

# FAIRFIELD CHRISTIAN ACADEMY SUMMER FORGIVENESS OPTION

## FCA Grade Forgiveness Policy (Ohio Credit Flex Option)

Students may retake a course either in the classroom or on the Ignitia online platform to improve their semester grade(s) posted on the student transcript.

**Forgiveness classes on Ignitia:** Students must complete the courses one at a time. Ignitia courses utilize a pre-test feature that identifies the areas of learning that the student needs to strengthen. Pre-tests must be completed prior to the start of the course. Once the pre-tests are complete the student will work independently as the Ignitia program is available 24/7. Students will need to schedule with the Guidance Office to take the pre-tests at the start of the course and tests at the end of each unit in the summer. For students in grades 9-11, the original grade will remain on the transcript until the student completes the forgiveness course. The better grade will become the final grade for that course. Senior students need to work with the Guidance Office since transcripts for college acceptance may be needed during the 1<sup>st</sup> semester of the senior year.

Mrs. Kara Stephens will be the supervising instructor during the summer.

Student Orientation will be held during the last week of the school year.

The program must be completed by the first week of August. If a student is not done by that deadline then the student will be scheduled into an Ignitia lab until the course is complete. Please note that will mean a two week period where the student will not be able to communicate with the teacher, so finishing on time is highly recommended.

Cost: \$160.00 per course - REGISTRATION DEADLINE is May 15th.

Payment must be received at FCA by May 25<sup>th</sup> or student will not receive log-in at orientation.

Mail the registration form to the attention of: Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130. You may bring the form directly to the High School Office, or e-mail to [kstephens@fcaknights.us](mailto:kstephens@fcaknights.us) , or fax to 740-654-7689.

Course Cancellation: In the event of course cancellation, you will be notified and a full refund of fees will be issued.

Refund Policy: A \$20.00 fee will be charged for all cancellations. (Does not apply in the case of a course cancellation.) No refunds will be issued unless withdrawal is made 2 weeks prior to start of course.

## SUMMER FORGIVENESS OPTION REGISTRATION

To register, please return this form by May 15<sup>th</sup>. Payment must be made by May 25<sup>th</sup>. \$160.00 per course.

Student Name \_\_\_\_\_ Student Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Forgiveness course requested (Subject name) \_\_\_\_\_

**Return this form to:** Fairfield Christian Academy Summer Program, 1965 N. Columbus Street, Lancaster, Ohio 43130 or you may bring the form to the High School Office or scan and e-mail to [kstephens@fcaknights.us](mailto:kstephens@fcaknights.us), or fax to 740-654-7689

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_

Complete the *Emergency Medical Information* below. Although the majority of this class is on-line at home, the student will still need to come into FCA to take the tests and this information must be on file in the case of an emergency during those brief times on campus.

### *Emergency Medical Information*

#### **Emergency Contact:**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Please indicate relevant medical information about this child:

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_

**Parent Authorization:** In the event reasonable attempts to contact me are unsuccessful, I give consent for: 1) the administration of any treatment deemed necessary by the above named doctors, or by another licensed doctor/dentist if one above is not available. 2) the transfer of my child to any reasonably accessible hospital. Authorization does not cover major surgery unless two other licensed doctors, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Refusal to consent:** In the event of injury or illness, I do not give my consent for emergency medical treatment of my child.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_