



North Kissimmee Christian School
New Student Application – 2023-2024

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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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: _____