

LEGAL GUARDIANSHIP
AGREEMENT

STUDENT PERSONAL INFORMATION

_____	_____	_____	_____
Student Full Name	Birth date	Birthplace	Gender
_____		_____	
Street Address		City, State, Zip	
_____		_____	
Student Home Phone Number		Student Cell Phone Number	
_____		_____	
Student Email Address		Website Address	
_____		_____	
MySpace/Facebook Address		Other Online Social Network Address	
_____		_____	
_____	_____	_____	_____
Social Security Number	Religion		Adopted or Foster?

DESCRIPTION

_____	_____	_____	_____	_____	_____
Hair Color	Eye Color	Complexion	Weight	Height	Race/Nationality

Other Descriptions _____

STYLE

Please use this section to describe the Student's "style", or more descriptively the type of friend group(s) he/she has.

SINS

Use this section to describe the Student's surface issues using a 'K' for "Know" and a 'T' for "Think, but unsure".

- Cheating Stealing Lying Manipulating Fornication Drugs
- Adultery Homosexuality Bi-Sexuality Sensuality Hypocrisy Rebellion
- Truancy Anger Pornography

Others: _____

DRUGS

Use this section to describe the Student's surface issues using a 'K' for "Know" and a 'T' for "Think, but unsure".

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Heroin Marijuana PCP Cocaine Speed LSD
 Mushrooms Ecstasy Hash Alcohol Mescaline Tobacco
 Inhalants Crack-cocaine Methamphetamine

Others: _____

OCCULT

Use this section to describe the Student's occult involvement, using a "K" for "Know" and a "T" for "Think, but unsure".

Satanism Witchcraft Vampirism Ouija Board Demon Possession
 Astrology Paganism Cult

Others: _____

MENTAL ISSUES

Use this section to describe the Student's mental issues, using a "D" for "Diagnosed" and a "T" for "Think, but unsure".

OCD Clinical Depression Schizophrenia Suicidal Anorexia
 Bulimia Insomnia Self Mutilation Depression ADD
 ADHD Bi-Polar Oppositional Behavioral Defiance

Others: _____

MEDICATION

Use this section to describe the Student's use of medication, using a "P" for "Prescribed use" and a "U" for "Un-prescribed use".

Ritalin Lithium Paxil Effexor Trazodone Thorazine
 Wellbutrin Prozac Cylert

Others: _____

BIOGRAPHY

Use this section to write a basic summary of the Student's life, including relevant family history and incidents which led up to the current situation. Attach an additional sheet(s) as necessary.

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PRIMARY PARENT PERSONAL INFORMATION

PRIMARY PARENT(S) (or "Self" if Student is over 18 years of age)

Does the Student reside at this address? _____

___Natural Father ___Step Father

_____-_____-_____
___Other Social Security Number

___Natural Mother ___Step Mother

_____-_____-_____
___Other Social Security Number

Street Address

Marital Status

City, State, Zip

Website

Phone Type:_____ Phone Type:_____

Phone Type:_____

Phone Type:_____ Email

Email

SECONDARY PARENT(S) (or "Sponsor" if Student is over 18 years of age)

Does the Student reside at this address? _____

Does the Student reside at this address? _____

___Natural Father ___Step Father ___Other

_____-_____-_____
Social Security Number

___Natural Mother ___Step Mother ___Other

_____-_____-_____
Social Security Number

Street Address

Marital Status

City, State, Zip

Website

Phone Type:_____ Phone Type:_____

Phone Type:_____

Phone Type:_____ Email

Email

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PROFESSIONAL SUPPORT PERSONS CONTACT

PASTOR

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

Church Name _____ Website _____

Street Address _____ City, State, Zip _____

Phone Type: _____ Phone Type: _____ Phone Type: _____

Phone Type: _____ Email _____ Email _____

OTHER PROFESSIONALS

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

**SPECIAL POWER OF ATTORNEY:
TEMPORARY LEGAL CUSTODY OF MINOR CHILD**

The undersigned, _____ and _____ (circle the one that applies) are the natural parents, guardian, or custodial parent, and hereby declare that they have the authority to sign this document as they are the legal guardian(s) of _____ (Hereinafter the Minor Child). In the event that the parties signing this document are the Minor Child's legal guardian(s) please attach a copy of the guardianship paperwork as Exhibit A. In the event that one parent has sole custody or the equivalent, please attach the custody order as Exhibit B. Exhibit A and B, if any, attached is incorporated herein by this reference.

This Special Power of Attorney is hereby given to _____.

The parent/guardian/custodial parent is hereby delegating to the named person(s) listed above any and all powers that they have with regard to the Minor Child, except the power to authorize marriage, which will include but not be limited to Disciple in Christ using the Holy Bible and other printed materials, Christian discipleship videos, Christian music, preaching, teaching, instructing, exhorting, disciplining according to the Word of God. Authorization is further given for physical exams, lab tests, and medical treatment authorization for said Minor Child. This Special Power of Attorney specifically gives the above named person(s) any and all authority to authorize medical treatment.

This Special Power of Attorney gives authority for above named person(s) listed above to retrieve and escort the above-named Minor Child, if needed, in order to place said Minor Child into above named person(s) home. If the Minor Child listed above runs away, authority is given to retrieve and escort the above-named Minor Child back to safety.

This Special Power of Attorney is only good for six months from the date listed below. Further, the parent/guardian/custodial parent reserves the right to withdraw and annul this Special Power of Attorney at any time by notifying above named person(s) of their intentions in writing, signed, dated, and notarized by all of the undersigned. This withdrawal can be faxed or mailed and will be effective upon receipt and will result in the Minor Child's termination of stay with the above named person(s).

A Temporary Legal Guardian serves as a surrogate parent on behalf of another parent in need of relief, encouragement and parental training for their child in which the relationship is in conflict. A Temporary Legal Guardian offers the welcome to a child who needs a break from home life. A Temporary Legal Guardian is an independent contractor and is reimbursed for mentoring services through Christian Family Network. The offering of housing and legal guardianship is strictly between the parent of Student and the Temporary Legal Guardian and does not involve Christian Family Network. A Temporary Legal Guardianship Agreement is a private and separate agreement between a grantee and a grantor of such agreement and is revocable at will without cause or reason. In this case Temporary Legal Guardianship is granted by a fellow Christian parent to another fellow Christian who has been certified as a Home Life Coach by the Parenting Workshop Academy. Since the Student will enjoy a normal family life and have access to community involvement such as attending school and social activities with positive friends, Temporary Legal Guardianship will not employ the control levels of "care" and "supervision" required by child welfare agencies, child care licensing, behavioral health facilities and/or group homes. Legal Guardian will not use any restrictive behavioral techniques or corporal punishment.

Signed and made effective this ____ day of _____, 20____

Primary Parent Primary Parent

STATE OF)

)

COUNTY OF)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____,

by _____ and/or _____.

My Commission Expires: _____ Notary Public

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AMERICAN CHRISTIAN ACADEMY AGREEMENT

Mission: The purpose of American Christian Academy (ACA) is to provide superior education in a strong Christian environment.

Vision: To nurture and prepare youth for a life of service unto Christ. *“Train up a child in the way he should go and when he is old he will not depart from it.” Proverbs 22:6*

ABOUT ACA:

The purpose of ACA is to provide a sound education centered on Christ. Students are taught that all truth originates from God, that all knowledge and wisdom comes from God, including history, geography, science, music and the arts, and that Jesus Christ is to be central in all learning and living. Students who complete the state’s minimum academic requirements graduate and receive a diploma.

CURRICULUM OVERVIEW:

The award-winning curriculum used is a complete Bible-based curriculum for grades 3–12. Multimedia, internal messaging, immediate feedback and automatic grading and record keeping are just a few of the features that make this product unique. Studies include the five core subjects – Bible, History and Geography, Language Arts, Math, and Science – as well as various electives. We may also include specialized workbooks, Christian curriculum designed to teach five core subjects plus a selection of electives.

TEACHER INVOLVEMENT

Although most of the instructional course material is written directly into the assignments, the teacher plays a vital role by supplementing the learning base. Course effectiveness depends on teacher planning, organization, teacher/Student interaction, and evaluation of Student progress through the review of Student work. Computerized content delivery combined with automatic grading, record keeping, and lesson planning reduces teacher tasks so they can spend more quality time with their Students. Though the computer is the primary means of content delivery, the teacher must ensure the overall success of the Student by diagnosing readiness and implementing the adjustments needed by their Student to achieve mastery learning.

COURSE REQUIREMENTS FOR GRADUATION

ACA requires 22 credits for graduation.

English –	4 credits	Social Studies –	1 credit World History
Mathematics –	2 credits		1 credit American/US History
Science –	2 credits		½ credit Civics
Health –	½ credits		½ credit Economics
Foreign Language –	1 credit	Electives –	7.5 credits
Physical Education –	2 credits		

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SCHOOL RECORDS RELEASE FORM

School Name

Contact Person

Address

City State Zip

Telephone Number:

Fax Number:

To School Clerk:

My child has been withdrawn from your school. Please release his/her academic and health records to the following school:

ACCEPTING SCHOOL:

American Christian Academy

Office of Student Files

13835 N. Tatum Blvd., Ste. 164

Phoenix, AZ 85032

Student's Full Name and Date of Birth

Signature of Receiving Principal

Signature of Primary Parent

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**AUTHORIZATION FOR PHYSICAL EXAMS, LAB TESTS AND
MEDICAL TREATMENT**

MEDICAL INFO DENTAL INFO OPTICAL INFO

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

Insurance Co. _____

Employer: _____

Ins. Co. Phone # _____

Ins. Co. Address: _____

Policy No. _____

Group No. _____

Effective Date: _____

Co-pay _____

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

Insurance Co. _____

Employer: _____

Ins. Co. Phone # _____

Ins Co. Address: _____

Policy No. _____

Group No. _____

Effective Date: _____

Co-pay _____

___ GROUP INSURANCE
___ INDIVIDUAL POLICY

Insurance Co. _____

Employer: _____

Ins. Co. Phone # _____

Ins Co. Address: _____

Policy No. _____

Group No. _____

Effective Date: _____

Co-pay _____

Student Full Name

Birth Date

Age

Gender

I hereby consent to the following for the above named Student:

- A physical examination, including dental, podiatric, and vaginal examinations, and blood tests and x-ray examination
- The advisability or necessity of such examination to be determined by a physician and/or dentist, regularly licensed
- The administration of all necessary immunizations, vaccinations, and/or inoculations as deemed necessary by said physician
- The administration of medical treatment and dental work, including surgical and dental operations and the administration of anesthetics considered advisable and necessary by said physician and/or said dentist, or by the physicians and/or dentists of the insurance
- The administration of all necessary immunizations and inoculations under the auspices of said physicians
- The necessary release of any and all information contained in the above-named child's medical records, to be sent to the Social Services Agency or Health Care Agency (Medical Services)

The above named person is known to be allergic to or physically react to drugs, foods, etc.

[] Yes [] No

If yes, explain:

A copy of Student's medical history and immunization records are required. Please attach it to the application.

Policy Holder

SSN#

Birth Date

Policy Holder Address

City, State, Zip

Employer Name

Employer Phone

By signing below, I understand that I am fully responsible for any and all medical expenses.

Primary Parent

Date

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CONSENT TO RELEASE INFORMATION

I, hereby authorize all agencies, which hold any information in connection with and related to the items mentioned herein, to disclose to Christian Family Network and its affiliates:

The disclosure of records and pertinent data is given with the knowledge that the named client has received services and is required for evaluation and treatment planning or for the following purposes: 1. Diagnosis 2. Pertinent summary of psychosocial and psychiatric history 3. Results of psychological and vocational tests 4. Legal status 5. Educational assessment and behavioral reports (Including school observation and educational testing) 6. Confidential information, conversations, reports, and logs related to family issues.

I give permission for Christian Family Network and its affiliates to discuss and disclose the information stated herein with the family minister, related professional support persons and authorized relatives.

I give further authorization for Christian Family Network and its affiliates to:

1. VIDEO TAPE STUDENT/ CLIENT AND USE VIDEO FOOTAGE FOR TRAINING, PUBLISHING AND
2. VIDEO PRODUCTION
3. PUBLISH PERSONAL STORY AND PHOTOGRAPHS OF STUDENT/ CLIENT AS TESTIMONIAL
4. ALLOW INTERVIEWS BY TELEVISION, NEWSPAPER, INTERNET, AND RADIO MEDIA

The purpose of this consent is for the publishing of testimonies of changed lives for the encouragement and edification of the general public. *We think many people need to hear the message of hope through the lives that are transformed by Jesus Christ. It is not our intention to humiliate anyone or to glamorize human tragedy.*

Primary Parent

Primary Parent

Student Name

Date

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PERSONAL NEEDS CHECKLIST

Student will need all of the following items. Please do not pack other unnecessary items, as the Student will have limited closet and storage space. Carefully review this sheet and contact your Life Coach with any questions.

PERSONAL ITEMS

- _ Tooth Brush
- _ Two towels
- _ Hand held book bag (NO backpacks)
- _ King James or New King James Bible
- _ Swim trunks (boys) or One-piece swim suit (girls)
- _ Jacket/Coat
- _ Shoes/Sneakers
- _ Slippers/Flip flops
- _ Deodorant, shaving cream, razors
- _ Soap, shampoo, conditioner (if needed), lotion
- _ At least one set of church clothes
- _ One week's worth of pants and shirts
- _ One week's worth of under garments

DOCUMENTS

- _ Identification Card
- _ Statement of any special medical needs

ADDITIONAL DOCUMENTS (Optional, may be required later. Please send copies only)

- _ Birth Certificate
- _ Medical Card
- _ Social Security Card
- _ Current physical and STD report
- _ Psychological evaluations
- _ Academic/Behavioral reports
- _ Immunization Records

Spending Money

A small amount of spending money is preferred, but not required. Any spending money will not be held by the Student in the structured part of their program. Funds will be dispersed as needed. Funds may be used for personal items, special snacks, toiletries, etc. Parents generally send between \$40.00 and \$100.00 per month. If you decide to send spending money, please **DO NOT** send cash, check, or money order. Please purchase a gift card which will be widely accepted, such as a VISA or MasterCard gift card which can be easily replenished.

It is our policy to remove the Student's sense of entitlement; therefore Primary Parent(s) must not directly give to and take no credit or acknowledgement for money, support, laptop, electronic devices, phone or any gift provided for Student. All monies should be deposited with Home Life Coach and not the Student. Home Life Coach will in turn create odd jobs for the Student to earn said money or other gifts.

Personal Property

Home Life Coach will not be responsible for any personal property such as clothing or other belongings if left at any of the facilities after Student has returned home. Home Life Coach will not allow Student to possess a vehicle in his/her own legal name. Vehicle must be in the name of Primary Parent or Legal/Guardian. Home Life Coach will not allow Student to possess a vehicle without adequate insurance. Vehicle must have a covert GPS device installed that tracks in real time and sends location coordinate signals every 1 to 10 seconds. Home Life Coach can provide this device for \$50.00 per month.

Items NOT to bring

- _Electronics
- _Audio/video entertainment
- _Clothing advertising questionable products or celebrities
- _Jewelry and other costly/sentimental items (Brought at your own risk.

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FAMILY LIST

Students are allowed phone calls, letters, and packages from immediate family members or approved acquaintances. We ask that the enrolling parents provide a list of family members that are permissible for the Student to communicate with. The Student will not be able to speak to anyone who is not on this list. Further, keep in mind that this list should be kept to a minimum.

Name	Contact Information	Relationship to Student
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Additional Comments
