



**North Kissimmee Christian School**  
New Student Application – 2022-2023

**Personal Information:**

Student Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Social Security No. \_\_\_\_\_ Sex: \_\_\_\_\_ Is your child a US Citizen? YES NO

**Ethnicity (Check One):**

<input type="checkbox"/>	Native America/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian/Pacific Islander
<input type="checkbox"/>	Black/African America	<input type="checkbox"/>	White/Caucasian

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

Phone Number: \_\_\_\_\_ To Whom Does This Number Belong? \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_ To Whom Does This Number Belong? \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**Educational Information:**

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Please Indicate whether 'yes' or 'no' to the questions below.

Has your child ever: Repeated a Grade: \_\_\_\_\_ Been Expelled/Forcibly Withdrawn: \_\_\_\_\_ Been suspended: \_\_\_\_\_

**Spiritual/Church Information:**

Does your family attend church regularly? Y/N Where? \_\_\_\_\_

Are you members of the church? Y/N

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

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

How did you hear about our school? \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

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**Family Information:**

Parents are:  Married  Separated  Divorced

Student lives with:  Both Parents  Mom  Dad  Legal Guardian

**Father (or Legal Guardian 1):**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Relation (if legal guardian): \_\_\_\_\_

**Mother (or Legal Guardian 2):**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Relation (if legal guardian): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Person(s) other than the above authorized to pick up your student:**

\*North Kissimmee Christian School will NOT release your child to anyone not on this form.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

For parents/guardians of students K-8: Does your child have permission to leave campus upon dismissal without a parent/guardian/authorized person present? YES or NO Parent/Guardian Initial: \_\_\_\_\_

\*If your student leaves campus upon dismissal, they cannot return to campus for the remainder of the day unless accompanied by an adult or if returning for an after-school activity, in which a designated return time will be assigned.

**Photo/Video Release**

I hereby give permission to North Kissimmee Christian School to use photos and/or videos of my child to be used for the purposes of promotional material, publications, and other media, and waive my rights to any compensation or ownership thereof. I understand that North Kissimmee Christian School uses closed circuit security recordings in all classrooms, building, and common areas. These recordings are used for security purposes only.

Parent/Guardian Initial: \_\_\_\_\_



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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 by personal example, the Godly principles taught at North Kissimmee Christian School. We realize it is our responsibility as parent 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 state 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 withdraw him quietly and without delay.

The teachers and administration are hereby given full discretion in the discipline of our child. Parents will normally be notified of anything serious as corporal punishment, detention, suspension, or expulsion seems appropriate. Any behavior which requires staying after school hours will necessitate the parent providing transportation. Twenty-four (24) 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. 1 Corinthians 6:19-20
5. Abstain from the 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 the 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 on the Student Signature line acknowledging for grades 3 and under.



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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 fee. 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**



# Medical Permission

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
CONTINUE ON BACK IF NECESSARY

For headaches or minor injuries, my child may be given:  
 Tylenol  Pepto-Bismol  Anti-Septic Ointment

Preferred Hospital: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

We, the parent(s) of \_\_\_\_\_, authorize the administration of North Kissimmee Christian School to send my child to the hospital or doctor most easily accessible before we are reached. I also authorize North Kissimmee Christian School staff to perform, or cause to be performed, necessary emergency medical treatment for my child, if required. Lastly, I understand that any emergency personnel that are necessary for my child serve as my child's emergency care advocate and that my hospital of choice may be overridden by the emergency care workers.

Father (or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Mother (or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

BOTH SIGNATURES ARE REQUIRED



# After-Care Enrollment Form

Student Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Child's Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Emergency Contacts/Persons other than the above authorized to pick up my child

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_