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 www.konoctichristianacademy.com

*"equipping students to fulfill their God-given potential"*

<b>OFFICE USE ONLY</b>	
Date Rec'd _____	_____
Assessment _____	_____
Interview _____	_____
Registration Pd _____	_____
Records:	
Requested _____	_____
Received _____	_____
Cumulative File:	
Requested _____	_____
Received _____	_____

## 20 - 20 NEW STUDENT APPLICATION FOR ENROLLMENT

STUDENT INFORMATION		
Student's Full Legal Name	Grade Entering	Date of Birth
Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION			
Parent's Name	Employer/Occupation	Parent's Name	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Other Phone	Work Phone	Other Phone
Email Address		Email Address	
Mailing Address		Mailing Address	
Home Address (if different than above)		Home Address (if different than above)	
<input type="checkbox"/> Student's Residence		<input type="checkbox"/> Student's Residence	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance		Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance	

### ***Notice of Nondiscriminatory Policy as to Students***

*Konocti Christian Academy admits students of any race, color, and 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 programs, and athletic and other school-administered programs.*

SCHOOLS PREVIOUSLY ATTENDED		
School Name (include preschools)	City, State	Grades Attended

### EDUCATIONAL HISTORY

Was/has applicant ever:  Attended preschool  Repeated a grade  Skipped a grade  Received an IEP  
 Been suspended  Been expelled  Received speech therapy  Received tutoring  Been diagnosed with  
 ADD/ADHD/Autism/Aspergers/other  Received specialized testing (behavioral/academic/psychological)

If yes, please explain:

Why are you seeking a private school education for your child?

### OTHER CHILDREN LIVING AT HOME

Name	Birth Date	Grade Level	School Attending

### RELIGIOUS AFFILIATION

Church Home	Church Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> non-religious
Pastor's Name	Children/Youth Program Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely

### EMERGENCY CONTACTS/AUTHORIZED FOR PICK-UP

*Parents will always be contacted first. List in order of preferred contact.*

Name	Phone Number Cell-Work-Home	Phone Number Cell-Work-Home	Relationship
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	

## ASTEP Enrollment

After School Training and Enrichment Program

Will you be utilizing after-school care?  Yes  No (If yes, please complete section below. Please see ASTEP Information & Enrollment Guidelines for details and current rates.)

✓	<b># DAYS PER WEEK</b>	✓	<b>DAYS ATTENDING</b>
	2		Monday
	3		Tuesday
	4		Wednesday
	5		Thursday
	Drop-In Rate		Friday

# MEDICAL INFORMATION & MEDICATION CONSENT

(Must complete one form per student. Additional copies available from the office as needed.)

**STUDENT'S NAME:** \_\_\_\_\_

## MEDICAL INFORMATION

Does student have any medical conditions or allergies?

Asthma   Diabetes   Hearing Loss   Heart Condition   Migraines   Bee Sting   Severe Allergy/Anaphylaxis  
Food/Other Allergies   Other \_\_\_\_\_ Describe/Notes: \_\_\_\_\_

Was student born premature? Yes No If yes, how many weeks early? \_\_\_\_\_

Does student need medication at school? Yes No (If yes, please complete *Medication Consent* section below.)

Doctor's Name

Phone Number

Dentist's Name

Phone Number

## MEDICATION CONSENT (if applicable)

Name of Medication	Dosage	Time to be Administered	Reason for Medication	Discontinue Date

If medication is to be given on an "as needed" basis, state condition(s) under which medication is to be administered (e.g. headache, toothache, etc):

A first aid note will be sent home with the student documenting any medication administered.

I hereby authorize the above, Konocti Christian Academy, to administer medication(s) to my child according to the directions stated above, and further authorize them to contact the child's physician if needed. Parents/guardians will always be the first point of contact. I understand that non-medically trained school personnel will administer medication. I agree to hold Konocti Christian Academy, its employees and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

I also agree to inform the school in writing immediately of any change in medication order. I will supply a limited quantity of the medication in the original container labeled plainly with the child's full name, name of medication and dosage, time and quantity to be administered, and physician's name.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FINANCIAL REGULATIONS and AGREEMENTS

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).

**ANNUAL FEES:** The annual registration, supply, curriculum, and computer/technology services fees are non-refundable fees applicable to all students, except when KCA denies admittance to the school. The annual registration fee is due at the time of enrollment. The remaining annual fees are due by June 1st, or at the time of enrollment if after that date. Annual fees will not be prorated for late start enrollment during the school year. I understand that failure to pay these fees by the due date may result in my child's enrollment being forfeited, and that no refunds will be given for monies already paid in this circumstance.

**SCHOOL MATERIALS:** It is the expectation that KCA property provided for individual student use, including, but not limited to, books, supplies, or technology will be used appropriately and cared for by students. Lost or damaged materials will be billed to the parents' account.

**TUITION PAYMENT SCHEDULE:** I/we agree to review the Tuition & Fee Schedule and understand tuition will be billed as outlined. Tuition is non-refundable. No tuition discounts or refunds will be offered if KCA is required to transition to periods of distance learning for public health or other emergencies. Tuition payments may be made monthly (1<sup>st</sup> payment due Sept. 1<sup>st</sup>, last payment due June 1<sup>st</sup>, 10 equal payments) or annually (annual tuition, less 5% discount, if received by Sept. 1<sup>st</sup>).

**ASTEP:** KCA offers an optional After School Training and Enrichment Program (ASTEP). If I choose to utilize KCA ASTEP, I hereby grant permission for my child to participate in all of the program activities. I/we agree to read the ASTEP Information & Enrollment Guidelines and understand use of the program will be billed as outlined.

**PAST DUE ACCOUNTS:** A \$15 late fee will be assessed on payments made after the 10<sup>th</sup> of the month. If the tuition and late fee are not paid by the 30<sup>th</sup> 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 and may be submitted 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.

**PARENT INVOLVEMENT (PI) HOURS:** Parents are required to volunteer a total of 30 hours per family per school year. Any PI hours not worked by the end of the school year will be billed to you at \$15 per hour.

**VOLUNTEER FOR TUITION CREDIT (VTC):** Parents who apply and are approved to participate in this program will volunteer a minimum of 12 hours per month in order to receive \$75 per month in tuition credit per family. Please contact the school office for details. PI hours are separate from volunteering for tuition credit.

**EARLY WITHDRAWAL FROM SCHOOL:** Should a student withdraw from KCA during the school year, an early withdrawal fee of one month's tuition will be added to any balance on the account. 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 one KCA chaplain, one representative for the parent, and one representative of the school board) 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. I/we agree the procedure to be followed, including costs involved, will be in accordance with the Christian Legal Society.

**PARENT-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 school activities and to use the photos/videos on displays, in newspapers/publications, in promotional materials, or on KCA's website or Facebook page.

**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.*

SIGNATURE: \_\_\_\_\_  
Father Stepfather Grandfather Guardian

DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Mother Stepmother Grandmother Guardian

DATE \_\_\_\_\_

## FIELD TRIP RELEASE and EMERGENCY MEDICAL FORM

I/we give my permission for

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/we understand that I/we will be given at least 48 hours notice of all trips away from the school premises. I/we further understand that I/we 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 it is believed that 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 financial responsibility for expenses incurred as a result of those services being provided, including emergency medical transportation.

SIGNATURE: \_\_\_\_\_  
Father Stepfather Grandfather Guardian

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Mother Stepmother Grandmother Guardian

DATE: \_\_\_\_\_