

TVBA Homeschoolers Packet 2019-2020  
Cover Letter

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Dear Parent,

We are excited that you are considering enrolling your child(ren) to be a part of Twin Valley Bible Academy's programs. Mentioned above is a list of paperwork which needs to be reviewed and/or filled and turned in by May 31, 2019. Late entries in programs may not be accepted. Sports physicals are valid only for 1 year so please make arrangements to have a physical completed before the sports season begins. You need not use the enclosed physical form, and school/doctor physicals are acceptable as well.

The TVBA administration have revised outside service parameters which take effect immediately towards the next school year. The consistent dead line to register for all sports teams and programs will be July 15 preceding the school year applied for. Any payments should be made and sent to Twin Valley Bible Academy. Twin Valley Bible Academy reserves the right to accept or deny students admission based upon availability and/or offering limitations of programs. We do not discriminate on basis of race, color or national and ethnic origin. Program offerings are a privilege; therefore, we also reserve the right to dismiss any student based upon behavior or insubordination to school policies and rules of which they will sign to affirm their commitment.

- **Enrollment:** TVBA enrollment is a required prerequisite in order to participate in any program your child(ren) applies for.
  - **ENROLLMENT FEES**
    - **First-time Enrollment Fee:** \$85.00 per student (not to exceed \$185.00 per family)
    - **Re-enrollment Fee:** \$60.00 per student (not to exceed \$135.00 per family)  
Extended to individual students who have previously been enrolled in TVBA in any previous school year as a full-time or homeschool student.
  - Please fill out the Consent & Release Form and indicate by signing that you and your student are willing to commit to the standards while under school functions.
- **Sports Information:**
  - ALL STUDENTS MUST BE ABLE TO COMMIT TO EVERY PRACTICE AND GAME. This is virtually non-negotiable except for "emergency" type situations. The coaches commit 100% of their time and it is expected the athletes do the same. If this is not possible, please reconsider your child's participation.
  - Outside student athletes are prohibited from participating on another interscholastic team of the same sport, during the same season. (Example: You may not play soccer for TVBA in Aug-Oct 2018 and also play for Bob's Christian School in Aug-Oct 2018).
  - All student athletes (including homeschoolers) must recite the monthly academy scripture verses to their coach by the end of the month. If any academy student does not recite this in time they are put on academic probation and consequently cannot play in games until they say it.
    - September '19 (Fall Sports)                      Psalm 119:33-36 (KJV)

- |                                |                        |
|--------------------------------|------------------------|
| ○ October '19 (Fall Sports)    | Psalm 119:37-40 (KJV)  |
| ○ November '19 (Winter Sports) | Psalm 119: 41-44 (KJV) |
| ○ December '19 (Winter Sports) | Psalm 119:45-48 (KJV)  |
| ○ January '20 (Winter Sports)  | Psalm 119:49-52 (KJV)  |
| ○ February '20 (Winter Sports) | Psalm 119:53-56 (KJV)  |

- There will be only 5 spots available on the team for outside students, per sports team. If more than five are interested in playing a special tryout will be held to select those athletes to fill those spots. To clarify, “making the team” in this tryout does not necessarily guarantee a starting position. This must be earned for *all* athletes. Playing time will be earned as well and may not be “balanced”.
- There are also maximum numbers of athletes allowed on a team due to uniform numbers etc. In this case, as you may understand, full-time academy students get first priority. Again, if spots are available for the homeschoolers, there will be a special tryout to win those spots. In case you care of the breakdown it is as follows:

- JV & Varsity Soccer Maximum – 19 players
  - ✧ Example- If the academy provides 19 players, no homeschoolers will be allowed to play etc.
- JV & Varsity Volleyball Maximum – 14 players
  - ✧ Example- If the academy provides 13 players, only 1 homeschooler will be allowed to play etc.
- JV & Varsity Basketball Maximum – 12 players
  - ✧ Example- if the academy only provides 6 players, then five homeschoolers can play etc.

In any case possible, teams will be split into Junior Varsity & Varsity teams, still using the minimum rule.

Thank you for your attention to these matters. We try to make it as easy and convenient as possible for your athlete(s) to be able to participate in our sports program. If you have any questions or concerns, please contact Nate or Rachel at the school office (610)286-6646.

Sincerely,



Nate Mellinger  
Athletic Director

**TWIN VALLEY BIBLE ACADEMY**  
**CONSENT AND RELEASE FORM**

I, the undersigned parent or guardian give permission for my child, \_\_\_\_\_, to participate in **Twin Valley Bible Academy** programs for the \_\_\_\_\_ - \_\_\_\_\_ school year, including any and all activities listed on the Outside Services Schedule. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_, or another adult sponsor to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Twin Valley Bible Chapel** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legal binding agreement which I have read and understand.

MEDICAL CONDITIONS TO BE AWARE OF:

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TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:

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\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

## ATHLETIC PROGRAM PARENT CONSENT FORM

I give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_  
for the \_\_\_\_\_ - \_\_\_\_\_ school year. I am fully aware of the standards of **Twin Valley Bible Academy**, and, as God enables me, I will help my child to maintain those standards. I am aware that many of the school's games will be played outside the school area and therefore van/bus travel will be necessary, under the correct supervision of school personnel.

**Full insurance coverage for your child is mandatory. If your child is not covered by your own policy he or she cannot participate in Twin Valley Bible Academy's sports program. *By signing this consent form you are also stating that you have sufficient insurance coverage under your family policy to provide for any or all athletic injuries.***

Parent's Signatures: \_\_\_\_\_ (Date)  
\_\_\_\_\_ (Date)

## ATHLETIC PROGRAM STUDENT AGREEMENT FORM

I am aware of the responsibilities and regulations of **Twin Valley Bible Academy's ATHLETIC PROGRAM**, and I will with God's guidance uphold my testimony as a Christian first, then as a player.

I will cooperate fully with those in charge, supporting the school all times, promoting school spirit and good sportsmanship in and out of school.

I understand that this is a commitment form and that I will be in attendance of all necessary practices and functions in preparation for games and in attendance for all games.

Student Signature: \_\_\_\_\_ (Date)

## **TWIN VALLEY BIBLE ACADEMY ATHLETICS**

To take part in the Athletic Program at Twin Valley Bible Academy is an honor, not an obligation. With privilege comes responsibility. Those who participate in such a program should have earned the right to do so on the basis of their Christian testimony, athletic ability, academic achievement, and attitudes. Athletics are considered a major part of building the “Pioneer Spirit” of the Academy, and every effort will be made to provide opportunity for a balanced program.

It is required that all those sharing in the athletic program recognize the sponsors or coaches as God’s appointed leaders, and respect them as such in word, actions, and attitudes. Insubordination cannot be tolerated if there is to be harmony and success in athletics. One of the most vital influences the Academy can have is on the field of athletic competition. Thus, it must be our goal to do all “To the glory of God” whether by winning or losing.

As with all extra-curricular activities, members of the Athletic Squads of Twin Valley Bible Academy must remember that to be a leader demands sacrifice and much devoted effort. Parents, as well as participants, must be willing to expend extra time and effort, if the squads are to be successful.

Rigid standards are required for all athletic participants. All matters of policy concerning conduct, demeanor, and dress, are carefully and prayerfully considered prior to becoming final. Upon their becoming matters of policy, it is expected that they will be complied with in a manner becoming a school leader and a Christian.

Practice sessions for the various teams will be set by the coach or sponsor. All absences from practice must be cleared with the coach, except in extreme cases such as illness, etc.

The following standards for those within to participate in the athletic program of Twin Valley Bible Academy:

1. The student must maintain a combined scholastic average of 80 or above. Should the combined average drop below the 80 average, a student will have 3 weeks to bring the average up the accepted average. Thereafter, should the average fall to below the 80, the student will be dismissed from the team or squad for the balance of the season.
2. The student will be required to submit a written testimony of his/her faith in Christ, as well as a statement of the reason for desiring to be a member of the team or squad.
3. The student must have had no disciplinary action for willful violation of any school standards, either regulations or attitude. All offenses by a team member will be viewed as extremely serious and a second offense of any nature will result in dismissal from the team or squad.
4. Each student desiring to participate in the athletic program must submit a form provided by the Academy stating his/her parents’ knowledge and consent, and willingness to abide by the policies and standards set forth.
5. Conduct, demeanor, dress, and the like for any member of the team or squad for the athletic department of the Academy must be superior at all times and in all places. This definitely includes conduct, demeanor, dress when away from school, as well as in any given school situation.
6. Each student taking part in the athletic program should have a physical examination within the last 6 months. If not, please schedule a doctor appointment for an examination and submit a written statement from your doctor indicating his approval.

Physician's Report of  
Physical Examination of a Pupil of School Age  
~~~~~ Annually for Sports ~~~~~  
~~~~~ Needed at Entry, 6<sup>th</sup>, 11<sup>th</sup> for full time students ~~~~~

Name of School : Twin Valley Bible Academy Date: \_\_\_\_\_

Name of Pupil : \_\_\_\_\_ Age : \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

Medical History : (Give Significant details, including serious illness, any allergies, operations, accidents, etc.)

Report of Examination: (Elaborate below on positive findings)

|                   | <u>Normal</u> | <u>Abnormal</u> |                                  | <u>Normal</u> | <u>Abnormal</u> |
|-------------------|---------------|-----------------|----------------------------------|---------------|-----------------|
| General Nutrition | _____         | _____           | Lungs                            | _____         | _____           |
| Skin              | _____         | _____           | Abdomen                          | _____         | _____           |
| Eyes              | _____         | _____           | Genitalia (Male)                 | _____         | _____           |
| Ears              | _____         | _____           | Neuro Muscular Sys.              | _____         | _____           |
| Nose & Throat     | _____         | _____           | Skeleton                         | _____         | _____           |
| Teeth & Gingiva   | _____         | _____           | Posture                          | _____         | _____           |
| Glands            | _____         | _____           | Emotional status                 | _____         | _____           |
| Heart             | _____         | _____           | Hearing                          | _____         | _____           |
| Vision: R 20/     |               |                 | L 20/                            |               |                 |
|                   |               |                 | + Lens                           |               |                 |
| Height: _____     |               |                 | Wears corrective lens: yes or no |               |                 |
|                   |               |                 | Weight: _____                    |               |                 |

Is the pupil under treatment: yes or no

Should this pupil have restrictions on play or physical education activities?

Yes or no If yes, recommendations:

What other recommendations do you wish to make to teacher or school nurse which might be of benefit to this pupil from the point of view of either physical or mental hygiene?

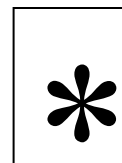
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Signature of Examining Physician

Address

Telephone

## EMERGENCY MEDICAL INFORMATION



For the \_\_\_\_\_ - \_\_\_\_\_ School Year

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list your home address, home phone number (with area code), work phone number(s), cell phone numbers, and whom to call if you cannot be reached in case of an emergency:

Address: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_

Cell phone number: (\_\_\_\_) \_\_\_\_\_ (optional-Father)

Cell phone number: (\_\_\_\_) \_\_\_\_\_ (optional-Mother)

Work phone number: (\_\_\_\_) \_\_\_\_\_ (Father )

(\_\_\_\_) \_\_\_\_\_ (Mother)

In case of emergency: \_\_\_\_\_  
(Name) (Relationship) (Phone)

Name and phone number of your doctor: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

To which hospital would you prefer your child to be taken if it should ever be necessary? (In life-threatening situations, child will be taken to the nearest hospital.)

\_\_\_\_\_  
(Hospital) \_\_\_\_\_  
(Address)

My child may have: (Please check if we may give these medications)

☐ Tylenol      ☐ Pepto Bismol      ☐ Other \_\_\_\_\_  
☐ Advil      ☐ Cough Drops      ☐ Other \_\_\_\_\_

(Remember you child will need their own supply of tissues and cough drops if he or she has persistent cold or cough.)

**\*PLEASE NOTE\* If there are any over-the-counter medications (ex. Claritin, during allergy season) or prescription medication (ex. Inhaler), your child needs to take during school hours, please send in a signed note with instructions on when/how often/how much your child should be administered.**

My child has an allergy to the following medication(s): \_\_\_\_\_

(over)

My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_, and takes  
the following medication per allergy symptom (dosage, how often/or as needed) \_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions and/or information we should be aware of in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT PERMISSION FORM**

In the event of a medical emergency, T.V.B.A. personnel will try to get in touch with the child's parents. If the parents cannot be reached (or until they can be reached), the following steps may be taken:

1. School personnel will administer "first aid" or "urgent care."
2. The child may be treated by one or more of the following professionals:
  - a. Nurse
  - b. Doctor
  - c. Emergency Medical Technician/Ambulance crew
  - d. Hospital personnel (emergency room, etc.)
3. The child may be admitted to the hospital if deemed necessary by the attending physician.

I understand and agree to the steps outlined above, and I give permission for Twin Valley Bible Academy to seek medical help for my child \_\_\_\_\_ if I cannot be reached.  
(child's name)

I hereby give permission for medical personnel to treat my child at school, enroute to a doctor or hospital, and in the hospital if necessary.

\_\_\_\_\_  
(Father/guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother/guardian's signature)

\_\_\_\_\_  
(Date)



**Twin Valley Bible Academy**  
*A Ministry of Twin Valley Bible Chapel*  
105 Shirktown Road, Narvon, PA 17555

For the \_\_\_\_\_ - \_\_\_\_\_ School Year

**OUTSIDE SERVICE APPLICATION & ENROLLMENT**

This application is for homeschooled students who desire to participate in the coming school year programs. **One application is to be filled out for every student.** We believe that completing and signing this agreement is a re-commitment on your part as parents and students to Christian education and the working together of the home and school to produce fruitful, productive lives for His honor and glory.

The registration fee must accompany this application. See the cover letter for details on the registration (enrollment) fee.

Please check the appropriate circle: ☐ First-time Enrollment ☐ Re-enrollment

Student's name: \_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade to enter: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail : \_\_\_\_\_

Church you attend: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Business Phone or best contact: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Business Phone or best contact: \_\_\_\_\_

(OVER)

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY:

I acknowledge my support for and approval of the Academy's leadership (Pastor, Board of Elders, Principal, Staff and Monitors). In the event that a matter of personal disappointment arises, as an individual or a family, I purpose to follow the rules of the Savior as outlined in Matthew 18:15-20, in resolving that disappointment.

I hereby pledge to pay my financial obligations to the school on the date due and understand that a late fee may be assessed when payment has not been made by the fifteenth of the month.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I appreciate the standards of the school, and do not tolerate profanity, obscenity in work or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf, and authorize this school to employ such discipline as it deems wise and expedient for the training of my child.

I understand that the school reserves the right to discipline (to the point of and including dismissal) any child who fails to comply with the established rules and regulations.

I will do my best to monitor and control my child's use of television, videos, movies, radio, records/music, and literature realizing the atheistic, humanistic element so prevalent in these areas today.

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Father's Signature

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Mother's Signature

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Date

I understand the general rules of the Academy and will attempt to follow them completely.

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Student's name

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Date

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Twin Valley Bible Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.