

Student ID Number						
-------------------	--	--	--	--	--	--

PARENTS PLEDGE OF ACCEPTANCE AND COOPERATION

We, who have the responsibility to “train up a child in the way he should go,” recognize that the standards for this training are set forth in God’s Word, the Holy Bible. Knowing also that this training comes both by what children hear and what they see, we agree to support both in our intent and personal example, the Godly principles taught at North Kissimmee Christian School.

We realize it is our responsibility as parents to train our child spiritually and see the need as a family for regular attendance at a Bible preaching church of our choice. We, also, pledge to avoid obvious contradictions in our home to the Biblical principles stated on the student pledge.

We have made enough investigation to be satisfied with the curriculum, statement of faith, texts, equipment, methods, counseling, discipline and motives of the school and do pledge to make North Kissimmee Christian School our glad-hearted choice for our child. We understand that the school has the complete responsibility in the placing of our child in the proper grade level and class.

We agree with the aims and ideals of the school and will bring any and all questions, criticisms and suggestions directly to the teacher and/or administration for consideration. We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school, but will withdraw him quietly and without delay.

The teacher and the administration are hereby given full discretion in the discipline of our child. Parents will normally be notified if anything as serious as corporal punishment, detention or expulsion seems appropriate. Any behavior which requires staying after school hours will necessitate the parent providing transportation. Twenty-four hours notice will be given.

We hereby give our permission for our child to go on field trips scheduled by the school.

We understand that in the event of damage to school property by our child we will make full restitution as indicated by an assessment by the administration.

We understand that all students are accepted on a trial basis and that by our signatures we are affirming our, desire to cooperate fully with the administration of North Kissimmee Christian School.

Father or Legal Guardian _____ Date _____

Mother or Legal Guardian _____ Date _____

BOTH SIGNATURES ARE REQUIRED

Student ID Number						
-------------------	--	--	--	--	--	--

STUDENT PLEDGE OF COOPERATION

Each student must agree to honor the standards of North Kissimmee Christian School, both on and off campus, students are expected to maintain high Christian principles. As a student of North Kissimmee Christian School, therefore I pledge to:

1. Cooperate respectfully and obey willingly those in authority. Hebrews 13:17
2. Strive for excellence as a student. Philippians 1:10; Proverbs 18:9
3. Refrain from television, music, movies, and other media which emphasize immorality, the drug culture, or rebellion against authority. Philippians 4:8
4. Abstain from the use or possession of alcoholic drinks, tobacco or drugs. Revelation 21:8; 1 Corinthians 6: 19,20
5. Abstain from immoral actions. 1 Thessalonians 4:3-7; Ephesians 5:3-5
6. Avoid the appearance of evil. 1 Thessalonians 5:22; Proverbs 22:1
7. Wear modest apparel. 1 Timothy 2:9; Deuteronomy 22:5; Proverbs 7:10
8. Endeavor to refrain from gossip, grumbling, and complaining. Philippians 2:13; Proverbs 26:20

I understand that breaking this pledge could result in disciplinary action, suspension, or expulsion from the school. I also willingly state that I want to attend North Kissimmee Christian School and have not been made to do so against my will.

Student Signature _____ Date _____
(Grades 4-12)

Parent or Legal Guardian must sign acknowledging for grades 3 and under.

Student ID Number						
-------------------	--	--	--	--	--	--

STUDENT APPLICATION 2019-2020

Student Full Name: _____

LAST FIRST MIDDLE

Social Security Number: _____

Male US Citizen: Y/N Grade: _____

Female Age: _____

Race: _____

Date of Birth: ____/____/____ Place of Birth: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Contact Email Address: _____

North Kissimmee Christian School does not discriminate on the basis of race, color or ethnic origin.

Last School Attended: _____

Street: _____

City: _____ State: _____ Zip: _____

Has the student ever: _____

Repeated a grade: Y/N Been expelled: Y/N Been suspended: Y/N

If yes, please explain: _____

Church attendance: _____

Church Name	Denomination
-------------	--------------

Are you members of the church? Y/N

Does your family regularly attend church? Y/N

Is the student's father a Christian? Y/N

Is the student's mother a Christian? Y/N

Bookkeeping Data

Reg. Fee \$ _____

Book Fee \$ _____

Tuition \$ _____

Other \$ _____

How did you hear about our school? _____

Date enrolled: _____

Student ID Number					
-------------------	--	--	--	--	--

STUDENT APPLICATION 2019-2020 (Page 2)

Parent Information:

Student lives with: Both Parents Mother Only Father Only Legal Guardian
 Separated Divorced
Parent Deceased (which one?) _____

<u>Father:</u>	<u>Mother:</u>
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Emergency Phone Number: _____	Emergency Phone Number: _____

Emergency contact (if parents or guardian cannot be reached):

<u>Legal Guardian</u> (if other than parent):	
Name: _____	Name: _____
Occupation: _____	Relationship: _____
Employer: _____	Phone Number: _____
Work Phone: _____	Work Phone: _____
Emergency Phone Number: _____	Name: _____
	Relationship: _____
	Phone Number: _____

Persons other than above authorized to pick up child:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone Number: _____	Phone Number: _____

Student ID Number						
-------------------	--	--	--	--	--	--

PAYMENT AGREEMENT

We, the parent(s) of _____ agree to pay all fees for our child's registration, books, tuition, after-school care, lunches (if used), and penalty fees. We also acknowledge that failure to pay any fees or tuition on time will result in suspension of my child until the child's account is paid in full. We also acknowledge that checks returned for insufficient funds and late payments will be assessed a penalty fee and may result in requiring guaranteed payment methods.

We agree to pay the rates in place on the date of enrollment.

Father or Legal Guardian _____ Date _____

Mother or Legal Guardian _____ Date _____

BOTH SIGNATURES ARE REQUIRED

Student ID Number					
-------------------	--	--	--	--	--

AFTER-CARE ENROLLMENT FORM

Student Full Name: _____
 LAST FIRST MIDDLE

Phone Number: _____

Address: _____

Child's Physician: _____ Office Phone Number: _____

Physical Disabilities: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Phone Number: _____ Phone Number: _____

With whom does the child reside? _____

Persons other than above authorized to pick up child:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Emergency contact (if parent/guardian cannot be reached):

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____