

|                   |  |  |  |  |  |  |
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| Student ID Number |  |  |  |  |  |  |
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## 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**

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## 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.



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**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 Name: _____                         |                     |
| Phone Number: _____                           | Relationship: _____ |
|   | Phone Number: _____ |

Persons other than above authorized to pick up child:

|                     |                     |
|---------------------|---------------------|
| Name: _____         | Name: _____         |
| Relationship: _____ | Relationship: _____ |
| Phone Number: _____ | Phone Number: _____ |

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## 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**

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## 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: \_\_\_\_\_