



# King's Way Christian School



## RE-ENROLLMENT APPLICATION 2016-2017

### Student Information

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Name to be called in class \_\_\_\_\_ Male  Female  Student's Cell Number (if applicable) \_\_\_\_\_

Grade applying for \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

If applying for pre-kindergarten, will student be: Half Day  Full Day  Birthplace (City, State) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Family Information

Parent's marital status: Married  Divorced  Remarried  Separated  Single  Widow(er)

Student resides with: Both  Father  Mother  Guardian  Other

If other, please explain \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employment (Company/Occupation) \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employment (Company/Occupation) \_\_\_\_\_

### Medical Information

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does this child take any prescribed medications? Yes  No

If yes, please explain \_\_\_\_\_

Does this child have any physical problems, emotional problems, or allergies? Yes  No

If yes, please explain \_\_\_\_\_

If needed, this child has my permission to be given: Tylenol/Ibuprofen  Pepto-Bismol/Tums  Cough Drops

In case of an emergency where the parent or guardian cannot be reached, who should the school contact?

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If at any time, my child drives or is driven in a private vehicle to or from school, in case of an accident I accept full responsibility.

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

King's Way Christian School accepts students without regard to race, color, or national origin.

## Statement of Cooperation

I agree with the rules, regulations, policies, and principles of King's Way Christian School as stated in the handbook and this contract. It is my understanding that the policy of the school is to make no refund or transfers on the Registration, Matriculation, and Book and Supply Fees. I also give permission for my child to take part in all school activities, including sports and sports-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of injury to my child at school during any school activity. I further understand that withdrawal from school before the end of the month will NOT reduce the amount of tuition due. No grades, credits, or transfer of records will be released until all financial obligations are met. I understand that photos of my child will appear in the school yearbook and may appear in promotional materials, social media, and on our school website.

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

Date \_\_\_\_\_

## Elementary, Jr. and Sr. High Internet Acceptable Use Policy and User Agreement

### Student

I have read, understand, and will abide by the King's Way Christian School Student Computer Acceptable Use Policy. Should I commit any violation, I realize that my access privileges may be revoked and other disciplinary action may be taken (which could include appropriate legal action).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### Parent or Legal Guardian

As the parent or guardian of the above-signed student, I have read the Student Computer Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that every attempt will be made to filter objectionable material; however, no filter system is perfect. I hereby release King's Way Christian School and their supporting Internet providers from all liability regarding the validity of the information taken from the Internet and the unintentional exposure to inappropriate material.

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

Date \_\_\_\_\_

## Elementary Student Conduct Agreement

The rules, regulations, policies, and principles of King's Way Christian School have either been read or explained to me by my parents/guardians and/or the administration, and I am completely willing to abide by the rules, regulations, and principles.

Student Signature (If in 4-6th Grade) \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

## Jr. and Sr. High Student Conduct Agreement

The rules, regulations, policies, and principles of King's Way Christian School have either been read or explained to me by my parents/guardians and/or the administration, and I am completely willing to abide by the rules, regulations, and principles. I understand that the administration has the right to dismiss a student from school for a violation of the discipline code in regard to immorality, the use of drugs, alcohol, tobacco, or possession of pornography on or off the school grounds.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

King's Way Christian School, a ministry of The King's Way Baptist Church, exists to assist parents in their God-given responsibility in educating their young people. KWCS encourages students to live a Christ centered life by providing a strong spiritual and academic program enhanced by athletic and fine arts opportunities. –Luke 2:52

- For Office Use Only -

Registration Fee: \$ \_\_\_\_\_ GACS Fee: \$ \_\_\_\_\_ Matriculation Fee: \$ \_\_\_\_\_ Infodirect Fee: \$ \_\_\_\_\_

Other Fees: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Additional Notes: \_\_\_\_\_