

3956 N. M-18
Gladwin, MI 48624
skeelschristianschool.com

Student Enrollment Form

School Year: 2017/18



Enrollment Fee is \$200 per student (nonrefundable)

<input type="checkbox"/>	\$50 New Student Enrollment Fee	<input type="text" value="FOR OFFICE USE ONLY"/>
<input type="checkbox"/>	(\$150 February 13-March 31)	<input type="checkbox"/> Monthly Budget Plan (begins Aug. 15)
<input type="checkbox"/>	(\$175 April 1-April 30)	<input type="checkbox"/> Choose to fundraise
<input type="checkbox"/>	(\$200 After May 1)	<input type="checkbox"/> Fundraising Opt out paid in full \$1200.00
<input type="checkbox"/>	\$50 Kindergarten/Preschool	

1. Student Name: _____
 Last First Middle
 Enrolling Grade: _____ Age: _____ DOB: _____ SSN (7-12 grade only) _____
 Date of last Tetanus Vaccine: _____ Date of Chicken Pox or Varicella Vaccine: _____

MEDICAL HISTORY / HEALTH CONCERNS office use only ***MUST HAVE IMMUNIZATION RECORDS**

Please list any medical history, health conditions, or other health concerns our staff should be aware of and any condition that requires special assistance or monitoring. If there are no health concerns, please indicate none.

<input type="checkbox"/>	None	_____
<input type="checkbox"/>	Allergies	_____
<input type="checkbox"/>	Medication	_____
<input type="checkbox"/>	Special Conditions	_____

2. Student Name: _____
 Last First Middle
 Enrolling Grade: _____ Age: _____ DOB: _____ SSN (7-12 grade only) _____
 Date of last Tetanus Vaccine: _____ Date of Chicken Pox or Varicella Vaccine: _____

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<input type="checkbox"/>	None	_____
<input type="checkbox"/>	Allergies	_____
<input type="checkbox"/>	Medication	_____
<input type="checkbox"/>	Special Conditions	_____

FATHER'S NAME _____ EMPLOYER _____ PH# _____
 MOTHER'S NAME _____ EMPLOYER _____ PH# _____
 HOME ADDRESS _____ PHONE: _____
 Street
 _____ PHONE: _____
 City/Zip

With Whom do the children reside: _____ Email: _____

Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number
Name of Insurance Carrier		Health Insurance Policy Number
Name & Phone Numbers of Person to be Notified in an Emergency When Parent's Not Available		
List		
Two (2) 1)		2)
I give permission to Skeels Christian School / Preschool to secure emergency medical and/or surgical treatment for the above name minor child(ren).		Signature: _____

NAME(S) AND PHONE NUMBER(S) OF INDIVIDUALS TO CONTACT IF YOUR CHILD IS ILL:

Church: _____

Pastor: _____ Telephone Number: _____

Name & address of school you are transferring from: _____

In making this application, I understand that:

1. My cooperation is expected in regular tuition payment, practical help, fulfilling Family Service Hours, participation in fundraising and faithful prayer support. All accounts from the previous semester must be paid in full before continuing the second semester or re-enrolling for the next year unless previous arrangements have been made with the administration. Warning letters will be sent out prior to the end of the semester.
2. Should I choose not to participate in the Family Service Hours program, I understand the hours will be billed at \$10.00 per hour payable at the end of each semester.
3. We have read the Student Handbook and/or the Preschool Handbook, and understand their contents. Furthermore, I will openly support them in the presence of my child/children.
4. The administration has full responsibility for placing my child in the proper grade.
5. The school has full discretion in the classroom discipline of my child.
6. Attendance at Skeels Christian School is a privilege and the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
7. I will not allow my child, presently enrolled or transferring to SCS, to utilize class work (i.e. answer keys, class notes, test, quizzes, homework, labs, etc.) from this or another school that will undermine their responsibilities academically.
8. Fundraising is a necessary part of keeping tuition at a minimum as 20% of the school's budget depends on fundraising. Should I opt out of fundraising , I understand my child's/children's tuition could increase to reflect this decision.
9. My child will participate in scheduled field trips and other school activities. I understand that they will be transported in private vehicles.
10. I give permission to SCS to secure emergency medical and/or emergency surgical treatment for my child if needed.
11. I understand Skeels Christian School does not carry medical insurance on it's students. Parents are encouraged to consult with their insurance professional to make sure that their child is covered to/from and while at Skeels.
12. I realize my child's photograph may be used in the marketing & promotion of Skeels.

We are willing to have our child(ren) trained in accordance with the above statements.

Date _____ Father's Signature _____

Date _____ Mother's Signature _____

How did you hear about our school? _____



Making Disciples...Making A Difference



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