



KONOCTI CHRISTIAN ACADEMY

P.O. Box 1515, 401 Martin St., Lakeport, CA 95453
Phone: 707-262-1522 Fax: 707-263-4466
kca.office@sbcglobal.net
www.konoctichristianacademy.com

Equipping students to fulfill their God-given potential

Application for Admission

Student's Legal Name: Last First Middle (Nickname, if any)

Mailing Address: City: State: ZIP Code:

Home Address: City: State: ZIP Code:

Date of Birth: Grade Entering: Home Phone: Boy Girl
Month/Day/Year

Ethnicity: African American American Indian Asian Caucasian Hispanic Other:

Notice of Nondiscriminatory Policy as to Students:

Konocti Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Name and address of last school attended:

Has the applicant ever repeated a grade? Suspended? Skipped a grade?

If yes, please explain:

Has the applicant had supplemental, diagnostic, educational or psychological testing in addition to the regular standardized testing of the school? If yes, please explain:

Who referred you to KCA?

Student's Church Affiliation: Non-Religious

Pastor's Name: Regular Attendance: Church Youth Program Sunday School

PARENT/GUARDIAN INFORMATION

Check only if applicable: Parents separated Parents divorced Father deceased Mother deceased

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian
	First Name	
	Last Name	
	Email Address	
	Home Phone	
	Cell Phone	
	Mailing Address	
	Mailing Address if different than student	
	Home Address	
	Occupation	
	Employer	
	Business Phone	
	Business Address	
	Parent with legal custody	
	<i>If child does not live with both parents, please indicate the following:</i>	
	Parent responsible for financial obligations	
	Parent responsible for conduct, studies, grades, reporting absences	
	Non-custodial parent wishing to receive general school information	

Please state your reasons and expectations for applying to Konocti Christian Academy with your student.

Sibling's Name	Age	School Attending	Grade

Annual Field Trip Release/Emergency Medical Form

2009-2010 School Year

Konocti Christian Academy
P.O. Box 1515, Lakeport, CA 95453
707-262-1KCA phone, 707-263-4466 fax
kca.office@sbcglobal.net

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for _____, grade _____, to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the school office prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Konocti Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature Date

Mother/Guardian's Signature Date

Name Printed: _____

Name Printed: _____

If the child lives with both parents, the release must be signed by both parents/guardians.

Annual Field Trip Release/Emergency Medical Form

Continued

Contact Information

Student's Name	
Parents' Names	Mother
	Father
Home Phone	Mother
	Father
Work Phone	Mother
	Father
Cell Phone	Mother
	Father
Health Insurance Coverage	Insurance Company
	ID #
	Policy Holder's Name
	Student's Relationship to Policyholder
Allergies (including reactions to medication)	
Medication being taken (dosage/frequency)	
Physical or Medical Conditions (not previously listed)	
Preferred Hospital	
Date of Last Tetanus Shot	
In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at the numbers listed above?	Name
	Relationship
	Phone

FINANCIAL REGULATIONS and AGREEMENT

Please read the following regulations carefully in order to have a complete understanding of the financial obligations to which you are committing yourself with the enrollment of your child at Konocti Christian Academy (KCA).

REGISTRATION/SUPPLY FEE: The registration fee is a non-refundable fee applicable to all students, except when KCA denies admittance to the school. The supply fee is \$45 per student per year for all their classroom supplies.

BOOKS: Book fees vary by grade level, are applicable for all students enrolling and are due on August 1st or at the time of registration (if enrolling later in the school year). Lost or damaged books will be billed to the parents' account.

TUITION PAYMENT SCHEDULE: The tuition fees vary according to grade and number of children attending from the same family (see Tuition & Fees Schedule). Tuition payments may be made monthly (1st payment due Sept. 1st, last payment due June 1st, 10 equal payments), semi-annually (1st payment due Sept. 1st, 2nd payment due Jan. 1st) or annually (annual tuition less 5% discount if received by Sept. 1st).

PAST DUE ACCOUNTS: A \$15 fee will be assessed on payments made after the 10th of the month. If the tuition and late fee are not paid by the 30th of the month, the student will no longer be accepted into school and cannot return until the unpaid balance is paid in full. A \$15 late fee will be assessed monthly on any unpaid balance. A \$25 fee will be assessed on any returned checks. If you experience financial difficulties, please contact the school office. Accounts 60 days past due will be referred to collections. Accounts 120 days past due will be reported to credit reporting agencies. If it becomes necessary for KCA to consult or use legal counsel to collect fees owing to KCA, the parent/guardian agrees to pay all court costs, attorney fees and collection costs as they relate to this matter.

TUITION DISCOUNTS: KCA may offer parents the opportunity to receive a tuition discount based upon regularly worked hours. Parents may apply for tuition discounts and will be assigned the equivalent of 3-hour per week jobs in order to receive \$50 off their monthly tuition. There will be many different needs, from helping in the classroom to jobs that can be completed at home or in the evening. Please contact the school office for further details.

PARENT INVOLVEMENT (PI) HOURS: Parents are required to volunteer a total of 30 hours per family per school year. PI hours will be tallied quarterly and

any time less than 7½ hours per quarter will be billed at \$15 per hour. PI hours are separate from volunteering for tuition credit.

WITHDRAWAL FROM SCHOOL: Should a student withdraw from KCA, the entire month's tuition must be paid and any previous costs incurred are due. Should a withdrawal become necessary, please notify the school in writing as soon as possible.

BOARD OF CONCILIATION: If I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with Konocti Christian Academy, in keeping with I Corinthians 6:1, I/we agree to submit to a board of conciliation; the members of which will consist of KCA's chaplains and one representative for the parent and the school, rather than taking the dispute to a civil court. The decision of the Board of Conciliation shall be in writing and shall be a final binding decision of an arbitrator pursuant to section 1280 et seq of the California Code of Civil Procedure. I/we agree the procedure to be followed, including costs involved, will be in accordance with the Christian Legal Society.

PARENTS-STUDENT HANDBOOK: I/we agree to read the Parent-Student Handbook and to support the school in enforcing its policies and rules.

PHOTOS: I/we release Konocti Christian Academy to photograph and/or videotape my/our child while participating in daily activities and to use the photos/videos on displays, in newspapers/publications, in promotional materials or on KCA's website.

PROBATIONARY PERIOD: All new students will be subject to a 90-day probationary period. Konocti Christian Academy reserves the right to revoke the admission of any student within this time period who is deemed not to comply with the philosophy and standards of the school and/or the academic and behavioral expectations of KCA.

I/we jointly and separately have read the above information and understand that this constitutes a legal and binding contract. I/we agree to support the school in enforcing its policies and rules as outlined in this contract and the Parent-Student Handbook.

Father's/Guardian's Signature _____ Date _____

Mother's/Guardian's Signature _____ Date _____

