

ONE DAY ACADEMY
TEEN STUDENT POLICY ACCEPTANCE
2011 - 2012

STUDENT'S NAME _____ FAMILY CERTIFICATE NUMBER _____

PARENTS' NAMES _____

STUDENT ACCEPTANCE

- I understand the values of One Day Academy.
- I agree to abide by the policies of One Day Academy any time I am on a One Day Academy campus.
- I agree to accept the direction of a staff member any time I am on a One Day Academy campus.

Signature _____ Date _____

PARENT ACCEPTANCE

- I understand that my child is agreeing to accept the leadership and policies of One Day Academy any time he or she is on a campus of One Day Academy.

Signature _____ Date _____