

TEEN CHALLENGE CHRISTIAN ACADEMY



"A PLACE OF NEW BEGINNINGS"

Revised 10/30/08



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CHECKLIST

TEEN CHALLENGE INTERNATIONAL
TEEN CHALLENGE CHRISTIAN ACADEMY
1846 N. DAWN PLACE
BOISE, IDAHO 83713 Web: www.tcidaho.net

TEEN CHALLENGE OF IDAHO, INC.
(208) 375-4636 Fax: (208) 375-0587
Email: georgehalliwell@tcidaho.net

This is a checklist of what is needed when returning the application. Please call the office at 208-375-4636 if you have any questions.

TURN INTO OFFICE:

- Tuition Contract or other financial contracts
- Application Fee
- Testing and/or Evaluation Fee
- Current photo of student
- Copy of student's Social Security Card
- Copy of student's Birth Certificate/ Immunization Records
- Copy of student's Drivers License
- (Please ask the office for a form that gives the student permission so they may drive to and from school.)

FORMS TO BE FILLED OUT & SIGNED (WHERE NEEDED):

- Physician/ Counselor Exchange of Information Release
- Student's School Record Release
- Enrollment and One-year Agreement
- Basic Information
- Family Information
- Transportation Rules/ Permission Slip
- Medical Information
- Academy Medication Form
- Medication Authorization Form
- Medical Transportation/ Treatment Authorization
- Legal Release Form
- Discipline Policy Statement
- Drug Testing Authorization/ Financial Agreement
- Sexual Harassment Form
- Standard of Conduct
- Testimony and Photography Consent
- Alcohol & Chemical Use History
- Initial Assessment
- Autobiography
- Poverty Guidelines
- Religious Voluntary Participation Agreement
- Handbook Acknowledgement
- Computer Use Agreement

Parents/Guardians please write the history and/ or an evaluation of the student. We would like to know the strengths and weaknesses and any other information that will help us understand your student.

TUITION POLICY GUIDELINES/ENROLLMENT AGREEMENT

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For the 2008-2009 school year a \$125.00 annual Registration fee, a \$25.00 application fee and a \$75.00 testing fee is required of every student wishing to enter TCCA. Additionally, a deposit equal to one month tuition is required at the time of enrollment.* **Students are required to be enrolled for a minimum of a 6 month contract.**

TCCA fees are non-refundable. If a student is dismissed from TCCA or has been withdrawn, a \$30.00 re-application fee is required for re-admittance. These fees cover all mailing and diagnostic testing.

YEARLY REGISTRATION	APPLICATION FEE	TESTING FEE	MONTHLY PAYMENT PLAN
\$125.00	\$25.00	\$75.00	\$425.00

DISCOUNTS:

For the parent who has more than one child enrolled in the academy, a 15% discount is awarded. The child of a minister is granted a 10% discount.

The **yearly tuition** can be paid in the following ways:

- Payments made *monthly* will receive no discount off the total cost. Twelve (12) payments of \$425.00. Payment is due the first of each month.
- Pay *quarterly*, you receive a 3% discount = \$153.00 - 4 payments of \$1,236.75. Payments due on _____
- Pay *semi-annually* you receive a 6% discount = \$306.00 - 2 payments of \$2,397.00. First payment _____ Second payment _____
- Pay *annually*, you receive an 8% discount = \$408.00. One payment of \$4692.00.

All fees, including tuition, registration or application fees are non-refundable regardless of reason for withdrawal or discharge.

Tuition is due the first of each month. There will be a grace period until the 4th. **On the 5th a 10% late charge will be attached.** If the payment is not received by the 7th the child shall be withdrawn from classes until full payment is

received **(unless the parents have made other prior arrangements with the Executive Director).**

Each month, a statement detailing the charges for the previous and following month is mailed to your residence.

When paying your tuition, we request that you either mail in the payment or personally deliver it to the Administrative Office

When making out your check, please make it payable to Teen Challenge and in the memo area simply write (Student Tuition). If you ever have questions regarding your statement, please contact the office as soon as possible so that we may resolve your situation. In order to keep business flowing properly, whenever there is **a change of status, please come to the office and fill out the proper papers (such as finalizing one service or starting another).** We appreciate your help with this.

Teen Challenge Christian Academy is here to help every student make a positive change in his or her life. As a parent, you are sacrificing an enormous amount of time, energy, and finances to see your child becomes a success in today's world. Teen Challenge operates on a tuition basis from each student for services that are rendered. Please remember, tuition must be paid in a timely manner in order to continue working with your student.

*Deposits will be returned after completing the first year assuming that the account is current. If the account is not current the deposit will applied to the outstanding balance.

Should the student be removed by the parent/guardian before the end of the contract the deposit will be forfeited and the signer of the contract will be held legally responsible for the remaining months of tuition on the contract.

TUITION CONTRACT

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Date: _____
Date to Start: _____
Student Name: _____

I, _____, agree to pay
(Person responsible for the account)

Teen Challenge of Idaho, Inc

- month (due 1st of the month)
- quarter (due at the beginning of each quarter)
- semi-annual (due at the beginning of each period)
- annual (due before student arrives)

in tuition fees for the services rendered beginning on _____ for
(Date)

_____. I also agree that all tuition fees, including
(Student's name)
registration, application and test fees are non-refundable if my child is removed or discharged from Teen Challenge Christian Academy for any reason. I have read and agree to the Tuition Policy and Guidelines. I am aware that Teen Challenge will assess a \$25.00 service fee for any check being returned to the Academy for insufficient funds. A late fee of 10% will be assessed to any balance that is overdue. This contract is a binding agreement between

_____ and Teen Challenge of Idaho, Inc.
(Person responsible for the account)

_____ is enrolled in the:

(Student's Name)

- Residential program
- Academy
- Other _____

A written notice of changes/cancellations must be received in the office thirty days prior to effective date of change/cancellation of this agreement. Tuition costs apply until the effective date of the change/cancellation.

Signature: _____ Date: _____
(Person responsible for the account)

Signature: _____
(Director)

FOR STAFF ONLY:

Application approved
 Application not approved
Reason: _____

Intake signature: _____
Withdrawal date: _____
Staff signature: _____

TUITION CONTRACT FEES

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ACADEMY

Name _____ Amount Paid _____

Registration Yearly: \$125.00 _____
Comments: _____

Application/Testing: \$100.00 _____
Comments: _____

Tuition: \$425.00 _____
Comments: _____

Summary of Special Arrangements: _____

ENROLLMENT AGREEMENT

I UNDERSTAND THAT I WILL REMAIN IN TCCA FOR A MINIMUM OF:
6 MONTHS / 1 YEAR.

Student Signature

Date

I, THE PARENT/GUARDIAN, UNDERSTAND THAT MY CHILD WILL REMAIN
IN TCCA FOR A MINIMUM OF: 6 MONTHS / 1 YEAR.

Parent/Guardian Signature

Date

Current Term _____ Grade _____ Beginning Date _____

Anticipated Ending Date _____

The student will be attempting to complete one day of instruction per school day for their grade level or the length of time covered by this agreement.

Student Signature

Date

I have read the entire agreement and I approve of my son/daughter participating in Teen Challenge Christian Academy.

Parent/Guardian Signature

Date

Supervising Teacher Signature

Date

Agreement Completed: Satisfactory Unsatisfactory

Student is: Promoted Retained Withdrawn as of _____

Supervising Teacher Signature: _____ Date _____

BASIC/FAMILY INFORMATION

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Student Name: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Date of Birth: _____ Drivers License Yes No License # _____

Sex: M F Age: _____ SS #: _____ Birth Place: _____

Adopted No Yes, What year 19 ____ at the age of _____

Physical Description: Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Distinguishing body marks: _____

Race/Ethnicity: American Indian or Alaskan Native Asian or Pacific Islander

Black, non-Hispanic Hispanic White, non-Hispanic (for Title I reporting)

School Last Attended: Last grade completed: _____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Yes No Has the student ever been expelled, dismissed, suspended, or refused admission to another school? If yes, explain: _____

Yes No Has the student ever had disciplinary difficulty at school? If yes, explain: _____

Yes No Does the student have a juvenile or arrest record? If yes, explain (when, where & on what charges): _____

Yes No Has the student ever used tobacco or illicit drugs of any kind? If yes, explain (when, where, what drug, & if charged/violated): _____

Please indicate academic level of student's previous work: Excellent Good

Average Poor

Yes No Has the student ever failed an academic subject and/or grade level in school? If yes explain: _____

Yes No Does the student have any learning problems? If yes, explain: _____

Other issues/information that would help us meet your student's needs not already discussed: _____

Yes No Has the student ever made a profession of faith in Christ?

Where does the student attend church? _____

From whom/where did you hear about our school? _____

Reason for selecting our school? _____

<p>Father's Name: _____ Address: _____ _____ Phone #s: Home: _____ Work: _____ Cell: _____ SS #: _____ - _____ - _____ Place of employment: _____ _____ Employer's Address: _____ _____ Your position or job title: _____ _____ Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination: _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased <input type="checkbox"/> Widower</p>	<p>Mother's Name: _____ Address: _____ _____ Phone #s: Home: _____ Work: _____ Cell: _____ SS #: _____ - _____ - _____ Place of employment: _____ _____ Employer's Address: _____ _____ Your position or job title: _____ _____ Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination: _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased <input type="checkbox"/> Widower</p>
<p><i>Please fill out the following if it pertains to you</i> Step Mother's Name: _____ Address: _____ _____ Phone #s: Home: _____ Work: _____ Cell: _____ SS #: _____ - _____ - _____ Place of employment: _____ _____ Employer's Address: _____ _____ Your position or job title: _____ _____ Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination: _____</p>	<p><i>Please fill out the following if it pertains to you</i> Step Mother's Name: _____ Address: _____ _____ Phone #s: Home: _____ Work: _____ Cell: _____ SS #: _____ - _____ - _____ Place of employment: _____ _____ Employer's Address: _____ _____ Your position or job title: _____ _____ Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination: _____</p>

<p><i>Please fill out the following if it pertains to you</i></p> <p>Legal Guardian (if other than parent)</p> <p>Name: _____</p> <p>Relationship to student: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #s: Home: _____</p> <p>Work: _____ Cell: _____</p> <p>SS #: _____ - _____ - _____</p> <p>Place of employment: _____</p> <p>_____</p> <p>Employer's Address: _____</p> <p>_____</p> <p>Your position or job title: _____</p> <p>_____</p> <p>Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Denomination: _____</p>	<p><i>Please fill out the following if it pertains to you</i></p> <p>Legal Guardian (if other than parent)</p> <p>Name: _____</p> <p>Relationship to student: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #s: Home: _____</p> <p>Work: _____ Cell: _____</p> <p>SS #: _____ - _____ - _____</p> <p>Place of employment: _____</p> <p>_____</p> <p>Employer's Address: _____</p> <p>_____</p> <p>Your position or job title: _____</p> <p>_____</p> <p>Legal Guardian of Student: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Christian: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attending Church: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Denomination: _____</p>

Student's siblings (name and age): Write above.

PERSON RESPONSIBLE FOR STUDENT'S ACCOUNT

Name: _____ Relationship to student: _____

Your place of employment: (Name) _____

Address: _____

_____ Phone #: (____) _____

Your position or job title: _____

Other information you would like to share, to help us better know your student:

HOUSEHOLD INCOME

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Dear Parents,

Teen Challenge as the opportunity to take part in programs that help us purchase new computer and communication equipment and qualify for other services and programs as well. We need some basic information about your household, which we hope you can furnish us to complete the application process. Please fill in your answers to the three questions below.

- 1) Enter the number of people who live in your household _____.
 (Names and relationships are not required.)
- 2) Refer to the line on the following chart. This corresponds to the number of people you entered for question one. Is your household income less than the dollar figure which corresponds to the number in your household?
 (check one) _____ Yes _____ No.
- 3) If no, please state your average income _____ other grants require us to compare our families' average incomes with the Treasure Valley average income.

# people	1	2	3	4	5	6	7	8
Monthly	\$1,603	\$2,158	\$2,713	\$3,268	\$3,823	\$4,378	\$4,933	\$5,488
Yearly	\$19,236	\$25,896	\$32,556	\$39,216	\$45,876	\$52,536	\$59,196	\$65,856

***Federal Poverty Guideline 185% (2008)**

Please note: if the number in the household exceeds 8, add \$555/monthly dollars or \$6,660 to the yearly income for each additional person.

Please sign below and include a copy of your pay stub.

LIABILITY RELEASE

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Student Name: _____ Date: _____

I, _____, hereby authorize
(Parent/Legal Guardian)
Teen Challenge Christian Academy, an outreach of Teen Challenge of Idaho, Inc., to
provide the necessary academic, spiritual and physical care for my student. I am aware
that my child will attend Teen Challenge Christian Academy located at:

**TEEN CHALLENGE CHRISTIAN ACADEMY
1846 N. DAWN PLACE
BOISE, IDAHO 83713**

I, _____, hereby state that I am the
(Parent/Legal Guardian)
parent or legal managing conservator of _____ . It
(Student's Name)
is my understanding that Teen Challenge Christian Academy, an outreach of Teen
Challenge of Idaho, Inc., it's staff or board members are in no way responsible or
liable for injuries or accidents sustained by _____ while
(Student's Name)
he/she is at the academy or in the care of the staff.

Student's Signature: _____ **Date:** _____

Parent/Legal Guardian: _____ **Date:** _____

VAN/TRANSPORTATION RULES

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- _____ 1. Seat belt **must** be worn at all times.
- _____ 2. Enter and exit in a calm orderly fashion.
- _____ 3. No excessively loud talking.
- _____ 4. No horseplay.
- _____ 5. I will show respect for the driver and obey the driver at all times.
- _____ 6. No eating or drinking in the vehicle.
- _____ 7. No vandalizing or damaging the vehicle.

(Student please initial on each line above)

I agree to abide by the above rules whenever being transported by Teen Challenge.

Student Signature

Date

I, the parent/guardian, will instruct my student to abide by the above rules whenever being transported by Teen Challenge.

Parent/Guardian Signature

Date

GENERAL TRANSPORTATION PERMISSION SLIP

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As the students will be riding on the Teen Challenge van or other vehicles provided for the service of going to the gym or field trips, etc., a permission slip will need to be signed to cover the responsibility involved.

Student Signature: _____

Date: _____

Student Name (Please Print) _____

Grade: _____ Date of Birth: _____

As a parent/legal guardian of the student signing above, I grant permission for my child to ride in any vehicle provided by Teen Challenge for needed transportation at any proposed time. Should any difficulty occur, I will cover all costs of my student and not hold Teen Challenge liable.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Please Print): _____

Street Address: _____

Home Phone: _____ Day Phone: _____

OVER THE COUNTER MEDICATION AUTHORIZATION FORM

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I, _____, the parent/legal guardian of
(Parent/Legal guardian)
_____ give Teen Challenge permission to dispense over the
(Student's name)
counter medication:

PLEASE CIRCLE IF NOT OKAY TO DISPENSE.

Tylenol, Aspirin, Ibuprofen, Pamprin, Tums, Roloids, or dispense the following medications according to the directions:

Medication	Directions
_____	_____
_____	_____
_____	_____

Allergies/allergic reactions:

=====
If parent(s) or legal guardian can not be reached in an **Emergency** please contact:

Home Phone: (____) _____ Work Phone: (____) _____

Contact person's relationship to student: _____

Parent/Legal Guardian's Signature: _____ **Date:** _____

Home Phone: (____) _____ Work Phone: (____) _____

This form is for the protection of your student, yourself, and the welfare of Teen Challenge. We will not dispense any type of medication to your student without this form marked and signed.

PRESCRIPTION MEDICATION AUTHORIZATION FORM

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NAME OF MEDICATION: _____

I, _____ give permission to Teen Challenge
(Parent or guardian)

Christian Academy to administer _____ to my
(Name of medication)

student, _____ at approximately _____
(Name of student) (Hour(s) dose due)

on _____
(Dates and days)

Reason for medication _____

Possible side effects to watch for with this medication include:

The name and phone number of the prescribing physician:

Signature of parent/guardian _____ Date _____

MEDICAL TRANSPORTATION / TREATMENT AUTHORIZATION

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From time to time, accidents or unexpected illnesses occur. We must be prepared to be able to give prompt medical attention. It is necessary to have this form filled out completely. This agreement will be placed in the student's file to expedite proper medical treatment.

TRANSPORTATION AGREEMENT

I, _____, parent/legal guardian, give Teen Challenge
(Parent/Legal Guardian)
permission to transport or have _____ transported by
(Student's name)
ambulance to the nearest medical facility or student's local physician. I understand that as the parent/legal guardian, I am fully responsible for the payment of any and all medical bills incurred while my student is enrolled in Teen Challenge's programs.

(Parent or legal guardian's signature)

Date

TREATMENT AGREEMENT

I, _____, parent/legal guardian, give
(Parent/Legal Guardian)
the physician and/or medical facility permission to render any and all medical treatment essential for the health and well being of _____.
(Student's name)
I understand that as the parent or legal guardian, I am entirely responsible for the payment of any and all medical bills incurred while my student is enrolled in Teen Challenge's programs.

(Parent or legal guardian's signature)

Date

INSURANCE INFORMATION / TREATMENT PREFERENCES

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If you have a preference in local medical services please list them.

PLEASE PRINT

Physician's name: _____ Phone #: (____) _____

Address: _____ Fax #: (____) _____

Medical/Treatment Facility name: _____ Phone #: (____) _____

Address: _____ Fax #: (____) _____

Specialist or other Name: _____ Phone #: (____) _____

Address: _____ Fax #: (____) _____

Yes No I have no preference to treatment facility or physician.

Yes No I agree to the choice Teen Challenge makes at the time of the emergency.

INSURANCE INFORMATION

Yes No Do you have insurance?

Name of policy holder: _____ SS# _____ - _____ - _____

Name of Insurance: _____

Address: _____

Phone # of insurance company: (____) _____

Group # _____ Policy # _____

Other important medical information about your student we should know:

LEGAL RELEASE FORM

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=====

Attention Parents: Please initial each statement.

_____ It is understood that Teen Challenge Christian Academy, an outreach of Teen Challenge of Idaho, Inc., cannot be held responsible for any property left, lost or stolen while on the campus of Teen Challenge Academy. When my student leaves the campus, they will take their property with them.

_____ I release Teen Challenge Christian Academy to search my student's desk area and all of his/her possession that are brought onto the property, including any vehicle.

_____ I release Teen Challenge Christian Academy and Teen Challenge of Idaho, Inc. from all legal responsibility both physically and financially in cases of an accident, illness or other imponderable misfortune.

_____ I grant permission for the Director, Administrator or Instructor to search my student's coat, jacket or clothing for drugs or anything which might be harmful or detrimental to the welfare of the Academy as long as there is at least one witness present who is a member of the same sex as the student.

_____ All expenses incurred by illegal or un-authorized activity by the students while at Teen Challenge Christian Academy are the sole responsibility of the parent or legal guardian.

_____ Expenses incurred for repair of property damaged by students are the sole responsibility of the parent or legal guardian.

Student's Name: _____ Date _____

Signature Parent of Legal Guardian Date _____

DISCIPLINE POLICY STATEMENT

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NOTE: Discipline will be consistent with the stated policies of the Teen Challenge Christian Academy or TCCA. TCCA will provide a copy of this policy to all parents or legal guardians.

1. Only authorized staff of TCCA will discipline students.
2. Students will not be subjected to cruel, harsh or unusual punishment.
3. A record will be kept of the discipline.
4. Students will not be subject to verbal abuse.
5. Students will not be denied their lunch break as discipline.
6. All discipline is administered in the presence of a witness.
7. Discipline will fit the needs of the student.
8. Students will never be placed in a locked room.
9. TCCA doesn't utilize corporal punishment.
10. Physical restraint is utilized when a student appears to be endangering other students or themselves. The use of physical restraint and the length of the restraint will be recorded in the student's monthly evaluation form, and placed in their file. This document will have two signatures to verify the incident.
11. Repeated violations of school policies will result in extra consequences which could be anything from extra work assignments, suspension or even expulsion from TCCA. If the student is asked to leave the Academy, they may re-apply in two weeks through a meeting with the Board of Operations.
12. Discipline procedures are to be followed quickly and without complaint.
13. Detention will be enforced for violations.

I understand the discipline policy of Teen Challenge Christian Academy, and will agree to this policy.

Student's Signature: _____ **Date** _____

I understand the discipline policy of Teen Challenge Christian Academy, and you have my complete cooperation in dealing with my student.

**Parent/Legal Guardian
Signature** _____ **Date:** _____

SEXUAL HARRASSMENT FORM

TEEN CHALLENGE INTERNATIONAL
TEEN CHALLENGE CHRISTIAN ACADEMY
1846 N. DAWN PLACE
BOISE, IDAHO 83713 Web: www.tcidaho.net

TEEN CHALLENGE OF IDAHO, INC.
(208) 375-4636 Fax: (208) 375-0587
Email: georgehalliwell@tcidaho.net

Sexual Harassment is defined as any type of unwelcome or unwanted conduct of a sexual nature committed by a student towards another student whether that student is male or female. This is not only a federal Law, but is very hurtful towards the individual.

Please initial each of these statements that you agree:

- _____ 1. I agree not to make any type of degrading statements towards other students whether male or female.
- _____ 2. I agree not to touch or hug any other individual inappropriately while enrolled in the Teen Challenge Christian Academy.
- _____ 3. I agree not to use any type of profanity or suggestive language when speaking to anyone whether male or female.
- _____ 4. I have the understanding that Teen Challenge Christian Academy reserves the right to dismiss me from the academy for any inappropriate statements that I might make.
- _____ 5. I also have the understanding that if I make any type of sexual harassment statements towards any individual that I may suffer legal consequences for my actions.
- _____ 6. I also realize that Teen Challenge Christian Academy, Teen Challenge of Idaho, Inc., its staff and Board of Directors cannot be held liable for statements that I make.

_____ Date _____

Student's Signature

For Parents Only

I, _____, agree that Teen Challenge Christian
Parent/Legal Guardian
Academy, Teen Challenge of Idaho, its staff and Board of Directors are not liable for statements that my child makes and that I also understand that I can be held liable if my child makes statements towards other students and that party files charges.

_____ I have read over all the statements above with my teenager.
(Please initial above)

_____ Date _____

Signature Parent or Legal Guardian

STANDARD OF CONDUCT FORM

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The student's attitudes, conversation, and behavior reflect the character of the institutions from which he derives his training. This form reflects the school's attempt to provide a program characterized by high standards of personal conduct.

Are you a Christian? _____ How do you know? _____
Do you attend church regularly? _____ Where? _____
Yes ___ No ___ Do you accept the Bible as God's Word and submit yourself to its principles as the final authority?
Yes ___ No ___ Do you sincerely pledge allegiance to the Christian and national flags?
Yes ___ No ___ Do you agree not to use tobacco in any form?
Yes ___ No ___ Do you agree not to drink alcoholic beverages?
Yes ___ No ___ Do you agree not to use narcotics of any kind?
Yes ___ No ___ Do you agree not to draw, wear, or display in any way anti-Christian symbols?

DRESS CODE:

Students enrolled in the academy are expected to abide by the dress code whenever they are on site or at a school function. This is to help ensure that the community's perception of the Academy and our students is one of the highest integrity and character. A degree of modesty and good hygiene is required.

1. Hair must be clean and well groomed. Extreme hairstyles and unnatural colors are not permitted. Any hairstyle decision is up to staff discretion as to whether the hairstyle causes a distraction.
2. Hats or caps can be worn to school and checked in upon arrival.
3. No facial or body piercing are allowed on male or female students. Earrings or plugs may be worn; however they must be plain.
4. Attire must be clean, neat, approved khaki or navy colored slacks, or jeans. Summer term: fingertip length shorts or capris will be allowed.
5. Pants are to be worn around the waist with a belt. No saggy baggy pants, excess pockets or frayed jeans.
6. Students are allowed to wear button down dress shirts or any plain colored polo shirt long enough to tuck in. Sweatshirts may be worn as long as they are plain in color without writing.
7. Students are required to wear shoes at all times in the academy. During the summer term, back strap sandals are allowed.
8. No apparel which identifies gangs, hate groups, or anti-social organizations.
9. **All clothing is subject to staff approval.**

Ladies – tops must cover to the neck and cannot be tight, revealing, or shear/see-through. Skirts/dresses must be below the knee, not tight, not slitted (above knee), nor see-through. Pants must not be tight or see-through.

Your own writing, drawing or cutting on clothing or skin is not acceptable.

Yes ___ No ___ Will you agree to dress in public according to modesty standards as defined in Teen Challenges dress code?

Yes ___ No ___ Have you read all the school rules?

Yes ___ No ___ Will you honestly agree to keep all the school rules and respect authority **without being critical and finding fault?**

Yes ___ No ___ Do you WANT to attend this school?

Why? _____

Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of the school, I pledge to uphold this school's rules and guidelines stated in the school handbook. I will maintain behavior which exemplifies courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this school while I am a student attending the school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

_____ Date _____

Signature of Student

_____ Date _____

Signature of Parent/Guardian

TESTIMONY AND PHOTOGRAPHY CONSENT

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I, _____, the parent/legal guardian
(Parent/Legal guardian)
of _____ hereby authorize Teen
(Student's Name)

Challenge Christian Academy to use my student's photograph, and/or written,
spoken, or recorded messages to inform others of the outreach of Teen
Challenge of Idaho, Inc. I also authorize the use of my child's testimony to show
forth the redemptive work of Jesus Christ.

Signature Parent/Legal Guardian Date _____

ALCOHOL AND CHEMICAL USE HISTORY

Substance Used	Date 1 st Used	Last Used	Once	Several Times	Regular	Strung Out
Heroin						
Opium						
Diladud						
LSD/ Acid						
PCP						
Marijuana						
Alcohol						
Amphetamines Speed						
Barbituates Downers						
Crystal Methedrine						
Cocaine						
Glue						
Tobacco						
Huffing Gasoline						
Free Basing						

STUDENT QUESTIONNAIRE—INITIAL ASSESSMENT

Your completion of this form as accurately and honestly as possible will assist us in helping you.

Youth's name _____ Date _____

PRESENT PROBLEMS:

1. To what degree are the following problems in your life?

	No Problem	Somewhat A Problem	A Great Problem
a. Family			
b. Emotions			
c. Job			
d. Finances			
e. Sexuality			
f. School			
g. Drugs			
h. Breaking the law			
i. Health			
j. Friends			
k. Housing			
l. Spirituality/Religion			
m. Birth Control/Pregnancy			
n. Drinking			

2. To what degree do you have trouble with the following?

a. Sadness/Depression			
b. Loneliness			
c. Nervousness			
d. Guilt			
e. Resentment			
f. Honesty			
g. Putting things off			
h. Anger			
i. Affection to/from others			
j. Boredom			
k. No one to really talk to			
l. Responsibility			
m. Unable to relax			
n. Upset if things don't go right			
o. Difficulty making decisions			
p. Shyness			
q. Expressing feelings			

r. confusion			
s. Revenge			
t. Keeping your word			
u. Suicide			

1. What do you consider your most painful problems?
 - a.
 - b.
 - c.
 - d.

2. Which of these problems are you willing to begin working on with your teacher while at TCCA?
 - a.
 - b.
 - c.
 - d.

5. What hobbies and interests do you enjoy? (Underline)

Bowling	Hiking	Music	Other
Sewing	Skating	Fishing	_____
Cooking	Art (Painting, Drawing, etc.)	Talking on phone	_____
Sports	Photography	Driving	_____
Reading	Writing poetry	Weight lifting	_____
Swimming	Camping	Movies	_____
Dating	Parties		

COMPLETE THESE BLANK SENTENCES

Name: _____ Date: _____

1. I like _____
2. The happiest time _____
3. I want to know _____
4. Back home _____
5. I regret _____
6. At bedtime _____
7. Men _____
8. The best _____
9. What annoys me _____
10. People _____
11. A mother _____
12. I feel _____
13. My greatest fear _____
14. In school _____
15. I can't _____
16. Sports _____
17. When I was a child _____
18. My nerves _____
19. Other people _____
20. I suffer _____
21. I failed _____

22. My mind _____
23. The future _____
24. I need _____
25. Marriage _____
26. I am best when _____
27. Sometimes _____
28. What pains me _____
29. I hate _____
30. This place _____
31. I am very _____
32. The only trouble _____
33. I wish _____
34. My father _____
35. I secretly _____
36. I _____
37. Dancing _____
38. My greatest worry is _____
39. Most women _____
40. My favorite foods are:
- _____
- _____
- _____

AUTOBIOGRAPHY GUIDELINES

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We ask that all potential students to the Teen Challenge Christian Academy Program write an autobiography. It is to be sent in with the completed application form. Include a current photo and physical description of yourself. Please include the following information in your autobiography and write it or type it on a separate sheet of paper:

1. When and where were you born?
2. Write about **each member of your family**, including details of your relationships with each of these people.
3. Write about any other **significant person / persons** that has affected your life, good or bad.
4. Write about the **three best times** and the **three worst times** of your life.
5. Give a **detailed** history of the **past three years** of your life and include your perceptions and feelings of these events.
6. Write about all the **circumstances** that have led up to your need for the Academy--in other words: why do you want to come here?
7. As you write about these events in your life **INCLUDE HOW THESE MADE YOU FEEL!!**
8. Describe how you see yourself and how you feel about yourself. Include your **strengths and weaknesses**.
9. Describe how you see **God** and how you feel about Him. What is your current relationship with God?

Thanks for completing this autobiography. It helps us to know you better and make a wise decision about your possible admission to the School.

SCHOOL--CONSENT TO RELEASE/OBTAIN INFORMATION

TEEN CHALLENGE CHRISTIAN ACADEMY
1846 N. DAWN PLACE, BOISE, ID 83713

OFFICE 208-375-4636
FAX 208-375-0587

FULL LEGAL NAME	BIRTHDATE	DATE	OFFICE USE ONLY
COUNSELORS NAME	SEX	GRADE	

Dear Parent,

We need your consent in order to exchange information with other agencies, or individuals. This information will be helpful in planning an education program for your child. Please read this form and sign where indicated if you agree.

The information that needs to be released is indicated by the check marks below:

- Medical and/or related Health Records •**
- Psychological Evaluations and Social Work Reports •**
- Relevant Agency Records •**
- Other •** (Please Specify) _____

Is your child still seeing this person? YES NO If no, last date seen _____ If yes, how often _____

The information will be released and/or obtained as follows:

Information indicated above may be **EXCHANGED** between Teen Challenge Christian Academy and _____ Fax: _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

Information indicated above is to be released **BY** _____
 To _____ Fax: _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

Information indicated above is to be released **TO** _____
 By _____ Fax: _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

The purpose for the release is:

- Educational Planning
- Emotional/Social Support
- Parent Request
- Other

I hereby request and authorize the release of information described above. I understand my consent is voluntary. This consent will remain in effect until canceled by me.

 PARENT/GUARDIAN SIGNATURE DATE

 STUDENT SIGNATURE DATE

PERMISSION TO COUNSEL

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I, _____, give permission for Teen
Parent/Legal Guardian's Full Name

Challenge Christian Academy to provide group and/or individual counseling to

Student's Full Name

The service provider may be a school psychologist, clinical social worker, counselor, or other professional in relative fields.

The services provided may include, but are not limited to:

Social skills, Problem solving, Depression/Anxiety reduction, Anger management, Thinking Errors, Drug/Alcohol Issues, Interpersonal/Intrapersonal recognition/development/problems.

PARENT'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE