



Thunderbird Christian Elementary

Training Children for Eternity

2024-2025 School Year

General Information Sheet

<p>Contact Information</p>	<p>School Office Manager: Zak Adams Phone: (480) 991-6705 (Call or Text Message) Email: office@thunderbirdelementary.com Address: 7440 East Sutton Drive, Scottsdale, AZ 85260 Office Hours: Mon-Thur 8:00 am to 4:00 pm; Fri 8:00 am to 1:00 pm Principal: Chandra Young Email: Chandra@thunderbirdelementary.com Website: www.thunderbirdelementary.org</p>
<p>Before & After School Care Program</p>	<ul style="list-style-type: none"> • Morning Time of Operation: 7:30 am – 7:45 am (7:45am – 8:15 am Monday-Friday, no charge for care). • Afternoon Time of Operation: 3:45 pm – 5:30 pm • Friday afternoon time of operation: 12:30 pm – 3:30 pm • Contact aftercare (602) 580-3833 <ul style="list-style-type: none"> - Fees: \$8.00 per hour/per student (billed in 15 min. increments) - Late pick-up fee: \$30 per hour per student after 5:30 pm - Please call Aftercare if you are going to be late
<p>Hot Lunch Program</p>	<ul style="list-style-type: none"> • Monday through Thursday, a hot lunch is available for purchase from the TAA cafeteria for \$8.00 per meal. • A 2-week menu will be emailed to parents with instructions to sign up and pay for lunches online by the Business Manager of TAA • Orders are due by the Thursday before the menu is in effect. • If your child forgets a lunch, a simple lunch may be provided by the school for a fee of \$8.00 • The office will attempt to contact you to pay for the emergency meal but if we don't get permission within 15 minutes of the attempt a lunch will be provided. Please come to the office to pay for any emergency lunches that were needed. Any unpaid fees will be added to your student's bill at the end of the month. • If you DO NOT want your child to be provided an emergency lunch please inform the office. • No lunch period on Friday
<p>Half-Day Friday & Early Dismissal Days</p>	<ul style="list-style-type: none"> • After-school care is offered every Friday (unless otherwise announced) at the regular rate • There is no lunch period on Fridays or Early Dismissal Days • There is NO AFTER-SCHOOL CARE on scheduled Early Dismissal Days • Scheduled Early Dismissal Days: <ul style="list-style-type: none"> ○ First day of school ○ All Parent-Teacher conferences ○ Christmas Program Preparation ○ Spring Concert Preparation
<p>Field Trips</p>	<ul style="list-style-type: none"> • Students must wear the required TCE Field Trip Shirt. • Students must have written permission and signed consent-to-treatment forms on file with the school to participate in field trip activities. • Student supervision & safety is the primary purpose for parental involvement on our field trips. • Volunteer drivers must have their insurance information and a background check on file in the TCE office.

<p>Discipline Procedures</p>	<ul style="list-style-type: none"> • Each classroom has published classroom rules and procedures, and all initial action begins with the classroom teacher. • If behavior necessitates further action, the administration will be involved and will notify parents/guardians. • Disciplinary action, when necessary, is designed to be REDEMPTIVE, remedial, and corrective rather than punitive. • If these efforts fail to bring positive results, the matter will be referred to the School Board. • The Student Handbook is on our website for more in-depth information. • Students must sign a Student Commitment Agreement saying they have read and will abide by the information in it.
<p>Personal Technology Usage</p>	<ul style="list-style-type: none"> • MP3 Players, Electronic Games, Toys, etc., ARE NOT TO BE BROUGHT TO SCHOOL. If any of these items are used during school hours, they will, at the discretion of the teacher, be confiscated and held at school until a parent or guardian claims them. • If Cell phones are brought to school, they are to be left in the provided cellphone storage and may be used only with permission in the school office.
<p>Attendance Policy</p>	<ul style="list-style-type: none"> • Students need to be present regularly and on time in order to receive optimum benefits from the school program. • Excessive absence and/or tardiness may affect your child's grades and eligibility to continue attending TCE. • Please call or text the office phone before the beginning of the school day to let us know if a student will be tardy or absent. • The school will endeavor to call the parent primary guardian of an absent or tardy student if contact has not been made by her/his parents prior to the beginning of the school day.
<p>Concern Policy</p>	<ul style="list-style-type: none"> • The success of the school depends in large measure upon the fullest cooperation between parents and teachers. • To address a concern: <ul style="list-style-type: none"> - <i>Step 1.</i> Talk directly to the teacher or staff member involved. Please make an appointment for the conference. If this does not resolve the issue, then - <i>Step 2.</i> Discuss the matter with the principal. <ul style="list-style-type: none"> *A request to have concern written may be required * Step 1 will be reviewed, and a joint conference with the teacher will be scheduled - <i>Step 3.</i> The school board is ready and willing to hear legitimate concerns regarding the school or teacher, provided earnest effort has been made by the parent and teacher to clear up the matter and when those efforts have been unsuccessful. - <i>Step 4.</i> The Arizona Conference Superintendent of Education may be helpful when the above procedures have not brought satisfaction.
<p>Dress code</p>	<ul style="list-style-type: none"> • All students are required to have <u>at least 1 Red TCE Logo Polo.</u> • TCE Logo Polos must be worn for field trips and school pictures. • Throughout most of the school week, students will need to wear a plain dark blue, light blue, red, or white polo shirt. Students may wear khaki/navy shorts or pants, or a similar skirt/skort, or jumper for girls. • Friday's have a more casual Dress Code. Students are allowed to wear TCE Friday t-shirts and jeans (as in accordance with the full dress policy found in the handbook)



Thunderbird Christian Elementary

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Tuition & Fees Schedule

Registration Fee – Due Upon Enrollment

Annual Registration Fee:
Paid after April 30, 2024 **\$650.00**

Registration Fee – With Early Bird Discount:
Paid on or before April 30, 2024 **\$550.00**

TCE Tuition:

TK-Kindergarten **\$7,000** (\$1,750/quarter *or* \$700/month)

1st-8th **\$9,300** (\$2,325/quarter *or* \$930/month)

Multi-Child Tuition Discount **\$750** off tuition only

Additional Costs – Not Covered by Tuition:

- Field trips & extracurricular school events and sports programs
- School uniforms
- Hot lunches provided by TAA Café
- Special classroom projects

QUARTERLY BILLING SCHEDULE

QUARTER 1 – AUGUST 1-SEPTEMBER 30

QUARTER 2 – OCTOBER 1-DECEMBER 31

QUARTER 3 – JANUARY 1-MARCH 31

QUARTER 4 – APRIL 1-MAY-30

Note:

- Tuition is due on a quarterly basis.
- Registration must be paid before a student can be enrolled.

Arizona offers many scholarships and tuition assistance programs for new and returning students. We accept the ESA Scholarship, STO Scholarships and the AAA scholarship. For our Seventh-day Adventist Students, many of our churches offer additional tuition assistance.

Applications for the ESA, STO and AAA Scholarship can be found online.

For questions regarding tuition fees and assistance in applying for scholarships please contact the Thunderbird Christian Elementary Finance Manager-
FinanceAdmin@thunderbirdelementary.com or give us a call (602) 587-9445

We are happy to help our families find scholarships and tuition assistance.



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New Student Application

Grade applying for: _____ Date of Application: _____

A.) Student Information

Birth Place: _____ Age: _____ Male Female
City State Country As of 8/1/24

Full Legal Name: _____
First Middle Last Preferred Name

Is this student a baptized member of an SDA Church? Yes No If yes, Year: _____ Church: _____

Has this student been previously identified as qualifying for a Gifted Education Program? Yes No

Has this student been previously identified as qualifying for Special Education Services? Yes No

Does this student have an I.E.P. ? Yes No If Yes, from where? _____

Briefly explain accommodations: _____

B.) Family Information

Parent/Guardian 1 (*Primary Contact*) Relationship to Student: _____ Lives with student Yes No

Full Legal Name: _____ Primary phone: _____ Is this number: Cell House (landline)

Mailing address: _____ Email: _____
Street City State Zip

Occupation: _____ Employer: _____ Work Phone: _____

Religious Denomination: _____ Church Where Membership is held: _____

Parent/Guardian 2 (*Secondary Contact*) Relationship to Student: _____ Lives with student Yes No

Full Legal Name: _____ Primary phone: _____ Is this number: Cell House (landline)

Mailing address: _____ Email: _____
Street City State Zip

Occupation: _____ Employer: _____ Work Phone: _____

Religious Denomination: _____ Church Where Membership is held: _____

Siblings: Number of siblings living with student: _____ Are siblings enrolled at TCE or TAA? Yes No

Names of siblings that are enrolled at TCE (First names only, if same last name): _____

C.) Demographic Information

What languages are spoken in the home? (circle primary language): _____

What ethnic background best describes this student? (check all that apply)

- American Indian/Alaskan Native Asian Black/African American Caucasian/White
 Native Hawaiian/Pacific Islander Hispanic/Latino Unspecified/Prefer Not to Answer

D.) Financial Information

Does this student have an unpaid account at another school? Yes No If Yes, where? _____

Who should financial information be sent to such as bills, invoices, statements and notices?

Name: _____ Relation: _____ Email: _____

Name: _____ Relation: _____ Email: _____

Name: _____ Relation: _____ Email: _____

E.) Non-Parent Emergency Contact – *(If parents are unreachable, who should we contact in case of an emergency?)*

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

F.) Pick-up List– *(This is a list of non-parent individuals that may pick up your child after school. If they will be picking up your student during school hours please contact the office in advance. The office will not release students to any non-parent individuals during school hours without arrangements being made.)*

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Any additional individuals or changes to this list must be provided in writing to the office.

G.) Student Contract:

1. I agree to uphold TCE’s regulations as stated in the Student Handbook and administered by school employees.
2. I pledge my cooperation to TCE and its’ employees.
3. I will live in harmony with TCE’s Christian principles.

Student Signature Printed Name Date

H.) Parent Contract:

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) and/or at grade sixth, c) and/or at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student. I have received the tuition costs schedule, school handbook, after care guidelines, and uniform guidelines. I have read these documents and agree to abide by all terms and guidelines contained therein. I understand that if I do not abide by these terms and/or my account becomes delinquent, I may be refused services.

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date



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Student Recommendation Form

Dear Parent(s)/Guardian:

Thunderbird Christian Elementary must receive at least two recommendation forms for all new students in grades 1st – 8th before the application process is complete. One **must** come from the student’s current classroom teacher/school administrator. The second form may come from a pastor, Sabbath school leader, coach, tutor, babysitter etc., someone not related to the student.

Students may receive more than two recommendations, but two recommendations are required.

Student Name: _____ Applying for Grade: _____

The above-named student is applying for admission to Thunderbird Christian Elementary. Please complete this form as soon as possible and return it to:

Email: office@thunderbirdelementary.com **Mailing Address:** 7440 E. Sutton Drive, Scottsdale AZ 85260

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

(Teacher, Principal, Guidance Counselor, Pastor, etc.)

How would you rate the applicant in the following areas? (Please circle one for each)

- Academic Ability **Good** **Average** **Poor** **Don't Know**
- Christian Influence **Good** **Average** **Poor** **Don't Know**
- Cooperation with Authority **Good** **Average** **Poor** **Don't Know**
- Dependability **Good** **Average** **Poor** **Don't Know**
- Kindness and Courtesy **Good** **Average** **Poor** **Don't Know**

To your knowledge, has the applicant repeated a grade? **No** **Yes** **Don't Know**

To your knowledge, has the applicant been suspended or expelled for behavioral or academic reasons?
No **Yes** (If yes, please explain) _____

To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)? **No** **Yes** (If so, please explain.) _____

Do you recommend this student? **Yes, without reservation** **Yes, with reservation** **No**

Name (Print) _____ Date _____ Phone # _____



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Student Records Request

To:

Previous School: _____

Address: _____

Phone: _____ Email: _____

From:

Requesting School: **Thunderbird Christian Elementary**

Registrar: **Zak Adams**

Address: **7440 E Sutton Drive, Scottsdale, Arizona 85260**

Phone: **(480) 991-6705**

Email: **office@thunderbirdelementary.com**

Please send:

Cumulative Academic Records

Behavior Records

Vital Health Records (Immunizations and Birth Certificate)

Attendance Record

for the following student who is applying/enrolled at our school:

STUDENT NAME

BIRTH DATE

PARENT/GUARDIAN: We have requested the above-named school to send us the cumulative academic record and/or the health record of the above-named student as per your request. This is to notify you of your right to receive a copy of the record and a right to a hearing to challenge the contents. Please contact the conference superintendent of schools for instructions as to procedures to be followed if you wish to exercise your rights in relation to the above action.

A copy of this completed form should be placed in the student's school file.

Parent Signature

Print Name



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Student Medical Record

Only designated staff will have access to this completed form. This form will be stored in a locked file.

Name: _____
Last First Middle Initial Date of Birth

Address: _____

Name of Father: _____ Name of Mother: _____

Medical History (Please check any previous or current illnesses and severe allergies)

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Allergy to Latex |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Ear Infections (Chronic) | <input type="checkbox"/> Allergy to Penicillin |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergy to Nuts: _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Allergy to Insect Bites/Stings: _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Allergy to Other: _____ |

Does your student require access to: Inhaler EpiPen Insulin Other: _____

Please list any **non severe** allergies: _____

Briefly explain factors such as surgeries, accidents, injuries, congenital defects that might affect the child's school experience:

Indicate any Developmental issues that may impact your child's educational experience (i.e: hearing, vision, speech, cognitive, etc.):

Immunizations – An official record of immunizations must accompany this record for all students entering school for the first time in the United States regardless of grade level. Records considered official are: State Immunization Record, Official Immunization Record from another state, School Immunization Record, Health Provider/County Health Department Record (must have signature, stamp or initials next to each date)

Are you providing a complete record of Immunizations or a Personal Beliefs Exemption Form?

- Immunization Record Personal Beliefs Exemption Form

Hearing and Vision – TCE periodically partners with Community Wellness & Safety of Arizona to offer screenings.

Year of last hearing and vision screening: _____ Was a referral made? Yes No

Does your student require glasses to read or require the use of glasses in the classroom? Yes No

Does your student require a hearing device in the classroom? Yes No

Insurance Information – In case of emergency and your student is taken to a medical provider we will provide them with this information.

Insurance Provider: _____ Policy Number: _____ Group Number: _____

Primary Insured Individual: _____ Birthdate: _____

PHYSICIAN'S EXAMINATION*

(The rest of this form is to be filled out by a medical practitioner)

Name of Patient: _____ Date of Birth: _____ Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Not Examined	Explain abnormalities:
Skin				_____
Eyes, Vision, Glasses				_____
Ears, Hearing				_____
Nose and Throat				_____
Mouth, Teeth, Speech				_____
Glands				_____
Chest, Lungs				_____
Cardiovascular, Heart				_____
Abdomen - enlargement				_____
Abdomen - tenderness				_____
Abdomen - hernia				_____
Spine, Back				_____
Scoliosis (For Grade 6)				_____
Posture				_____
Extremities				_____
Genitourinary				_____
Nervous System, Reflexes				_____

Nutritional Status and general appearance of the child: _____

Recommendations for additional medical or dental care: _____

Can this student participate unrestricted in normal physical education program which includes such activities as running, jumping, swimming, and tumbling. Yes No

If student must be restricted from participating in activities such as are listed above, please list accommodations that should be made: _____

Date of Examination: _____ Physician's Signature: _____

Address: _____

** To be completed by a physician and kept on file at the school for all children, a) entering school for the first time, b) at grade six (this should include the scoliosis examination), c) at other grades, when required by the Arizona Conference Board of Education.*



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2024-2025 Parental Consent to Treatment

This form must be filled out at the beginning of each school year to cover the activities for the entire school year.

A copy of each student's form must be taken on off-campus activities.

Only designated staff will have access to the completed form.

Student's Name: _____ Age: _____ Date of Birth: _____

Primary Contact Parent/Guardian's Name: _____

Primary Home Address: _____

Parent/Guardian Name: _____ Preferred Contact Number: _____ Secondary Contact Number: _____
Is this number: Work Cell House Is this number: Work Cell House

Parent/Guardian Name: _____ Preferred Contact Number: _____ Secondary Contact Number: _____
Is this number: Work Cell House Is this number: Work Cell House

Please describe allergies to any food, substances, or medications:

List any regular medications student takes: _____ Date of last tetanus shot: _____

Please list any dietary requirements/restrictions: _____

Please list any physical restrictions: _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. (In case of any changes in the named persons, notify the school in writing.)

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Insurance Provider: _____ Group: _____ Member: _____

Primary Insurance Holder: _____ Birthdate: _____

Please give the name of your local family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Family Physician: _____ Office Telephone: _____

Hospital Preference: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above-named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian: _____ Date: _____



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Consent to Photograph/Film

During the school year, Thunderbird Christian Elementary teachers and or staff may take pictures/videos of your student(s) in the classroom and or while participating in school activities. These photos/videos may be published in our yearbook, on our website, on the Arizona Conference's website, school social media pages and in school advertisements for educational and promotional purposes.

Initial One:

_____ **I give permission** to Thunderbird Christian Elementary and the Arizona Conference of Seventh-day Adventists to use above said student's picture, image, and other likeness, as well as all materials prepared during and in relation to the Thunderbird Christian Elementary programs and activities, for educational and promotional purposes without compensation of any kind.

_____ **I do not give permission** to Thunderbird Christian Elementary and the Arizona Conference of Seventh Day Adventists to use above said student's picture, image, and other likeness in any materials. I understand that my student will not appear in any school publications, including the yearbook.

Name of student

Grade

Signature of parent/guardian

Date

Print name of parent/guardian

Phone Number



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Student Computer/Technology Use Policy

The schools of the Seventh-day Adventist Education system are pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet both parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore support the school's choosing to make the Internet available to our students. But because ultimately parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources we respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege-not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the school computer network, just as they are

anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Be responsible and courteous in all communications
- Be responsible with all computer hardware and software
- Keep their passwords to themselves
- Respect the confidentiality of folders, work and files of others
- Learn about and observe copyright laws

Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action.

User Agreement and Parent Permission Form

As a user of the school's computer network, I agree to comply with the above stated rules-communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature

Date

Grade

Student Printed Name

As the parent or legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use-setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature

Printed Name

Date



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Walking Home Permission Form

I give _____ Grade _____
(Print student's full name)
permission to walk home from school at dismissal.

Please check all that apply:

- My child has permission to walk home on normal school days.
- My child has permission to walk home on Early Release Days.
- My child has permission to walk home from after-school sports activities.
- My child has permission to walk to _____
(specify)

Comments: _____

This form must be on file in the office prior to the first day your child is permitted to walk home. Without this form, your student will not be released without the presence of a parent or designated pick-up individual.

Students walking home MUST WAIT to leave campus until 3:45pm.

PARENT SIGNATURE

PHONE NUMBER

DATE



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Before/After Care Guidelines and Agreement

Thunderbird Christian Elementary School After Care Service (ACS) is provided to our families that may not be able to pick up their children every day at dismissal time. You and your child are required to abide by the After Care Guidelines contained herein. Our students are very special to us, and our primary concern is for their safety. Therefore, until students can be picked up, you and your child are expected to abide by the following guidelines:

Parents:

1. Only pre-authorized persons over eighteen (18) years of age may pick up students.
2. All students must be signed in and out of After Care. The teachers will sign the students into After Care at dismissal time and the authorized person must sign the students out before leaving with them.

Students:

1. Line up quietly while waiting to be signed in.
2. Be sure the director knows where you are at all times.

Parents and Students:

1. Follow the regular school rules pertaining to how you treat each other and the school staff.
 - a. Be respectful to each other and the After Care Director.
 - b. Because we have children of all ages mixed together in After Care, please be mindful of the younger ones and look out for each other.
 - c. Remember, politeness counts!
2. Follow the regular school rules pertaining to how you treat school property.
 - a. Throw trash in a garbage can, do not leave it lying around school grounds.
 - b. Do not destroy or deface school property.
 - c. If you notice any problems while on campus (example: someone hanging around campus that may not belong there, clogged toilet, etc.), please report it to a staff member.
3. The After Care area is the playground and lower grade field, and in the After Care Room. Students are to be all outside, or all inside the After Care Room (restroom/drink needs allowed of course), as directed by the After Care Director. The Director is only able to watch one direction at a time!
4. Let the Director know when students are leaving for the day and make sure that they have been signed out for the day.

ACS Acknowledgement: We (parent and student hereby acknowledge receipt of ACS guidelines contained here. We further acknowledge that we have completely read the school handbook and this form and understand that we must keep all contact information current, and that if either of us does not comply with ACS guidelines we may be refused service.

Student Signature

Date

Student Signature

Date

Student Signature

Date

Parent Signature

Date

After Care Service Hours:

Monday –Thursday: 7:30 am—7:45 am
3:45 pm—5:30 pm
Friday: 7:30 am—7:45 am
12:30 pm—3:30 pm

Fees:

\$8.00 per hour
or any part thereof/per student

Late pick-up fees:

\$30 per hour/per student,
After 5:30 pm Monday – Thursday
after 3:30 pm on Friday.

After Care Service Phone Number:

(602) 580-3833

Please call if you will be late.



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Student Commitment Agreement

Name: _____ Grade: _____

I acknowledge the TCE Student Handbook and am aware of the policies it outlines. I agree to do my best to follow the policies of the school, especially in the following areas:

- Dress Code Policy:** I have read the about the dress code on page 20 of the Student Handbook, and will do my best to always wear clothing that complies with it. I understand that if I don't, I will have to wait in the office until my parents bring me clothing that does comply.
- Discipline Policy:** I have read the Classroom Management Plan laid out on page 32 of the Student Handbook, and will do my best to always follow the general behavioral guidelines of TCE. If I forget to, I understand that the teachers and school staff will follow the TCE discipline policy which includes written referrals, and possibly parent conferences with administration, as outlined in the handbook.
- Drugs/Smoking/Vaping/Alcohol Policy:** I have read the zero tolerance policy that TCE has with drugs/smoking/vaping/alcohol in the Student Disciplinary Procedures on page 35 of the Student Handbook. I commit to never using these substances and understand that if I were to use them or have them in my possession, it will result in immediate expulsion from TCE. I would only be considered for re-enrollment after completing rehabilitation and drug/alcohol education as determined by the school board.

Student's Signature: _____ (Date)

Parent/Guardian's Signature: _____ (Date)



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Student Tuition Subsidy Request

If you are a member of a local Seventh-day Adventist Church, you may be eligible for a monthly Student Tuition Subsidy, which your church pays directly to TCE to be credited to your bill, but you must apply, and funds are not guaranteed.

Please complete this form, submit it to your **Church Pastor and Church Treasurer** for their signature. Once they have signed the form, return it to the Thunderbird Christian Elementary school office.

Student Name: _____ Date of Birth _____ Grade _____

Parent/Guardian Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ E-mail: _____

Student Tuition Subsidy Policy:

1. Student Tuition Subsidy is an agreement between the Parent/Guardian and the subsidizing church where they are a member. TCE is not responsible for arranging for Student Tuition Subsidy or collecting payments from subsidizing churches.
2. The Parent/Guardian is responsible for requesting the Student Tuition Subsidy from their home church, and making all accompanying arrangements.
3. TCE holds the Parent/Guardian responsible for all tuition and fees related to their student's education.
4. If the subsidizing church fails to submit payment to TCE, or if that payment is late, the Parent/Guardian is responsible to pay the full tuition bill in order to keep their student enrolled. *It will be to the Parent/Guardian's advantage for the subsidizing church to submit payment according to that schedule so it can be posted to their bill.*
5. TCE will credit Student Tuition Subsidy funds to student bill only AFTER those funds are physically received from the subsidizing church.

Subsidizing Church: _____ Phone Number _____

Subsidy Amount Promised: _____ per month.

Church Pastor Signature

Church Treasurer Signature