

# 2025-2026 School Calendar

## Dadeville Christian Academy

800 Horseshoe Bend Rd  
256-596-3411 256-794-1546  
Dadeville, AL 36853

Aug 3 Open House 3-5pm  
Aug 18 **First Day of School for Students**  
Aug 23 (FD) Horseshoe Bend State Park  
Sept 1 Labor Day  
Sept 27 (FD) Old Alabama Town Montgomery  
Oct 6-8 Fall Break  
Oct 17 1<sup>st</sup> 9 weeks end  
Oct 18 (FD) Penton Pumpkin Farm 9am  
Nov 11 Veterans Day  
Nov 22 (FD) Calloway Gardens  
Nov 24-28 Thanksgiving Break  
Dec 19 2<sup>nd</sup> 9 weeks end  
Dec 22-Jan2 Christmas Break  
Jan 5 **Return to school**  
Jan 19 MLK Day  
Jan 23 (FD) Dexte Parsonage Museum  
Feb 16 No School  
Feb 28 (FD) Civil Rights Walking Tour  
Mar 12 (FD) Playhouse Cinema Movie Day  
Mar 16-20 Spring Break  
Mar 23 3<sup>rd</sup> 9 weeks end  
April 3 No School – Good Friday  
April 10 (FD) The Capital Day Montgomery  
May 8 (FD) Mcwane Science Center  
May 25 Memorial Day  
May 29 **Last Day of School**  
May 31 **Graduation**  
June 1-2 Admin Work Days

### Grading Periods

1<sup>st</sup> 9 Weeks Aug 18 – Oct 17  
2<sup>nd</sup> 9 Weeks Oct 18 – Dec 19  
3<sup>rd</sup> 9 Weeks Jan 5 – Mar 13  
4<sup>th</sup> 9 Weeks Mar 23 – May 29

July 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2025						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

No School  
(FD) Field Day / Field Trip



First / Last Day of School  
1<sup>st</sup> of next 9 weeks



**STUDENT ENROLLMENT/RE-ENROLLMENT FORM**      **SCHOOL YEAR** \_\_\_\_\_

Please check one: ☐ New Enrollment      ☐ Re-enrollment

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

Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Father** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Mother** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies, illnesses, injuries, hospitalizations within last 12 months \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician Address \_\_\_\_\_

**IN CASE OF EMERGENCY OR ILLNESS, IF PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:**

1. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

2. Name \_\_\_\_\_ Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

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

(print)

(sign)

Administrator: Tammy Salinas \_\_\_\_\_

(print)

(sign)



## FEE SCHEDULE

- Tuition: \$150.00 per family per year
- Additional children: \$75.00 each
- Fees must be submitted with the application.
- Payments are due at the time of application submission.

## Late Enrollment

- For enrollment after August 31st, the fee is \$150.00 plus a \$50.00 late fee, totaling \$200.00 per family.
- Additional children are \$75.00 each.

No Student will be enrolled without complete payment.

Checks can be made to:

Pentecostals of Dadeville/Dadeville Christian Academy  
800 Horseshoe Bend Rd.  
Dadeville, AL 36853  
(256) 596-3411 or (256) 794-1546  
tammysalinas@charter.net (email)

**\* All students who are re-enrolling must have all fees paid by August 31st. Failure to do so will result in cancellation of enrollment and a notification of record release being sent to the local Board of Education.**

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Signature of Parent/Guardian

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Date



## REQUEST FOR SCHOOL RECORDS FORM

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The above named student has enrolled in The Dadeville Christian Academy for the \_\_\_\_\_ school year.

**Please send this student's educational records, including:**

\_\_\_\_ cumulative records  
\_\_\_\_ transcripts  
\_\_\_\_ standardized testing  
\_\_\_\_ psychological testing  
\_\_\_\_ health information (immunizations)  
\_\_\_\_ IEP  
\_\_\_\_ date of withdrawal

Please send the above information to Dadeville Christian Academy. I hereby waive my right to review these records prior to their being forwarded to the school.

Please send the above information to:

Dadeville Christian Academy  
800 Horseshoe Bend Rd.  
Dadeville, AL 36853  
(256) 596-3411 or (256) 794-1546  
tammysalinas@charter.net (email Administrator)

Parent/Guardian \_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)

Administrator \_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)



## **STUDENT LIABILITY RELEASE FORM**

I understand and agree that by enrolling our children at Dadeville Christian Academy, the responsibility for their education lies with us, the parents. We will not hold Dadeville Christian Academy or its administrators responsible for our children's education or supervision. We release Dadeville Christian Academy from any legal responsibility and agree not to hold the school liable for legal fees or other expenses related to any legal actions involving our family.

I also understand that a student may be dismissed from Dadeville Christian Academy for the following reasons:

- Failure to submit semester reports (grades and attendance) on time.
- Any verbal or abusive behavior towards anyone connected with Dadeville Christian Academy, including behavior during any school-related events.

**If a student misbehaves during a Dadeville Christian Academy event, these steps will be taken:**

1. First offense: Verbal warning from a school official.
2. Second offense: Written suspension from school events.
3. Third offense: Permanent dismissal from Dadeville Christian Academy.

I also understand it is my responsibility to regularly check the Dadeville Christian Academy website for information and updates. The website is available for me to read and print any materials.

Name of Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Dadeville Christian Academy  
800 Horseshoe Bend Rd.  
Dadeville, AL 36853  
(256) 596-3411 or (256) 794-1546  
tammysalinas@charter.net



## STUDENT ID CARD FORM

Each student will receive one (1) student ID card per year at no extra cost. This card offers many benefits, including academic resources and discounts on cultural events, historical tours, and a variety of stores.

If a replacement ID card is needed, there is a \$20.00 fee.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address :(City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_

Parents Names: (first) \_\_\_\_\_ (Last) \_\_\_\_\_

Parents Names: (first) \_\_\_\_\_ (Last) \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ or \_\_\_\_\_

Please send a head shot (Picture from the chest up) to [tammysalinas@charter.net](mailto:tammysalinas@charter.net), be sure to include students name in the email.

- Please use a separate form for each child requesting a STUDENT ID CARD.
- If this is a request for a replacement card, a \$20.00 fee will need to be paid before ordering. Please send a check/money order to:

Dadeville Christian Academy  
800 Horseshoe Bend Rd.  
Dadeville, Al 36853  
(256) 596-3411 or (256) 794-1546  
[tammysalinas@charter.net](mailto:tammysalinas@charter.net)



School Year \_\_\_\_\_ Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**MASTER RECORD SHEET**  
**DADEVILLE CHRISTIAN ACADEMY**  
**800 HORSESHOE BEND RD**  
**DADEVILLE, AL 36853**

<b>Student Name</b> _____								<b>Academic Advisor</b> _____							
Subject	Test Scores						First Term Avg.	Test Scores						Second Term Avg.	Final Grade
	1	2	3	4	5	6		7	8	9	10	11	12		
MATH	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
ENGLISH	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
WORD BUILDING	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
LITERATURE AND CREATIVE WRITING	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
SCIENCE	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
SCIENCE LABS	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
SOCIAL STUDIES	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
BIBLE	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		
	#	#	#	#	#	#		#	#	#	#	#	#		
	%	%	%	%	%	%		%	%	%	%	%	%		

☐ P.E. Card       Total Hours for P.E.

**ATTENDANCE RECORD**

	WEEK #1					WEEK #2					WEEK #3					WEEK #4					WEEK #5					WEEK #6					WEEK #7					WEEK #8					WEEK #9				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F										
1st Quarter																																													
2nd Quarter																																													
3rd Quarter																																													
4th Quarter																																													

**Code: C = Curriculum Studies    S = Special Studies    F = Field Trip    I = Illness    H = Holiday**

I certify that all PACE Tests were scored by me and that the above information is accurate to the best of my knowledge.

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

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

☐ Please check here if your address has changed. Write new address on back of form.



## INSTRUCTIONS FOR USING THE MASTER RECORD SHEET

The Master Record Sheet is your most important document for record keeping. Individual student grades and attendance records are entered on the form to create a permanent history of activity.

Student Name _____								Academic Advisor _____							
Subject	Test Scores						First Term Avg.	Test Scores						Second Term Avg.	Final Grade
	1	2	3	4	5	6		7	8	9	10	11	12		
MATH	# 49 100 %	# 50 100 %	# 51 98 %	# 52 94 %	# 53 100 %	# 54 100 %	98.7	# 55 96 %	# 56 100 %	# 57 100 %	# 58 98 %	# 59 98 %	# 60 100 %	98.7	98.7
ENGLISH	# %	# %	# %	# %	# %	# %		# %	# %	# %	# %	# %	# %		

### Entering Grades

Each box on the Master Record Sheet is divided into two sections. Enter the PACE number in the area above the dotted line behind the # symbol. Enter the student's test grade in the bottom of the box under the dotted line in front of the % sign. (For test grades below 80%, please do not write the test score in the box; call your Academic Advisor.) After the first semester, average the first six grades in each subject to determine percentages. To calculate the second semester grades, average the remaining grades in each subject. Determine the final grade by averaging all test scores completed during the year.

### Attendance Record

On a daily basis, enter school attendance on the Attendance Record located in the lower section of the Master Record Sheet. Please use the letter codes designated on the form. Children above the fourth level should keep their own daily school diary to strengthen their ability to communicate in writing their thoughts and observations. Also, each homeschool should maintain a separate diary including academic observations, field trips, and other special events.





**NOTIFICATION OF STUDENT WITHDRAW**    SCHOOL YEAR \_\_\_\_\_

I hereby authorize the administration of Dadeville Christian Academy to notify the Public School Superintendent that the named student has ceased attendance at this school.

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

Address \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

***To be completed by School Administrator***

School Administrator: **Tammy Salinas**

Date of withdraw \_\_\_\_\_

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tammysalinas@charter.net