

The importance of the instruction of the father and mother:

"My son, keep your father's commands and do not forsake your mother's teaching. Bind them upon your heart forever, fasten them around your neck. When you walk, they will guide you; when you sleep, they will watch over you; when you awake, they will speak to you. For these commands are a lamp, this teaching is a light and the corrections of discipline are a way to life." Proverbs 6:20-23

God's desire for our families:

"He will turn the hearts of the fathers to their children, and the hearts of the children to their fathers; ..." Malachi 4:6a

FAMILY INFORMATION—Continued

IF there a custody arrangement involving the student(s), please offer note of explanation. (A copy of the court decree is required for students' file upon official enrollment.)

In the case of divorce/separation, with whom does the child reside?

Is there someone we can thank for referring you to our school?

PICK UP AUTHORIZATION LIST

Please list the names of people, other than the parents, authorized to pick your child/children up from school.

EMERGENCY MEDICAL INFORMATION

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Company: _____ Under the name of: _____
Policy Number: _____ Group Number: _____
Hospital Preference: _____

EMERGENCY CONTACT LIST—In case of emergency we will try to contact the parents/guardians first. In the event that the parents cannot be reached, please list below the names of the nearest relatives or neighbors to contact in an emergency.

- (1) Name: _____ Relationship: _____
Phone Number: _____ Cell Number: _____
- (2) Name: _____ Relationship: _____
Phone Number: _____ Cell Number: _____
- (3) Name: _____ Relationship: _____
Phone Number: _____ Cell Number: _____

STATEMENTS OF SUPPORT

SUPPORT FOR STATEMENT OF FAITH

We believe:

- In one God, existing eternally in three persons: Father, Son, and Holy Spirit. He is the Creator, Governor, and Sovereign Lord of the Universe.
- Jesus Christ was both divine and human, and that He existed with God in creation, became a man, was born of a virgin, lived without sin, died for our sins, rose from the dead, and is coming again to establish God's purposes of raising all to life and redeeming the faithful.
- In the personality and deity of the Holy Spirit, that He convicts the world of sin, regenerates, in-dwells, guides and teaches the believer.
- The Bible is the inspired Word of God, authoritative in revealing the will of God and the way of salvation to all persons.
- That man broke relationship with God resulting in sin and death upon the human race.
- That salvation is by grace through faith in Christ, a gift given by God to those who repent and believe. This faith is evidenced by a life of faithfulness.
- That the community of believers, worshipping God, teaching obedience to His Word, sharing in fellowship and need, and witnessing by word and deed to the unbeliever, is God's instrument to bring about His purposes of winning a people to Himself.

FATHER/GUARDIAN: Do you support without reservation the above statement of faith and are you willing to have your child trained accordance with this statement? Yes No

MOTHER/GUARDIAN: Do you support without reservation the above statement of faith and are you willing to have your child trained accordance with this statement? Yes No

SUPPORT FOR CODE OF CONDUCT

The purpose of all discipline administered is for correction and for developing self-discipline within the student. Disrespect to staff or peers, unauthorized absence, tardiness, continuous violation of rules and noncompliance will not be tolerated. Repeated or serious acts of misbehavior can result in detention or the use of corporal punishment. Fighting is subject to suspension and extreme problems of violence or acts endangering the physical or spiritual health of staff or students may result in expulsion. As with any of our school's standards, parents are expected to support our code of conduct. All discipline will be administered in a spirit of love with the student's interest placed first. When there are irreconcilable differences between the desires of parents and staff regarding disciplinary action, parents are given the opportunity to appeal decisions to the board following appropriate channels of communication. If appeals do not result in mutual agreement, the school reserves the right to dismiss the student. Harmony between school and home is considered essential for the effective education of students.

FATHER/GUARDIAN: Do you support without reservation the above statement regarding our code of conduct and understand the consequences when a student violates this code? Yes No

MOTHER/GUARDIAN: Do you support without reservation the above statement regarding our code of conduct and understand the consequences when a student violates this code? Yes No

FIELD TRIP, PHOTO, AND MEDICAL RELEASE

I/We give my permission for my child(ren) to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school. I further understand that I may revoke permission for a specific field trip by written notice given to the principal or school administrator more than one day prior to the trip.

I/we authorize and consent to our child's picture being published in our school yearbook and the local newspaper with names, and on our website without names for the current school year.

Although the school desires to provide a safe and enjoyable time for all students, I/we understand that accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Harrisonville Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer drivers and supervisors from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian or emergency contact person after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

SUPPORT FOR POLICIES AND PROCEDURES

I/We have read the Student Handbook for this school year and agree to support the policies and procedures contained in all sections. I/We further agree to abide by the Matthew 18 principle of expressing concerns and differences to the appropriate school personnel and will refrain from engaging in conversations that undermine our school's Bible-based standards.

SUPPORT FOR FINANCIAL AGREEMENT

I/We understand that parents assume the responsibility for the financial support of their child(ren)'s education in our school. I/We agree to full and prompt payment of required tuition, activity fees and will further support the school's efforts in fundraising events or extracurricular fees that may be incurred by my child(ren).

I/We understand and agree without reservation to all Statements of Support listed above and to the Field Trip, Photo and Medical Release. **(If child/children live with both parents, both parents must sign below.)**

FATHER/GUARDIAN'S SIGNATURE

DATE

MOTHER/GUARDIAN'S SIGNATURE

DATE

STUDENT INFORMATION (Complete this page for each child you wish to enroll at Harrisonville Christian School.)

Student's Name:

Date of Birth:

Explain why it is important for your child to attend HCS:

SCHOOL HISTORY: Please list school(s) attended.

School Name	Address	Years Attended	Grades Completed

Describe any special services received at previous schools.

Describe any special awards, merits, or achievements accomplished by the student.

Describe your child's academic strengths and limitations.

Describe your child's typical classroom behavior.

In what learning environments does your child learn best?

What extracurricular activities does your child enjoy?

ALLERGIC REACTIONS: Does your child have any allergies to insect bits, medications, foods, etc. If so, please specify below.

HEALTH HISTORY: Please check any of the items below that pertain to your child.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> FREQUENT COLDS | <input type="checkbox"/> IRREGULAR HEARTBEAT | <input type="checkbox"/> SINUS PROBLEMS | <input type="checkbox"/> RHEUMATIC FEVER |
| <input type="checkbox"/> BRONCHITIS | <input type="checkbox"/> CONVULSIONS/EPILEPSY | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> FAINTS EASILY | <input type="checkbox"/> BACK PROBLEMS | <input type="checkbox"/> FREQUENT EARACHES | <input type="checkbox"/> FREQUENT DIARRHEA |
| <input type="checkbox"/> FREQUENT STOMACH UPSET/PAIN | <input type="checkbox"/> JOINT PROBLEMS | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ATTENTION DEFICIT DISORDER |
| <input type="checkbox"/> FREQUENT URINATION/BLADDER INFECTIONS | | | |
| <input type="checkbox"/> OTHER: (Please specify) _____ | | | |

List below any CHRONIC or RECURRING ILLNESSES or MEDICAL PROBLEMS (Include family history or information that would be helpful to the teacher).

Describe any MEDICAL or PHYSICAL RESTRICTIONS that would require special accommodations.