

# Camden Military Academy

*Camden, South Carolina*

## Enrollment Forms for School Year 2016-2017

Return payment along with completed  
forms no later than July 20, 2016

(Camden Plan due on June 20)

A current physical is required of all cadets annually. If your son's CMA physical is over 1 year old, a new physical is needed. Cadets cannot report without a current physical.

A complete set of Enrollment Forms for the 2016-2017 school year is required of all cadets. Parents need to provide current information on the attached forms. We cannot transfer the information from last year's forms or from summer school forms. The forms are year specific and must be completed annually. Your cooperation is appreciated.

Please submit a copy of the cadet's birth certificate with the enrollment forms.

The following pages cover tuition and other financial obligations.

All payments are due July 20, 2016. This includes: Tuition, Student Bank, Activity Account and the Senior Fee. The only exception is the Camden Payment Plan which is due June 20, 2016.

College courses will be billed each semester after school starts.

### Monthly Statement

Some of the items listed on your AR statement will include:

Tuition – Due 1<sup>st</sup> of each month  
Supply Room Items  
Infirmary Items  
Damages  
Miscellaneous Items

Some of the items that will not have invoices attached to statement:

Tuition  
Trips  
Dry Cleaning/Laundry  
Shuttle Charges

*Please contact **Brandee Young** with billing questions at 803-424-5616 or brandee@camdenmilitary.com.*

**PLEASE WRITE ONE CHECK TO COVER ALL ITEMS.**

School Year 2016-2017

*Camden Military Academy*  
**TERMS AND EXPENSES**  
 2016-2017

FULL PAYMENT PLAN

\$	100.00	Application Fee	
\$	21,495.00	Tuition	Due JULY 20
\$	2,195.00	Uniform Fee*	Due JULY 20
\$	23,790.00***	TOTAL	

ACADEMY PAYMENT PLAN

\$	100.00	Application Fee	
\$	9,505.00	Down Payment	Due JULY 20
\$	6,145.00	Payment	Due October 31
\$	6,145.00	Payment	Due December 31
\$	2,195.00	Uniform Fee*	Due July 20
\$	24,090.00***	TOTAL	

MONTHLY PAYMENT PLAN

\$	100.00	Application Fee	
\$	10,745.00	Down Payment	Due JULY 20
\$	1,300.00	Monthly Payments	Due Sept 1 thru May 1**
\$	2,195.00	Uniform Fee*	Due July 20
\$	24,740.00***	TOTAL	

CAMDEN PAYMENT PLAN

\$	100.00	Application Fee	
\$	5,755.00	Down Payment	Due JUNE 20
\$	1,700.00	Monthly Payments	Due August 1 thru May 1**
\$	2,195.00	Uniform Fee*	Due June 20
\$	25,050.00***	TOTAL	

\*A uniform issue is required of new cadets only.

\*\* Payments are due on the first day of each month.

\*\*\*Senior tuition is \$375.00 higher than the tuition totals above.

EXPENSES

TUITION – This fee covers instruction and room and board. It does not include spending money, laundry and dry cleaning, special medical care beyond the facilities of the infirmary, driver’s education, flying lessons, or willful destruction of property. Parents are billed on a monthly basis for laundry, dry cleaning, and extra charges incurred.

FINANCIAL OBLIGATION

The cost of operating the Academy must be budgeted on an annual basis. For this reason cadets are accepted for the entire school year and upon entrance a valid and binding contract is in force for the entire school year. In the event of dismissal or withdrawal, the balance of the tuition and other charges, less credits, becomes immediately due and payable. Credit of only \$600.00 per month will be given for that portion of the school year the student is not in attendance.

Additionally, because the Academy’s budget is tuition driven, payments are required in a timely fashion. Any payment not received in the Academy’s business office by the date due will be assessed a \$10.00 late charge. Per contract, should an account become delinquent, grades and transcripts will be held until the account is settled. Delinquent accounts may be forwarded to an outside agency for collection. Failure to make payments by the due date may result in a cadet’s separation.

**ENROLLMENT CONTRACT**

*I certify that my son/charge is amenable to discipline, is free from known immoral habits and that I have reviewed all pages, both front and back, of this contract, and agree to abide by the provisions of the contract and all materials incorporated into it. It is fully understood that upon my son's entry into Camden Military Academy this application becomes an agreement between Camden Military Academy and the undersigned. It is also fully understood that application does not insure an offer of admission. I agree that my son is subject to the rules, regulations and policies of Camden Military Academy and it shall be within the discretion of the Headmaster or his representative to punish or dismiss my son/charge for any breach of any such rules, regulations and/or policies. The school also reserves the right to refuse admittance, suspend, or expel any student who does not cooperate with policies established in the parent handbook or cadet regulations book. If any student or parent refuses to follow those standards, they place their privilege of attending Camden Military Academy in jeopardy.*

*I also agree to cooperate with Camden Military Academy authorities in the maintenance of good discipline and do hereby consent to the administration of drug screening tests to my son/charge if deemed necessary by Camden Military Academy authorities. Refusal of a drug screening test by a student shall be considered grounds for dismissal. (Camden Military Academy has been advised that a drug screening test can establish that there has been drug use, but it cannot insure that there has been no drug use.) I understand that students are accepted only upon the express condition that they shall remain at Camden Military Academy until the end of the full school year and be financially obligated to the full school year tuition and other actual incurred costs, unless suspended or dismissed for misconduct or breach of Academy discipline. In the event of dismissal or withdrawal, the balance of tuition and other charges, less credits, becomes immediately due and payable. Except for attendance time lost to temporary suspension for disciplinary actions, credit of \$600.00 per month will be given for that portion of the school year the student is not in attendance. Students will be charged for damage to or loss of school or government property through intentional thoughtless action or neglect. I further agree that Camden Military Academy has the right to withhold student transcripts, report cards, and any and all student records until all financial accounts have been paid in full. It is further understood that if all accounts have not been paid in full by twenty days prior to graduation there will be a suspension of services and the student will be required to leave school. The school further reserves the right to suspend services at any time for non-payment. It is also understood that in addition to tuition and other school charges I agree to be responsible for the cost of any tuition collections, including attorney's fees. This contract is the full document and constitutes the only agreement between the applicant, his family, and those contracting with the school and Camden Military Academy superseding any prior agreement, written or oral.*

*In addition to the above enrollment agreement, I also agree that photographs taken of my son/charge while a student at Camden Military Academy may be used in school sponsored media, publications, advertisements and commercials.*

\_\_\_\_\_  
Date Signature of parent or guardian  
(if parents are divorced - signature of the parent with legal custody)

\_\_\_\_\_  
Date Signature of person responsible for payment

\_\_\_\_\_  
Person responsible for payment Name Address Telephone

Relationship of person responsible for payment to applicant (i.e., grandparent, aunt, uncle, etc.) \_\_\_\_\_

Other person(s) to receive information concerning applicant (report cards, etc.) \_\_\_\_\_

\_\_\_\_\_  
Name Address Relationship to Applicant

**TO BE READ AND SIGNED BY APPLICANT**

*I understand that while under the jurisdiction of Camden Military Academy:*

- 1. I must abide by all Camden Military Academy regulations.*
- 2. I will not use tobacco products, alcoholic beverages or illegal drugs, including marijuana.*
- 3. I will not lie, cheat or steal.*

*In addition to the above, if I am of legal age when signing this contract, I hereby obligate myself to the terms of the contract above.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/student

School Year 2016-2017

**REGISTRATION (PAYMENT IS DUE JULY 20) Cadet's Name \_\_\_\_\_**

**Complete the form below indicating your choice of payment plan and which trips you wish to purchase for your son. Parents will be informed of additional trips which may be added during the school year. Please contact Brandee Young in our bookkeeping department at 803-424-5616 with any questions. Trips are on a first-come first-serve basis. Payment reserves a space for your son.**

Senior Additional Tuition (Required of all 12 <sup>th</sup> graders)-----	\$ 375.00	_____
Full Payment Plan (Due July 20)-----	\$ 21,495.00	_____
Academy Payment Plan Down Payment (Due July 20)-----	\$ 9,505.00	_____
Monthly Payment Plan Down Payment (Due July 20)-----	\$ 10,745.00	_____
Camden Payment Plan Down Payment (Due June 20)-----	\$ 5,755.00	_____
Uniform Fee (Required of New Cadets Only)-----	\$ 2,195.00	_____
Trip 1 Carowinds-----	\$ 115.00	_____
Trip 2 White Water Rafting-----	\$ 135.00	_____
Trip 3 Medieval Times-----	\$ 150.00	_____
Trip 4 Washington, D.C.-----	\$ 585.00	_____
Trip 5 SeaWorld/Hollywood Studio's-----	\$ 585.00	_____
Trip 6 Ski Trip-----	\$ 400.00	_____
Trip 7 Atlanta, Georgia -----	\$ 200.00	_____
Trip 8 Ski Trip-----	\$ 400.00	_____
Trip 9 Busch Gardens/Universal -----	\$ 585.00	_____
Trip 10 Yorktown/Charleston, SC-----	\$ 100.00	_____
NFL Panthers Trip 1-----	\$ 120.00	_____
NFL Panthers Trip 2-----	\$ 120.00	_____
NBA Game-----	\$ 100.00	_____
Student Bank (Between \$10 to \$30 a week) x 36 (required of all students)-----	\$	_____
Activity Fee (required of all students)-----	\$ 400.00	_____
Extra Spending Money for Optional Trips -----	\$	_____
Total -----	\$	_____

## **ACTIVITY FEE**

Parents are required to make an additional deposit of \$400.00 in the cadet's activity account. This covers the cost of day and movie trips as well as other optional activities. This is charged to the cadet's activity account. No cash money is issued from this account.

At the end of the school year, any money left in this account will be credited back to the cadet's Accounts Receivable account.

---

Print Cadet's Last Name	First	Middle	Laundry #
-------------------------	-------	--------	-----------

**ACTIVITY ACCOUNT=\$400.00**

**ACTIVITY MONEY IS DUE JULY 20**

## STUDENT BANK

All cadets need a student bank account for a weekly allowance. Parents are asked to deposit an amount equal to one school year's (36 weeks) allowance. This is paid weekly to the cadet at an amount set by the parent. The Academy requests that the amount of the allowance be between \$10.00 and \$30.00 weekly. The Academy will not pay more than \$30.00 as a set weekly allowance. Due to the amount of work required to get all information in computer system, student bank will not pay for the 1<sup>st</sup> week and a half of school. Please give your son enough money to last him at least a week and a half until he is paid by the Academy.

At the end of the school year, any money left in this account will be credited back to the cadet's Account Receivable account.

---

Print Cadet's Last Name	First	Middle	Laundry #
-------------------------	-------	--------	-----------

---

Name of person responsible for student bank (Please Print)	Phone #
------------------------------------------------------------	---------

---

Signature of person responsible

---

Name and phone number of other persons who may authorize adjustments in bank account.

Student Bank:

Amount of Weekly Allowance \_\_\_\_\_ X 36 weeks = \_\_\_\_\_

**STUDENT BANK IS DUE JULY 20**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

## EXTRA SPENDING MONEY FOR TRIPS

Please list how much extra spending money you would like to give your son for the following trips. Due to the amount of work involved, student bank will not be ready until 1 and a half weeks after school starts, so we cannot pay extra money for the 1<sup>st</sup> trip.

TRIP 1	CAROWINDS	1 Day	Parents give spending money to students for this trip
TRIP 2	WHITE WATER RAFTING	1 Day	\$ _____
TRIP 3	MEDIEVAL TIMES	1 Day	\$ _____
TRIP 4	WASHINGTON, D.C.	4 Days	\$ _____
TRIP 5	SEA WORLD, DISNEY	4 Days	\$ _____
TRIP 6	SKI TRIP	3 Days	\$ _____
TRIP 7	ATLANTA, GA	2 Days	\$ _____
TRIP 8	SKI TRIP	3 Days	\$ _____
TRIP 9	BUSCH GARDENS, UNIVERSAL	4 Days	\$ _____
TRIP 10	YORKTOWN/CHARLESTON, SC	1 Day	\$ _____
	NFL Panther Game #1		\$ _____
	NFL Panther Game #2		\$ _____
	NBA Hornets Game		\$ _____
			TOTAL \$ _____



## School Year 2016-2017

### TRIPS FOR THE 2016-2017 SCHOOL YEAR

Each year the Academy offers a number of trips, which are both educational as well as entertaining. All of the trips are optional and incur an extra cost. Make your reservations on the financial sheet attached. Space cannot be held without payment. Trip costs may change due to yearly admissions, transportation, and hotel increases or number of participant adjustments. Prices include transportation, lodging, attraction tickets, admissions, equipment rentals, and all meals. Questions regarding any trips should be directed to Col Eric Boland at 803-432-6001. **There is no refund for student cancellations made after 21 days prior to trip departure.**

<i>Trip 1</i>	<i>Carowinds</i>	<i>\$115</i>
Depart CMA after breakfast and a morning devotional service for a day at Carowinds Theme and Water Park. A buffet lunch will be served at the park and dinner will be en route to Camden.		
<i>Trip 2</i>	<i>White Water Rafting</i>	<i>\$135</i>
Depart CMA after an early breakfast and head to the National White Water Center in Charlotte, NC. We will spend the day white water rafting and on the adventure trails of the Olympic training facility.		
<i>Trip 3</i>	<i>Medieval Times, Myrtle Beach</i>	<i>\$150</i>
Depart Camden for Myrtle Beach and arrive at the Myrtle Beach Speed Park. Then it is on to Medieval Times for a banquet style meal and show. After the show, we will return to Camden.		
<i>Trip 4</i>	<i>Washington, DC</i>	<i>\$585</i>
A visit to the nation's capital includes stops at many national monuments, the Smithsonian Institute, the Mint, and Arlington National Cemetery. This is one of the most popular trips.		
<i>Trip 5</i>	<i>SeaWorld/Disney</i>	<i>\$585</i>
Depart CMA for three days and three nights in Orlando, Florida. We will return to Camden on Sunday.		
<i>Trip 6</i>	<i>Snow Skiing</i>	<i>\$400</i>
Depart CMA early Friday morning via motor coach. We are headed for the slopes of West Virginia and skiing at Winterplace on Friday night and all day Saturday to include night skiing. We will head home on Sunday morning. Trip includes lift tickets and ski equipment rentals. Snowboarding rental is extra.		
<i>Trip 7</i>	<i>Atlanta</i>	<i>\$200</i>
As part of our celebration of Black History Month, we will travel to Atlanta to visit the Martin Luther King, Jr. birthplace and museums well as other Atlanta sites. At night, we will see an Atlanta Hawks ball game (if in town) or attend a show.		
<i>Trip 8</i>	<i>Snow Skiing</i>	<i>\$400</i>
Depart CMA early Friday morning via motor coach. We are headed for the slopes of West Virginia and skiing at Winterplace on Friday night and all day Saturday to include night skiing. We will head home on Sunday morning. Trip includes lift tickets and ski equipment rentals. Snowboarding rental is extra.		
<i>Trip 9</i>	<i>Busch Gardens/Universal Studios</i>	<i>\$585</i>
Travel to the Sunshine State again, this time visiting Busch Gardens Theme Park at Tampa. Spend the next fun filled day at Universal Islands of Adventure Theme Park in Orlando enjoying roller coasters, Jurassic Park, and more.		
<i>Trip 10</i>	<i>Charleston/Yorktown</i>	<i>\$100</i>
Travel to historic Charleston to visit the Fighting Lady, the USS Yorktown. The famed carrier is now permanently anchored in Charleston Harbor		
NFL Game Panther Trip #1	Charlotte, NC	\$120
NFL Game Panther Trip#2	Charlotte, NC	\$120
NBA Game	Charlotte, NC	\$100

Itineraries are subject to change.

**Student Accounts:**

Monthly statements are sent out around the 20th of each month. They are due between the 1st and 10th of the next month. You may pay by cash, check and credit card. You may give us a credit card to keep on file for payments, but you must call or email approval BEFORE the card will be charged. We will email a receipt to you. A credit card form is attached. You may call Brandee Young at 803-424-5616 or email at [brandee@camdenmilitary.com](mailto:brandee@camdenmilitary.com).

**Travel Money/Furlough Money:**

**CMA does not keep cash on hand.** The set breaks are Fall Break, Thanksgiving, Christmas and Spring Break. If your son will need travel money (plane, bus, train), please give us at least a 3 day notice to process. If your son needs money for a furlough please call ahead of time. Last minute calls may result in your son not receiving the money. A form is attached if you wish to pay in advance for travel money.

School Year 2016-2017

AMOUNT:

DATE:

STUDENT:

NAME AS ON CARD:

CARD TYPE:

CARD #:

ADDRESS:

EXPIRATION:

CODE:

# Quartermaster Store

## Additional Supply Request Form

Cadet's Name (Please Print) \_\_\_\_\_

Cadet's Laundry Number \_\_\_\_\_ Company \_\_\_\_\_

There are items in addition to the standard uniform issue that are available in the Quartermaster Store (Supply Room). Should your son need any additional items, please note those items and the quantity on this form. Please sign the form and return it. This form is used as a guide for the quartermaster to order supplies. **The items received at registration will be issued and the charges will appear on your monthly statement.** Purchases made by your son during the course of the school year will also be billed to you monthly.

Item	Price	Quantity	Amount
Footlocker (extra heavy duty)	\$125.00	_____	_____
Laundry Bag	\$ 9.95	_____	_____
Pillow Case	\$ 3.85	_____	_____
Sheets, Single- Flat	\$ 8.50	_____	_____
Towels, Bath	\$ 6.00	_____	_____
Boxer Shorts (3pk)	\$ 12.00	_____	_____
Shirts, White Tee	\$ 4.00	_____	_____
White Socks – 3 pr	\$ 5.50	_____	_____
Black Socks – 3 pr	\$ 5.65	_____	_____
Travel Shirt with CMA logo*	\$ 32.50	_____	_____
Travel Warm-ups per set***	\$ 75.00	_____	_____
		_____	_____
		_____	_____
		_____	_____
TOTAL			\$ _____

\_\_\_\_\_  
Signature of Person Responsible for Payment

\*Must be purchased at the CMA Quartermaster's store.

\*\*\*This is a comfortable, lightweight nylon sweat pant and jacket in black with CMA blue trim and logo.



## RESPONSIBLE TECHNOLOGY USE POLICY FOR STUDENTS

The responsible use of technology is an essential skill for today's cadets. Technologies that are available to cadets at Camden Military Academy include both personal and academy provided equipment. To succeed in college and life, cadets must not only understand the opportunities that technology provides, but must also have a clear awareness of the responsibilities demanded of digital citizens.

The following guidelines are established to insure the meaningful and safe use of technology by cadets attending Camden Military Academy. Cadets are expected to acknowledge and abide by the following rules and procedures:

- I will use technology in accordance with the laws of the United States and the State of South Carolina:
  - I will not be involved in criminal acts. These acts include, but are not limited to, "hacking" or attempting to access computer systems without authorization, using harassing email, cyberbullying, cyberstalking, using or producing pornography, involving myself in vandalism, or unauthorized tampering with computer systems.
  - I will observe libel laws and will not publicly defame people through published material or the Internet.
  - I will obey copyright laws. I will not copy, sell or distribute copyrighted material without the expressed written permission of the author or publisher. I will not engage in plagiarism (using other's words or ideas as my own).
- I understand that the school network and my school account are the property of Camden Military Academy and that anything I do on my account or network may be monitored.
- I understand that Camden Military Academy administrators determine the appropriateness of behavior on the school network and school accounts.
- I will use email and other means of social communications responsibly (e.g. blogs, wikis, hangouts, podcasting, chat, instant messaging, discussion boards, and virtual learning environments).
- I will use technology resources appropriately and will avoid using any resource in a disruptive manner.
- As a Cadet I understand that I represent Camden Military Academy in what I say and do. I further understand that I will be held responsible for my actions, behaviors and representations online. I understand that my actions online must not reflect negatively on my fellow cadets, staff, faculty, or on Camden Military Academy. This applies to all school electronic devices as well as any and all cadets' personal electronic devices.

Grade: \_\_\_\_\_ Company: \_\_\_\_\_ Laundry #: \_\_\_\_\_

I understand and will abide by the above Responsible Technology Use Policy. Should I commit a violation, I understand that consequences of my actions could include suspension of computer privileges, disciplinary action, and possible referral to law enforcement.

\_\_\_\_\_  
Cadet's Name (Please Print)

\_\_\_\_\_  
Cadet's Signature

\_\_\_\_\_  
Date

As the parent or guardian of this cadet, I have read the Responsible Technology Use Policy. I understand that technology is provided for educational purposes in keeping with the academic goals of Camden Military Academy. I recognize it is impossible for Camden Military Academy to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand that a student's technology activities at home should be supervised, as they can affect the academic environment at school.

I hereby give permission for my child to use technology resources at Camden Military Academy.

\_\_\_\_\_  
Parent's or Guardian's Name (Please Print)

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Grade: \_\_\_\_\_ Company: \_\_\_\_\_ Laundry #: \_\_\_\_\_

**Camden Military Academy  
Acceptable Use Policy  
2016 - 2017**



**Terms Of Use Agreement**

I, \_\_\_\_\_, with my signature below, agree to and accept the conditions and terms listed below while using classroom lab equipment:

1. I will only use the iPad and other equipment as instructed by my teacher.
2. I will not change settings, add, download / or delete any apps or programs.
3. I will not open any documents, apps, programs and / or sites unless instructed by my teacher.
4. I will not take the iPad and / or any other equipment outside of the classroom as this will be considered stealing.
5. I will take necessary care and will be fully responsible of all items in my use.
6. In case of damage to any equipment in my use, I understand that I will incur all repair charges and / or replacement cost.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



DATA REQUIRED BY THE PRIVACY ACT OF 1974

CERTIFICATE

Privacy Act Statement – 26 Sep 75

- 1. AUTHORITY: Title 10 USC, Section 2031 5USC 552a, and AR 145-2
- 2. PRINCIPLE PURPOSES: To obtain the permission of parent/guardian of minor children to release records containing personal information to lawful DOD agencies in connection with their child’s participation in the JROTC program. To further obtain parental/guardian permission for the release of news items to the media related to their child’s participation in the JROTC program.
- 3. ROUTINE USES:
  - A. For placement in privacy case files of the JROTC Department for reference on event that pertinent records or information are to be released to lawful DOD agencies or the news media.
  - B. To provide a duly authorized certificate of parent/guardian any and all information and/or records to lawful DOD agencies and release of items to the media is voluntary. Refusal to sign release or to provide home addresses and telephone numbers will result in no detriment to the cadet, parent, or guardian. Refusal to sign release will require further inquiry for personal data pertinent to the cadet, release of which may be mandatory for enrollment for continuance in the JROTC program.

Being aware of the provisions of 5 USC 552a (Privacy Act of 1974), and in connection with the participation of my minor child in the Junior ROTC program, I hereby authorize the release of any and all records maintained by the Junior ROTC Department and the school, which may contain personal information related to my child, to any agency within the Department of Defense having lawful news items to the media in connection with my child’s participation in the Junior ROTC program. I also waive any requirement that I be furnished a copy of any such records, news releases, school publications, and advertising prior to or concurrent with their release. This consent is effective for the period of time that my child is associated with the Junior ROTC Program.

\_\_\_\_\_  
Cadet Name

\_\_\_\_\_  
Signature of Parent or Guardian (in ink)

\_\_\_\_\_  
PO Box or Street Address

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

\_\_\_\_\_  
Telephone Number (Include Area Code)

Dear Parent,

While your son is attending Camden Military Academy, he will, on occasion, have the opportunity to take trips to military installations, make orientation flights in military aircraft, and participate in other military training that may be approved by the Academy.

Current Army regulations require consent prior to a cadet's participation in these activities. Your signature on the statement below will allow your son to be included. Safety will be a paramount consideration in all aspects of life at Camden Military Academy.

**PARENTAL CONSENT**

I hereby give permission for my son/charge \_\_\_\_\_ to make periodic trips to military installations, take orientation flights in military aircraft, and participate in other military training approved by Camden Military Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cadet SSN#

## **Camden Military Academy Camden, South Carolina**

### **Parent Statement of Participation**

**Having a child in military boarding school is a new experience for most parents. The only way we can succeed is with your support. The information provided to you in this mailing will hopefully answer your questions and address your concerns. We look forward to a great year!**

*To be read, signed, and returned by the parent/guardian:*

I have received, read, and understand the Parent Handbook and Enrollment Forms for the 2016-2017 school year. By enrolling my son/charge, I do hereby agree to support the school in its enforcement of the Academy's rules, regulations, and policies.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

### **Cadet Statement of Participation**

*To be read and signed by each cadet:*

By signing this agreement I hereby indicated my willingness to enroll as a Cadet at Camden Military Academy for the 2016-2017 school year.

I understand that each room at Camden Military Academy will be issued a cadet handbook. Contained in the handbook are the guidelines, rules, and regulations and other general information concerning daily cadet life. Additionally, I understand that I am expected to read and follow all instructions contained within this handbook.

I also fully understand that upon my entry into Camden Military Academy I am subject to the rules, regulations, and policies of the Academy. It shall be within the discretion of the school authorities to punish or dismiss me for any breach of said rules, regulations, and policies. The Academy will also, at its discretion, require me to produce any item concealed on my person or conduct searches of my room and/or belongings. I further agree to cooperate with the Academy authorities on the maintenance of good discipline and do hereby consent to the administration of drug screening tests as deemed necessary by the Academy authorities. Refusal of a drug screening test shall be considered ground for dismissal. [The Academy has been advised that drug screening tests can establish that there has been use, but cannot insure that there has been no drug use.]

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Cadet

**Memo to Parents**

Camden Military Academy maintains a very strict policy regarding the use or possession of illegal drugs, alcohol, and huffing. No cadet, while enrolled at CMA, may use or possess illegal drugs on campus or away - weekends, leave, furloughs, or trips.

One of the tools available to us in determining whether a student is using drugs is a urinalysis drug screen. We will use this test as necessary to deter drug use by our cadets. Should a test indicate drug use has taken place, the cadet will be dismissed.

The Academy also has the ability to conduct a Breathalyzer identifying alcohol use. Should a cadet register positive for alcohol use, he will be severely punished. A second offense will most often result in dismissal.

Lastly, should a cadet engage in “huffing” - the inhalation of an aerosol product for the purpose of intoxication - he may be separated. Huffing is an extremely dangerous practice which can result in instant death.

Please sign the statement below and return this form to the Academy.

*It is fully understood that upon my son's/charge's entry into Camden Military Academy, for either the academic year or summer school, my son/charge is subject to the rules, regulations, and policies of the Academy and that it shall be within the discretion of the school's authorities to punish or dismiss my son/charge for his breach of any such rules, regulations, and policies. The Academy will also, at its discretion, conduct searches of my son's room and/or his belongings.*

*I further agree to cooperate with the Academy authorities on the maintenance of good discipline and do hereby consent to the administration of drug screening tests - at the parents/guardians' expense - to my son/charge if deemed necessary by Academy authorities. Refusal of drug screening tests by a cadet shall be considered grounds for dismissal. [The Academy has been advised that drug screening tests can establish that there has been use, but cannot insure that there has been no drug use.]*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Cadet's Name

School Year 2016-2017

**BULLYING PLEDGE**

*To be read and signed by each cadet/student.*

I make a **commitment** to take a stand against bullying.

I will treat others with **respect** and **kindness**.

I will have the **compassion** to not be a bully and the **courage** to not be a bystander.

It is my responsibility to help others and to report bullying.

---

Signature of cadet/student

---

Date

### Permission and Participation Release

Cadets at Camden Military Academy have the opportunity to participate in both on and off campus recreational activities. These activities include trips and outings such as those outlined in the enrollment packet as well as interscholastic and intramural athletics. Camden Military Academy will exercise care and good judgment as well as provide adult supervision for off campus activities. By signing this release, it is understood that in the event of an accident resulting in injury to your son/charge, neither Camden Military Academy nor any of its employees or agents may be held liable except for intentional acts or omissions by the school, agents, or employees.

In addition to off campus trips, there will be opportunities to participate in a number of sporting activities which could include, but are not limited to, football, basketball, soccer, wrestling, tennis, weight lifting, swimming, use of the gym, track, and athletic fields as well as the indoor recreational activities available at the Carlisle House. Any sport carries with it certain risks. Camden Military Academy has established a strong athletic program and encourages its students to participate. By signing this release, parents/guardians are granting their son/charge permission to participate in any and all interscholastic and intramural athletics as well as all recreational activities. They also acknowledge that most sports are contact sports by nature and any sport has the potential to be a contact sport. Any exceptions to sports participation may be listed below. Additionally, by signing this release, it is understood that in the event of a sports related injury to your son, neither Camden Military Academy nor any of its agents or employees may be held liable except for intentional acts or omissions by the school, agents, or employees. Additionally, parents/guardians acknowledge and accept that the weight room does not have constant adult supervision present at all times. They also acknowledge and accept that there may not always be a certified lifeguard present at the Academy's pool and cadets swim at their own risk. It is also understood that medical costs associated with any sports or activity related injury are the sole responsibility of the parent/guardian and not the responsibility of Camden Military Academy. (Note: The Academy does carry a supplemental accident insurance policy on each student.)

I, \_\_\_\_\_, do hereby give my permission for my son to travel off campus and release Camden Military Academy and its employees and agents from any liability resulting from an accident during such a trip. Additionally, I give my permission for my son to participate in any and all sports and recreational activities at Camden Military Academy except \_\_\_\_\_ I hereby release Camden Military Academy and its employees and agents from any liability resulting from any injury which results from my son/charge's participation in any sport or activity.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

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

To be read and signed by student if 18 years of age or older: I have read and hereby agree to the Permission and Participation Release outlined above.

\_\_\_\_\_  
Cadet Signature

**Church Denominational Assignments**

**In keeping with the Academy’s commitment to spiritual development, all cadets are required to attend church on Sundays. There are two options on Sunday mornings. Students may attend an ecumenical service on campus or they may be transported into town to attend the church of their parents’ choosing. Cadets may only change churches with their parent’s approval. Should your son desire to attend a different church, please contact the school secretary at 803-432-6001 before noon on Friday.**

**Listed below are the church offerings planned for this school year. Should you desire your son to attend a denomination not listed, please indicate your choice in the space provided and every effort will be made to accommodate your wishes.**

**Please circle your church choice.**

**Cadet’s Name (please print) \_\_\_\_\_**

*Collective Protestant*  
**On Campus Chapel**

*Baptist*  
**First Baptist Church**

*Catholic*  
**Our Lady of Perpetual Help Church**

*Lutheran*  
**St. Timothy’s Lutheran Church**

*Methodist*  
**Lyttleton Street United Methodist Church**

*Presbyterian*  
**Bethesda Presbyterian Church**

*Other* \_\_\_\_\_

**American Red Cross Blood Drive**

Twice each year the American Red Cross conducts a blood drive here on the campus under the sponsorship of the CMA Key Club. While the Red Cross does not require parental permission for cadets age sixteen or older, we like to secure the parents' approval for cadets to participate. The Red Cross does, of course, conduct a health check on the day of the donation and assumes full responsibility for each donor. Your signature below does not in any way obligate your son to participate. It only indicates your approval should he decide to give.

If your son is under the age of sixteen and will not reach that age during the school year, this form may be omitted. Please be advised that the Academy will make a list available to the American Red Cross indicating the desires of our parents regarding donations. Camden Military Academy, however, cannot assume responsibility for the actions of the American Red Cross.

Please check one:

I approve of my son's participation in blood drives conducted by the American Red Cross should he choose to participate.

I would rather my son not participate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Cadet's Name (please print)

\_\_\_\_\_  
Date



**STUDENT HEALTH INSURANCE**

I UNDERSTAND I MUST HAVE AND MAINTAIN HEALTH INSURANCE WHICH COVERS THE CADET I AM ENROLLING IN CAMDEN MILITARY ACADEMY FOR THE ENTIRE PERIOD HE IS ENROLLED. I FURTHER UNDERSTAND, THE POLICY MUST COVER THE CADET IN SOUTH CAROLINA, AS WELL AS, DURING ANY SCHOOL ACTIVITIES ON OR OFF CAMPUS. ALLOWING COVERAGE TO LAPSE OR BE DROPPED BEFORE THE END OF THE SCHOOL YEAR COULD RESULT IN THE CADET'S DISMISSAL FROM SCHOOL.

\_\_\_\_\_  
PRINT NAME OF CADET

\_\_\_\_\_  
PRINT NAME OF PERSON RESPONSIBLE

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE  
FOR CADET'S TUITION

\_\_\_\_\_  
DATE

School Year 2016-2017

Camden Military Academy Infirmery Insurance Information

**ALL INFORMATION MUST BE COMPLETED**

School Term: Fall \_\_\_\_\_ (year) Summer \_\_\_\_\_ (year)

Returning Student: yes \_\_\_ no \_\_\_ If yes, last date attended \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ Race \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Name of Primary Contact Parent or Guardian:** \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

County \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name / Address / Phone \_\_\_\_\_

**Name of Secondary Parent or Guardian:** \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

County \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Current Medication** Cadet is taking: \_\_\_\_\_

\*\*\*\*\*

**INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Group# \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

I have included a copy of each insurance card (front and back). I have labeled each card as primary, secondary, etc.... I give permission for Camden Military Academy Infirmery and its affiliates to release insurance for the aforementioned student's medical care. I give permission for Camden Military Academy and its affiliates to provide medical treatment as necessary in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camden Military Academy Infirmary  
Emergency Hospitalization / Permission for Treatment**

School Term    Fall \_\_\_\_\_(year)                      Summer \_\_\_\_\_(year)

\_\_\_\_\_  
Cadet's Name

\_\_\_\_\_  
SSN

In order to comply with the policies of the area hospitals, doctor's offices, and school policy, we request that you sign the statement below and return it with the other enrollment forms.  
**PLEASE BE SURE TO HAVE IT PROPERLY NOTARIZED PRIOR TO RETURNING IT.**

I hereby authorize Camden Military Academy agents and employees to execute any and all insurance department assignments for hospitalization or medical expenses, and if necessary to sign the admissions forms. I further agree, should the insurance proceeds be insufficient to cover the entire hospital costs, that I will be responsible for the payment of the entire bill.

I hereby authorize any physician, surgeon, practitioner, school registered pharmacist or other person, any hospital including Veterans Administration or government hospital, any medical service organization, and insurance company, or any other institution or organization to release any medical or other information acquired, including benefits paid or payable, concerning this claim or other claims. A photostat of this authorization shall be as valid as the original.

I hereby appoint Camden Military Academy agents and employees as my authorized representatives to give all authority to permit hospitalization, medical treatment, and surgical procedures for my son/ward.

**PARENT/GUARDIAN PERMISSION TO ADMINISTER PRESCRIPTION / NON-PRESCRIPTION MEDICATIONS**

I hereby give permission for my child \_\_\_\_\_ to receive medication while at Camden Military Academy. I understand that the school takes no responsibility for the administration of the medication. I hereby release Camden Military Academy, its agents, and employees from any liability that may result from my child taking prescription and non-prescription medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me on  
Date \_\_\_\_\_

Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_

School Year 2016-2017

**Camden Military Academy Infirmary Physical**  
(To be completed by your physician-new physical each year)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ T: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_

CBC/WBC: \_\_\_\_\_ H/H: \_\_\_\_\_ U/A: \_\_\_\_\_ PPD: \_\_\_\_\_

If PPD is positive, a CXR must be done. **PPD must be performed yearly--mandatory.**

Allergies: \_\_\_\_\_

Visual Acuity: OD \_\_\_\_\_ OS: \_\_\_\_\_ OU: \_\_\_\_\_

Glasses: Yes or No    Contacts: Yes or No    Hearing Deficit: Yes or No

Growth and Development: (circle)    Normal            Underweight            Overweight

Nutritional Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

HEENT: \_\_\_\_\_

MOUTH/DENTAL: \_\_\_\_\_

LYMPH: \_\_\_\_\_

RESPIRATORY: \_\_\_\_\_

CARDIOVASCULAR: \_\_\_\_\_

CHEST: \_\_\_\_\_

GASTROINTESTINAL: \_\_\_\_\_

GENITOURINARY: \_\_\_\_\_

MUSCULOSKELETAL: \_\_\_\_\_

SKIN: \_\_\_\_\_

The above named person may participate in all physical activities, sports, and JROTC: Yes or No. If he is unable to participate in any activities, a doctor's excuse must be submitted with specific restrictions and inclusive dates of restrictions.

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Camden Military Academy Infirmary  
MEDICATION ADMINISTRATION FORM**

**ALL PARENTS/GUARDIANS MUST READ AND SIGN WHETHER OR NOT SON TAKES MEDS.**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

School Term Fall \_\_\_\_\_(year) Summer \_\_\_\_\_(year)

Please list all medication and include the reason for taking, ex. ADD, ADHD, depression. B=Breakfast (0800 hrs) L=Lunch (1230) S=Supper (1730) HS=Bedtime (2100) PRN=As needed OWE=No weekends or omit weekends

Medication/Dosage	Reason	Administration Times
1. _____	_____	B L S HS PRN OWE
2. _____	_____	B L S HS PRN OWE
3. _____	_____	B L S HS PRN OWE
4. _____	_____	B L S HS PRN OWE
5. _____	_____	B L S HS PRN OWE
6. _____	_____	B L S HS PRN OWE
7. _____	_____	B L S HS PRN OWE
8. _____	_____	B L S HS PRN OWE

Medication Policy:

- 1. Medications must never be in the cadet’s possession including over-the-counter and dietary supplements. Medication must be given to an adult or mailed to the attention of the Infirmary. Please be advised that parents not following this policy may be held liable for medication misuse.**
- 2. Medication must be received in a prescription bottle with cadet’s name.**
- 3. If medication is removed from or added to the bottle, the parent must note the amount removed or added.**
- 4. Medications are packaged in med boxes two weeks in advance. Parent must notify nurse immediately if there is a change in medication.**
- 5. Each cadet will be issued medication chests. The charge for these chests will be \$2.50 each. Those returning from the past year may return their boxes sent home and no fee will be charged. New admissions or those who do not return boxes will be charged.**

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Date



**SOUTH CAROLINA CERTIFICATE OF IMMUNIZATIONS**

(TO BE COMPLETED BY A LICENSED PRACTITIONER OF MEDICINE, SURGERY OR OSTEOPATHY OR BY HIS OR HER AUTHORIZED REPRESENTATIVE)

<p><b>Section I a - DAY CARE</b></p> <p style="text-align: right;">/ / <b>Date for next Immunization</b></p> <p>(Child can attend day care for no more than one month following this date.)</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Final certificate for <b>DAY CARE ATTENDANCE*</b></p>	<p><b>Section I b - SCHOOL</b></p> <p><input type="checkbox"/> Has received all immunizations required for <b>SCHOOL ENTRY*</b></p> <p>(Invalid if checked before child's fourth birthday)</p>	<p><b>EXEMPTIONS</b> (check all that apply)</p> <p><input type="checkbox"/> <b>MEDICAL CONTRAINDICATION</b> Complete Section IV below. Child can attend school for no more than one month following the earliest expiration date in Section IV.</p> <p><input type="checkbox"/> <b>AGE-RELATED EXEMPTION</b> Date of fourth birthday or next immunization after fourth birthday (child can attend school for no more than one month following this date): ____/____/____</p> <p><input type="checkbox"/> <b>CATCHING UP</b> Date for next immunization (child can attend school for no more than one month following this date): ____/____/____</p>					
<p>*Required standards of immunization for permanent certification for day care attendance and for school entry are published annually by SCDHEC Division of Immunization (Telephone 1-800-277-4687).</p>							
<p><b>Section II - CHILD'S IDENTIFICATION</b></p>		<p>DOB: ____/____/____</p>					
<p><b>Section III - DATES OF IMMUNIZATIONS</b></p>							
<b>VACCINES</b>	MIDIY	MIDIY	MIDIY	MIDIY	MIDIY	MIDIY	MIDIY
Hepatitis B							
HepB-Ped							
HepB-Adult							
OPV							
IPV							
DTP or DTaP							
DT or Td							
HIB							
Hib - PRPOMP							
MMR							
VAR							
Other:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<p><b>Section IV - MEDICAL CONTRAINDICATION</b> This child is exempted from receiving each of the vaccines listed below for a MEDICAL REASON.</p>							
VACCINE(S)	DATE EXEMPTION EXPIRES			OR PERMANENT EXEMPTION			
	/ /			<input type="checkbox"/>			
	/ /			<input type="checkbox"/>			
<p><b>Section V - CERTIFICATION OF IMMUNIZATION STATUS</b></p>							
<p>Type or Print Certifier's Name</p>				<p>Certifier's Signature or Stamp</p>			
<p>DHEC-1148 (0812001) Certifier's Telephone Number</p>				<p>Date Certificate Issued</p>			

**Concussion Information**

**Parent Receipt Form**

I, \_\_\_\_\_, have received, read and understand the Parent Concussion Information contained in this packet. I am the parent/guardian of Cadet \_\_\_\_\_. I will inform my son/ward that he needs to report any symptoms to a nurse, athletic trainer, coach or other adult immediately.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date