

Calvary Christian School

A Ministry of Calvary Tabernacle since 1946

2010/2011 Re-enrollment form



Please bring the following to your enrollment appointment:
Re-enrollment form
Student Code of Conduct form
Internet Policy form
Re-enrollment fee

RETURNING STUDENT INFORMATION

Student Full Legal Name Preferred Name Grade

Student Full Legal Name Preferred Name Grade

Student Full Legal Name Preferred Name Grade

NEW STUDENT INFORMATION

Student Full Legal Name (We will send you an application to fill out) Preferred Name DOB Grade

MEDICAL HISTORY CHANGES OR OTHER COMMENTS

FAMILY INFORMATION

Has any of the Family Information changed from last school year? YES NO If yes, please update information below.

What is your township of residence? _____

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____

Father/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address _____

Employer _____

Home Phone Number _____

Cell Phone Number Work Phone Number Ext. _____

Email Address _____

Church Congregation Name _____

Church Denomination _____

Stepmother's Name (if applicable) Contact Number _____

Mother/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address _____

Employer _____

Home Phone Number _____

Cell Phone Number Work Phone Number Ext. _____

Email Address _____

Church Congregation Name _____

Church Denomination _____

Stepfather's Name (if applicable) Contact Number _____

EMERGENCY CONTACT INFORMATION

Physician's Name

Phone Number

Hospital Preference

Emergency Contact Name (other than parent)

Relationship to student

Phone Number

EMERGENCY PERMISSION AGREEMENT

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary to the well-being of my child.

Parent Signature

Date

PERMISSION TO ADMINISTER MEDICATION

There are times when a child may need over the counter medication. We are able to administer the following medications **only** if we have a signed permission slip from the parent. **Please check the medication** that we are able to administer to your child and sign the release. In most cases, generic brands will be used.

- Acetaminophen (also known as Tylenol)
- Ibuprofen (also known as Motrin/Advil)
- Tums
- Cough Drops
- Calamine Lotion (anti-itch lotion)

If it becomes necessary for my child to take an OTC medication during the school day, I give my permission for an authorized staff member to administer any of the above circled medications to my child. I understand that this permission release is good for the entire 2010/2011 school year unless I submit in writing a request for it to be revoked. I understand that should nonprescription medication need to be administered to my child(ren), an attempt will be made to contact me first. This release is for all my children listed on this application.

Parent Signature

Date

PICK-UP INFORMATION

The following individuals have permission to pick up my child/children from school. I understand that I will still need to contact the school office should one of these individuals need to pick up my child/children.

Driver Name

Driver Name

DRIVING STUDENTS

I give permission for my child _____ to drive to and from school. We agree to abide by the requirements listed in the manual under "Student driver regulations". The following students will be regular riders with my child: _____

Attached is a copy of my child's driver's license and our automobile insurance policy.

Parent Signature

Date

PHOTO AGREEMENT

I understand that periodically, Calvary Christian School will use pictures taken of their students without their names in their publications including their website. I grant permission for pictures of my child to be used in this manner.

Parent Signature

Date

METHOD OF PAYMENT FOR TUITION (circle one)

FACTS Contract / Prepay / Employee / Other _____

Are you a tithe paying member of Calvary Tabernacle? YES NO If no, please submit the Pastor's Recommendation form.

Thank you for re-enrolling your child for the 2010/2011 School Year. If any of the information on this form changes, please contact the school office.

Parent Signature

Date