

RETURNING STUDENT INFORMATION

Date _____ Grade Entering _____

Student's Name _____ Male _____ Female _____
First Middle Last

Prefers to be Called _____ Date of Birth ____/____/____ Age _____

Student's Cell # (____) _____ Student's e-mail _____

Ethnicity: African American, Caucasian, Asian, Bi-racial, Hispanic, Native American, Other _____
(circle one)

Child resides with: Mother/Father Mother Only Father Only Grandparent(s)
(circle all appropriate) Mother/Father (Joint Custody) Mother/Step-Father Father/Step-Mother Guardian

Custody: Does a court order exist for this student? Yes _____ No _____ Court Placement with: _____
If yes, a certified copy of the most recent court order is required by law to be in the student's file.

Circle if appropriate: Parents: Married, Divorced, Separated Father Deceased Mother Deceased

Father's Name _____

Mother's Name _____

Address _____

Address _____

City State Zip Code

City State Zip Code

Father's Home # (____) _____

Mother's Home # (____) _____

Father's Cell # (____) _____

Mother's Cell # (____) _____

Father's Work # (____) _____

Mother's Work # (____) _____

Father's e-mail _____

Mother's e-mail _____

Company _____

Company _____

Occupation _____

Occupation _____

Names and Grades of Other Children Enrolled in HCS _____

Church Now Attending _____

Please list any information you feel the teacher should know about your child: _____

What language is spoken in your home most of the time? _____

What language does your child speak and understand best? _____

RETURNING STUDENT INFORMATION Continued

Student's Name _____ Grade _____

My child may be released to the following persons:

Relationship	Name	Home Phone	Cell Phone
Father (Yes No) _____	_____	(____) _____	(____) _____
Mother (Yes No) _____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____

<i>Circle</i> Yes or No	Has Custody	Authorized to Receive Correspondence	Authorized to Receive Report Card	Authorized to Access Parent's Web
Father:	Yes No	Yes No	Yes No	Yes No
Mother:	Yes No	Yes No	Yes No	Yes No

MEDICAL INFORMATION:

My child may be given emergency first aid treatment: YES _____ NO _____

My child may be taken to the emergency room for initiation of treatment: YES _____ NO _____

My child is allergic to _____

Does your child have any disabilities? Yes _____ No _____ If yes, explain _____

Please list any other pertinent information that might be helpful in dealing with your child's medical complaint. _____

In case of emergency, illness or accident to the student, the school, if unable to reach the parents, is authorized to contact the following:

Name _____ Relationship _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Name _____ Relationship _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Name _____ Relationship _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Parent's Signature

Date

Humble Christian School

STUDENT HEALTH INFORMATION FORM

Dear Parent/Guardian,

Thank you for taking the time to fill out this brief health information history on your child. This information will help the school nurse better understand your child, and his or her needs. Please feel free to call and make an appointment with the school nurse to discuss any special healthcare needs.

Student's Name _____ Grade _____

Home Phone (_____) _____ Date of Birth ____/____/____ Age _____

Mom Cell (_____) _____ Dad Cell (_____) _____

Address _____
Street City State Zip Code

Health History

1. Has your child ever been hospitalized or had surgery? If yes please explain.
2. Does your child have a history of illnesses, accidents or fractures? If yes please explain.

3. Allergy information:	Yes	No
Is your child allergic to any medications?	_____	_____
Is your child allergic to any foods?	_____	_____
Is your child allergic to latex?	_____	_____
Is your child allergic to stinging insects?	_____	_____
Does your child have an EpiPen prescribed?	_____	_____

Specify Allergy(ies) (food, drug, latex, iodine, airborne, insect, other)

Describe Reaction (rash, hives, itching, breathing difficulty, other)

4. Does your child have a history of asthma? Yes _____ No _____
If yes, does your child require the use of an inhaler? Yes _____ No _____
If an inhaler is needed at school, a medication order from your physician is required.
Please contact the school nurse as soon as possible.

5. Hearing and Vision
Has your child had a history of ear infections? Yes _____ No _____
Does your child have tubes in place? Yes _____ No _____
Does your child have a history of hearing loss? Yes _____ No _____
Does your child have a history of vision problems? Yes _____ No _____
Does your child wear glasses or contacts? Yes _____ No _____

6. Does your child take any medication on a regular basis? Yes _____ No _____
Please list:

If medications listed are to be given at school, please fill out the medication administration form.

7. Does your child have any restrictions?

8. General Health:	Yes	No
Frequent colds	_____	_____
Sore throats/frequent strep	_____	_____
Frequent stomachaches	_____	_____
Frequent nosebleeds	_____	_____
Seizures	_____	_____
Headaches	_____	_____
Heart murmur or cardiac issues	_____	_____
Eating/Nutrition issues	_____	_____
Bowel or bladder incontinence	_____	_____
Diabetes	_____	_____
Autism	_____	_____
ADD/ADHD *	_____	_____

* If there is any change in medication during the year, please be sure to inform the office.

Other: Please explain

9. Are there any other medical or emotional issues you would like to share? What is your child's usual temperament?

Siblings:	Name	Age	Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Parents/Guardians Names	Contact #
_____	(____) _____
_____	(____) _____

Physician's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____

I give my permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician and/or emergency personnel for the purpose of referral, diagnosis, and treatment.

Parent's Signature _____ Date _____

PROBLEM SOLVING GUIDELINES

It is the desire of the leadership of Humble Christian School to have a school that God can use and bless to the fullest. We do not believe this can happen if there is disharmony among the HCS families. Scripture teaches us that God desires unity for His children. (John 17; I Corinthians 12:12-26; Ephesians 4:1-6; 13) With a desire to honor the Lord Jesus Christ with our conduct, words, attitudes, we ask you to abide by the following guidelines when a problem arises with a teacher, the administration, or another parent.

1. **Pray.** Ask God to give you wisdom concerning the situation, to show you what part you may have in the problem and that you would learn and grow through this situation. (James 1:15)
2. **Do not talk** about the conflict to people who cannot correct or solve it, but **do talk** to those who can. The appropriate steps to take would be:
 1. Talk to the other person or persons involved, listen to their side of the story and seek understanding.
 2. If it is not resolved, make an appointment with someone in administration for assistance. (Matthew 18:15-17)
3. **Be quick to forgive and show love.** (Matthew 18:21-22; I Corinthians 13:4-8; I Peter 4:8)
4. **Always speak the truth in love.** (Ephesians 4:15)

As a parent/guardian at Humble Christian School, it is my desire to follow Scripture, and I agree to follow the procedures outlined above in handling any problems or misunderstandings that may arise while my student(s) is enrolled at Humble Christian School.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

NON – DISCRIMINATION POLICY

Humble Christian School admits students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The organization does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its education policies, admission policies, athletic or other school administered programs. The school **does** reserve the right to enroll and maintain enrollment of students **selectively** to ensure that the student can profit from our program using a Bible-based curriculum.

POLICY ACCEPTANCE DOCUMENT / CONTRACT

This agreement or contract is between Humble Christian School, hereafter referred to as “the school”, and the parents or legal guardians of the student(s) being enrolled, of which **initials and signature** appear on this document of understanding, signifying that you have read, understood, and agree to comply with all the school’s policies.

_____ 1. I understand that attending the school is a privilege, not a right, and that the school is not a reform school. I understand that the school may refuse enrollment or continued enrollment based on the totality of information given in the enrollment process. I understand that the withholding of information or the deliberate misrepresentation of information on any document submitted to the school will subject my child to immediate dismissal.

_____ 2. I understand that Humble Christian School provides an accelerated curriculum, and that all students are expected to meet the program criteria. While minor adjustments may be made for students with disabilities, HCS does not provide special education, curriculum accommodations, or curriculum modifications.

_____ 3. I agree to pay all fees and tuition payments when due and to conclude all required payments on or before the last day of the applicable school semester. I understand that tuition may be paid one of two ways: (1) **payment in full by August** (there is a discount if paid by August 1), or (2) **through the FACTS Tuition Management Plan** with selected payment option of my choice. If I choose the monthly option, payments are automatically deducted on the same date of each month from my checking / savings account or charged to my MasterCard, American Express, or Discover card with a convenience fee. A NSF fee will be charged by FACTS for any payment that does not clear.

_____ 4. I understand that it is my responsibility to inform the Business Office if financial problems arise or I need to make other arrangements to keep my account current. I understand that if my account becomes 30 days past due, I have five (5) working days to contact the Business Office and make alternative arrangements to bring my account current. I understand that my child may be excluded from classes until the balance owing is paid or other arrangements have been made. I understand that if my account becomes 60 days past due and I have not made other payment arrangements with the Business Office, my child will be withdrawn from school and will not be allowed to re-enroll until all financial obligations are fulfilled with the school. In the event of such withdrawal, I will have to petition the School Board to have my child reinstated.

_____ 5. I understand that checks returned to the school for insufficient funds, closed account, etc. will result in a returned check fee. I will be contacted by the Business Office upon notification of the returned check. I understand that returned checks must be replaced with cash or a cashier’s check within five (5) days of the return notice. I understand that if two (2) checks are returned to the school for any reason during the school year, all future payments must be made by cash or cashier’s check.

_____ 6. I understand that if I withdraw my child from school, I agree to give written notice of the withdrawal, and it will be effective upon delivery to the school. I understand that paid tuition may be refunded on a prorated basis, but there will be no prorating for the month of withdrawal. **No fees** will be refunded (registration, testing, book usage, etc.). I understand that books, materials, and equipment supplied by the school (including sports uniforms and equipment) remain the property of the school and must be returned. I understand that **all** school records will be held if any such items remain in my possession or any obligations are owing. Balance of account at the time of withdrawal must be paid **in full**.

_____ 7. I understand that I am responsible for picking up my child at dismissal time. If my child is not picked up by 3:30, my child will be sent to the After School Program and I will be responsible for the incurred charge. I understand that the school is not liable or responsible for any student who remains on campus after hours who is not in an adult supervised activity.

_____ 8. The school sets high Biblical standards for conduct. I understand that my child could be dismissed from the school for activities not consistent with sound Biblical principles such as but not limited to: sexual immorality; use or possession of drugs, alcohol, tobacco, pornography; willful destruction of school property; profanity or obscenity in word or action; weapons on campus; fighting; dishonor to the Holy Trinity and the Word of God; and disrespect to school personnel.

POLICY ACCEPTANCE DOCUMENT / CONTRACT

_____ 9. I understand that the Administrator of the school and the teachers serving under him / her shall have full discretion in the administration of appropriate discipline for my child. My child and I will comply fully with the rules and regulations then in force as stated or amended in the current HCS Family Handbook. I authorize Humble Christian School to employ such discipline, including corporal punishment, as it seems wise and expedient for my child.

_____ 10. I understand that Internet use on school property will only be authorized in the appropriate classroom for the appropriate curriculum; any unauthorized or personal use by my child will be grounds for suspension or dismissal.

_____ 11. The school believes that a positive and constructive working relationship between the school, student, and the student's parents/guardians is essential to the accomplishment of the school's educational mission. I understand that the school reserves the right to terminate or not renew my child's enrollment contract if the school reasonably concludes that the action of my child and/or his/her parents or guardians, makes a positive or constructive relationship impossible or otherwise interferes with the school's accomplishment of its educational purposes. This takes precedence over any other policy in the Family Handbook.

_____ 12. I give permission for my child to attend any school-sponsored trip, to participate in academic, athletic, and other activities of the school. Any subsequent revocation of this permission must be in writing delivered to the Administrator. Humble Christian School and its representatives intend to take all reasonable precautions with respect to all activities; however, I understand that the participation of my child in school-sponsored field trips involves a certain element of risk. I hereby assume that risk, and I agree to hold Humble Christian School and its employees, instructors, and representatives blameless from any liability unless the occurrence happens because of their gross negligence or willful and wanton behavior. I assume full responsibility for any personal injury that might occur to my child while taking part in a school sponsored trip, and I will absolve Humble Christian School and its employees, instructors, and representatives from all liability in regard to any injury.

_____ 13. I give permission for my child's photograph (or video), quotes (including media interviews), stories and/or artwork to be used in ways to enhance the profile of Humble Christian School such as for the school website, newsletter, brochures, billboards or other advertising media unless I notify the Administrator in writing of any restrictions I wish to place on such use.

_____ 14. I have read a copy of the current Humble Christian School Family Handbook (which can be found at www.humblechristianschool.org or at www.renweb.com). I support the Philosophy, Doctrinal Statement, and the Student Conduct Code contained therein. I accept and will abide by the terms, provisions, obligations, and requirements thereof.

_____ 15. The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Signature of one parent or legal guardian is required.

Signature _____ Date _____

Printed Name _____ Relationship to Student _____

Student's Name _____