 20/____ Left Eye 20/____

ALLERGIES: _____

MEDICATIONS: _____

General Appearance/Mental Status: _____



PHYSICAL EXAM

Check appropriate answer	Normal	Adnormal	Comment on abnormalities
Head/face/scalp			
Neck/nodes/thyroid			
Eyes/Ears/Nose/Sinuses			
Mouth and teeth			
Pharynx and tonsils			
Lungs and chest			
Breasts			
Heart (size,rhythm, murmurs)			
Abdomen (scars,hernia, mass)			
Genitourinary (pelvic in females)			LNMP__ / ____
Anus, rectum (prostate in males)			
Extremities			
Spine and musculoskeletal			
Peripheral vascular system			
Skin and lymphatics			
Neurological, reflexes			

Restricted Activity: _____
 Reason for Restriction: _____

Provider's Signature and Title: _____ Date: _____

Provider's Name-Office/Clinic Phone No: _____

Name Office/Clinic Address: _____

This form must be officially translated into English prior to submitting for admission.



Code of Conduct Student Agreement

Please review the SCA Code of Student Conduct outlining all rules and expectations program participants:

ATTENDANCE

It is important to attend all SCA workouts to get the full training benefit of the program. Any student that has more than (3) unexcused absences will result in a suspension. Please make sure to communicate with the staff, if you will be absent due to sickness or injury to ensure that your absence is excused.

GRADES

SCA expects all students to do their best and perform well in school. All students must maintain a 3.0 GPA.

We have resources to help with issues or concerns with classwork. Please request help before your grades are affected. Any student that has lower than a 3.0 GPA will be required to meet with a SCA tutor and/or academic coach. Failure to participate in a plan to improve your grades will result in a suspension.

BULLYING

There will be absolutely no bullying tolerated at SCA. Not only does this cause harm to others but creates a negative environment for the program. Disputes and disagreements will happen but will be handled with respect. Any student participating in bullying another student will be suspended or expelled from the program.

COVID-19

Please do not come to school if you are experiencing: a fever, flu symptoms, cough or have been exposed to someone with Covid-19. SCA is committed to creating a safe and healthy environment for all students.

All SCA students will be required daily to follow COVID-19 precautionary hygiene habits:

- Wash hands often for 40-60 seconds and scrub with soap for at least 20 seconds after:
 - Entering training facility.
 - Removing personal protective equipment (PPE) such as masks and disposable gloves.
 - Coughing or sneezing.
- Use hand sanitizers if soap and water is NOT available.
- Avoid sharing food, cutlery, dishes, utensils, and other personal hygiene items.
- Avoid physical contact such as shaking hands and avoid touching your face or rubbing your eyes.
- Cover your mouth with a tissue when coughing or sneezing and dispose of the tissue in the trash bin immediately and wash hands.
- Seek medical attention promptly if you are feeling unwell – DO NOT REPORT TO SCHOOL



TRAINING

Due to Covid-19, SCA will be taking precautions to keep students safe by the following measures:

- No parents will be allowed in the gym during training.
- Training and scrimmages will be conducted in small groups.
- Practicing social distancing.
- Mask wearing will be required.
- Requiring gloves to be worn during strength and conditioning training.

(Page 1 of 2) Please sign form on next page.

I have reviewed the SCA Code of Student Conduct, and I understand the rights and responsibilities contained therein.

Parent: _____

Date: _____

To continue my enrollment in the program, I pledge to show good character, work to the best of my ability and adhere to all guidelines established within the SCA Code of Student Conduct.

Student: _____

Date: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Southern California Academy, has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you, your child(ren), or family members who visit the facility that we use (USA Fitness-Reseda Mega Center) will not become infected with COVID-19. Further, attending Southern California Academy could increase your risk, your child(ren)'s risk, and your family's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), my family, and I may be exposed to or infected by COVID-19 by attending Southern California Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Southern California Academy may result from the actions, omissions, or negligence of myself and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), family or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Southern California Academy. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless USA Fitness-Reseda Mega Center (Southern California Academy), its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Southern California Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of our programs.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date Signed: _____



FOR PARTICIPANTS OF MINORITY AGE(UNDER AGE 18 AT THE TIME OF REGISTRATION)This is to certify

that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____



Medical History

The following health history is confidential and does not affect your admission status. This information is requested to determine if you have any medical conditions that may require special assistance from the school. This information will be used to help us provide continuity of care for you. This information will not be released without your written permission except in an emergency situation, by court order or by parental consent if under age 18. Please attach additional sheets for any items that require additional explanation.

SECTION 1: REPORT OF MEDICAL HISTORY (Please print in black ink)

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID NUMBER	SOC. SECURITY NUMBER	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/
PHONE DATE OF BIRTH (mo/day/yr)		PLACE OF BIRTH		<input type="checkbox"/>	<input type="checkbox"/> GENDER M F
CLASS YOU ARE ENTERING (ci <input type="checkbox"/> e <input type="checkbox"/>		<input type="checkbox"/> PR.	<input type="checkbox"/> SO.	<input type="checkbox"/> JR.	<input type="checkbox"/> SR.
GRAD PROF. Email: _____					
SEMESTER ENTERING (ci <input type="checkbox"/> e <input type="checkbox"/>		<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER 1	
SUMMER 2 YEAR NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY					
RELATIONSHIP					
ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME AND ADDRESS OF HEALTH INSURANCE CO.				AREA CODE/PHONE	
NAME OF POLICY HOLDER				POLICY/CERTIFICATE#	GROUP#

SECTION 2: FAMILY MEDICAL HISTORY (Please print in black ink)

HAS ANY PERSON, RELATED BY BLOOD, HAD ANY OF THE FOLLOWING CONDITIONS:

	Yes	No	Relationship		Yes	No	Relationship		Yes	No	Relationship
High blood pressure				Cholesterol or blood				Asthma			
Stroke				fat Disorder				Cancer (typer:			
Heart attack before age 55				Diabetes				Alcohol/drug problem			
Blood or clotting disorder				Glaucoma				Psychiatric illness			

SECTION 3: PERSONAL MEDICAL HISTORY (Please print in black ink)

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING: PLEASE ANSWER EACH QUESTION AND INDICATE YEAR FOR YES ANSWERS

	Ye	N	Year		Ye	N	Yea		Ye	N	Ye
	s	o			s	o	r		s	o	ar
Anemia or Sickle cell anemia				Chest Pain or pressure				Headaches (Frequent/severe)			
								Protein or blood in urine			

Anorexia/Bulimia		Chronic cough		Head injury (severe)		Chronic pain (severe/ recurrent)	
Allergies/Hay fever		Concussion		Hepatitis or Jaundice		Pneumonia	
Asthma		Cancer or Tumor		Hearing loss		Rectal disease	
Arthritis				Hemia (specify)		Rheumatic or Scarlet fever	
		Diabetes		Intestinal problems		Serious skin disease	
Breathing problems		Dizziness or fainting		Kindly stone		Seizures	
Back or neck injury		Depression or Excessive worry		Learning disorder (specify)			
Bone, Joint or other deformity		Eye problem(not glasses)		Malaria		Thyroid trouble	
Broken bone (specify)		Easy fatigability				Tuberculosis	
Bladder or kidney Infection		High blood pressure		Menstrual cramps (severe)			
Blood transfusion		Heart condition		Physical disability		Other (specify)	

Please Complete reverse side.



SECTION 3: PERSONAL MEDICAL HISTORY-CONTINUED (Please print in black ink)

Describe any conditions or disabilities that would exclude participation in physical education (e.g.,swimming).

Do you exercise three or more times per week? Yes No Do you use a seatbelt on a regular basis? Yes

No Please list any drugs, medicines, birth control pills, vitamins, minerals (prescription and nonprescription or herbal medicines) you use and indicate how often you use them?

Name of drug	Reason for taking drug?	How much are you taking and how often?

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine or other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yey	No	Explanation (specify when, where and why)
Have you ever been a patient in any type of hospital?			
Has your academic career been interrupted due to physical or emotional problem?			
Have you ever had any serious illness or injuries other than those already noted?			

IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE

STATEMENT BY STUDENT:

(A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate form, I hereby give my permission for the Student Health Center to release information from my record to a physician, hospital or other medical agency involved in providing me with emergency treatment and/or medical care.

(B) I hereby authorize any medical treatment for myself that may be advised or recommended by the providers of the Student Health

for additional information please email info@scapreparatory.com *please note that prices are subject to change without

Center.
(C)Mental Health: I also hereby authorize transportation to Hospital when recommended by the psychologist/psychiatrist of the University Counseling Center.

Signature of Student _____ Date _____

PARENTAL/GUARDIAN PERMIT-MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE

The LAW requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be given to the student who is minor. However, no major operation will be performed except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my daughter/son/ward.

(signed) _____ (Relationship) _____ (Date) _____

This form must be officially translated into English if it isn't originally in English.-

ACADEMIC YEAR BOARDING TUITION

The student athlete tuition package is the cornerstone of the SCA experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package tuition will include academics, standard housing & meal plans.

STUDENT-ATHLETE TUITION BOARDING PACKAGE*

POST-GRAD, HIGH SCHOOL, MIDDLE
SCHOOL: \$61,000

COMMUTER STUDENT-ATHLETE TUITION PACKAGE*

POST-GRAD, HIGH SCHOOL, MIDDLE
SCHOOL: \$36,000

INTERNATIONAL TUITION PACKAGE*

POST-GRAD, HIGH SCHOOL, & MIDDLE
SCHOOL: \$72,500

A Non-Refundable Program Deposit of 30% of the tuition is required. This will be applied toward tuition. Due when Letter of Intent is signed.

The purpose of this deposit is to secure your spot in our program along with your dorm room.

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

English as a Second Language (ESL) Program

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition. Included in room and board is the standard plan that credits the student ID with 3 meal "swipes" per day, 7 days per week. If that credit is reached Students can opt in for one of two meal plan options for an additional fee:

SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

**SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

PAYMENT OPTIONS

Southern California Academy

OPTION 1 -Pay in Full: Complete balance of tuition, deposits & fees are due by August 15th, 2022 for the Academic Year. Past due payment fees apply.

OPTION 2 -Pay in ½'s: 1st half due by Aug 15th, 2nd half due by Dec.15th

OPTION 3- Pay in ¼'s: 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

OPTION 4-Pay Monthly: Payments are due the 15th of each month beginning Aug. 15th

ACADEMIC YEAR TUITION BOARDING

The Student-Athlete Tuition Package is the cornerstone of the SCA experience, focusing on academic, athletic & personal development, and represents the greatest value. Tuition will include, sport development as well as standard housing & meal plan.

STUDENT-ATHLETE TUITION BOARDING PACKAGE*

POST-GRAD & HS: \$61,000

COMMUTER STUDENT-ATHLETE TUITION PACKAGE*

**POST-GRAD, HIGH SCHOOL, & MIDDLE
SCHOOL: \$36,000**

INTERNATIONAL TUITION PACKAGE*

**POST-GRAD, HIGH SCHOOL, & MIDDLE
SCHOOL: \$72,500**

A Non-Refundable Program Deposit of 30% of the tuition is required. This will be applied toward tuition. Due when Letter of Intent is signed. The purpose of this deposit is to secure your spot in our program along with your dorm room.

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

English as a Second Language (ESL) Program-Students enrolling at SCA with less than acceptable AAPPL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class). If you have not taken the TOEFL, you can register for the AAPPL for \$24 by contacting the Admissions Office.

STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

**SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

PAYMENT OPTIONS

for additional information please email info@scapreparatory.com *please note that prices are subject to change without

Southern California Academy

___ Option 1-Pay in Full: Complete balance of tuition, deposits & fees are due by June 1st, 2022 for the Academic year. Past due payment fees apply.

___ Option 2-Pay in ½'s: 1st half due June 1st, 2nd half due August 15th.

___ Option 3-Pay in ¼'s: 1st quarter payment due Jun. 1st, 2nd quarter due Aug. 15th, 3rd quarter due Oct. 15 and 4th quarter due Feb. 1st.

Southern California Academy **GOLF**

STUDENT-ATHLETE PROGRAM TUITION
ACADEMIC YEAR 2022-2023

ACADEMIC YEAR TUITION BOARDING

The Student-Athlete Tuition Package is the cornerstone of the SCA experience, focusing on academic, athletic & personal development, and represents the greatest value. Tuition will include, sport development as well as standard housing & meal plan.

STUDENT-ATHLETE TUITION BOARDING PACKAGE*

POST-GRAD & HS: \$61,000

COMMUTER STUDENT-ATHLETE TUITION PACKAGE*

**POST-GRAD, HIGH SCHOOL, & MIDDLE
SCHOOL: \$36,000**

INTERNATIONAL TUITION PACKAGE*

**POST-GRAD, HIGH SCHOOL, & MIDDLE
SCHOOL: \$72,500**

A Non-Refundable Program Deposit of 30% of the tuition is required. This will be applied toward tuition. Due when Letter of Intent is signed.

The purpose of this deposit is to secure your spot in our program along with your dorm room

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

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Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

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___ Option 3-Pay in ¼'s: 1st quarter payment due Jun.1st, 2nd quarter due Aug.15th, 3rd quarter due Oct.

for additional information please email info@scapreparatory.com *please note that prices are subject to change without

NON-REFUNDABLE FEES

Medical Fee	\$610
US Student Fee	\$1000

***All fees are non-refundable*

Southern California Academy

Contract for the 2022-23 Academic Year



By signing this agreement you accept the place at Southern California Academy has reserved for _____, (the "student") who will be enrolled in the ___ grade for the 2022-23 academic year. This contract clarifies the terms and conditions of your child's enrollment at Southern California Academy.

Tuition and Fees

The student athlete tuition package is the cornerstone of the SCA experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package tuition will include academics, standard housing & meal plans.

Prices	Postgrad boarding :	\$61,000
	High school (9th-12):	\$61,000
	Commuter:	\$36,000
	International:	\$72,500

Meals

Tuition includes 2 meals a day, 5 days/week. For students wanting more calories, 2 additional meal plans are available at a higher cost.

Tuition Payment Options

Southern California Academy offers 3 payment options. By checking one, you agree to pay the school's tuition and fees according to the selected plan.

Please select one plan:

_____ Option 1-Pay in Full: Complete balance of tuition, deposits & fees are due by June 1st, 2022 for the Academic year. Past due payment fees apply. Option 2-Pay in ½'s: 1st half due June 1st, 2nd half due August 15th. Option 3-Pay in ¼'s: 1st quarter payment due Jun.1st, 2nd quarter due Aug.15th, 3rd quarter due Oct. 15 and 4th quarter due Feb. 1st.

Deposits

A \$4,500 International Fee is due at the time of submitting your admission forms. If international, when you are granted your F-1 Student-Visa, your first monthly payment or remainder of program deposit (whichever is greater) is due. *Failure to submit first month's payment or remainder of the \$4,500 international fee will result in cancellation of your SEVIS record and termination from the program for international students.

Account Status

You understand and agree that:

- Your account will be kept current.
- Your financial obligations to the school must be met before the student will be permitted to advance to the next semester or, if a senior, graduate from SCA
- SCA will not release report cards or grades and transcripts will not be sent to other schools or

colleges until your account is brought up to date.



- The student will not be allowed to participate in a school sponsored trip unless your account is current.
- SCA reserves the right to withhold grades and transcripts for nonpayment of fines.
- SCA reserves the right to apply any monies received for trips or deposits first to outstanding tuition balances.

Withdrawal and Refunds

Notice of a student's withdrawal must be given in writing to SCA's Registrar. If the student's enrollment is withdrawn in writing on or before June 1, 2022, you shall be released from the obligation to pay tuition and fees however your initial deposit will not be refunded. Please understand that the school's financial obligations do not change if a student withdraws from the school after June 1, 2022. As a result, your obligation to pay tuition and fees is unconditional. If you withdraw from the school:

- Between June 1, 2022 and December 15, 2022, you are responsible for payment of one half of the full year's tuition and fees.
- After December 15, 2022 you are responsible for payment of the entire year's tuition and fees. Refund requests should be submitted in writing to the Business Office.

In the event any action is brought to recover fees payable under this agreement, you agree to pay SCA all costs and attorneys' fees incurred by SCA.

Term of the Contract

This contract is valid for one year only: June 1, 2022 to May 31, 2023. Both parties must agree to its renewal for the following year. Either party may for any reason, decline to renew and no reason need be given for so declining. Nothing in this agreement shall prohibit the school from expelling a student during the period of the contract for valid academic and/or disciplinary reasons.

Student Handbook

Enrollment at SCA is dependent upon acceptance of the rules and regulations of the school as outlined in the 2022-23 Complete Campus Agreement/ Community Life Covenant/ Honor Code. By signing below, you acknowledge that you and the student have read the 2022-23 Enrollment packet and agree to abide by its terms.

Acceptance

By signing this document, I acknowledge that I accept the terms and agreement as stated in this contract and accept full responsibility for tuition payment.

Signature of Parent/Legal Guardian

Date



Please Print Carefully

Parent/Legal /Guardian _____

Name _____

Address _____

Home# _____

Work# _____

Cell# EmailAddress: _____

🍏 Please check if your address, phone or email information is new

Tuition Non-Payment Policy

5th school day past due on each payment on payment plan

- Student-athlete may not participate in practice, workouts, games or team functions
- Student-athlete can continue to attend class, live in dorms, and continue receiving meals

6th school day past due

- Student-athlete may no longer participate in any team related function
- Student-athlete may no longer attend class
- Student-athlete may no longer receive meals

10th school day past due

- Student-athlete is removed from the campus and no longer is connected to any sports program
- Student-athlete must find own transportation from campus to airport or home
- Student-athlete is still responsible for remaining tuition and fees balance

If student-athlete pays balance owed by 12th school day, they can reenter Southern California Academy



Penalties

- Any account balance that is more than 15 days overdue will be charged a late fee of 5% per month (or any part thereof) on the overdue balance.
- A \$30.00 fee will be charged for returned checks. In the
- If your account is overdue on:

August 15th—the student will not be allowed to begin classes in the new academic year.

January 2nd---the student will not be allowed to begin second semester classes.

May 15th---the student will be withdrawn from SCA effective the last day of final exams.

Seniors will not be allowed to graduate or participate in the graduation ceremony until the account is paid in full.

On behalf of Southern California Academy Sports,

Travis Nichols
President/CEO