

Parental Pledge

Please read carefully, sign and return with application.

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I agree to uphold and support the high academic standards of Howardsville Christian School by providing a place at home for my child to study. I will give my child encouragement in the completion of homework and assignments.

I understand that the Christian standards set forth in the Word of God and by Howardsville Christian School do not tolerate profanity, obscenity, an form of sexual impurity in word or action, the inappropriate use of social media or the use of alcohol, drugs and tobacco products. I understand that the lifestyle and character of the students of Howardsville Christian School are expect4ed to exemplify the qualities outlined in Galatians Chapter 5.

I understand that the teaching staff and administration will be making the decision regarding placement of my child as far as room, teacher and class assignment.

I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in its educational endeavor. If this occurs, or he is withdrawn, the current month's charges are due and payable and will not be refunded.

I pledge to pay my financial obligations to the Howardsville Christian School on the date due.

My child is expected to pledge allegiance to the Bible, as God's Holy Word; to the Christian Flag, symbolic of our heavenly heritage; and to the American Flag, the symbol of our present God-given patriotic heritage.

I have read the above terms and the student handbook and pledge that my child obey them.

Parent/Guardian Signature _____ Date _____

Photo Release Form

Howardsville Christian School would like to display special pictures/videos throughout the year of our students and classes. We would like to post these pictures on our website and also to have them published in the local newspapers for everyone to enjoy. (T.R. Commercial, Kalamazoo Gazette, Marcellus News, etc.)

Both our website and the local newspapers are open to public viewing. We would like you to inform us if you will allow your child's/children's picture to be published.

- I give permission to allow my child/children to have their picture published on the school website and local newspapers.
- No, I DO NOT want my child/children to have their picture published on the school website or local newspapers.

Print Family Name: _____

Parent Signature: _____



Call 'Em All Phone System

Our primary means of contact for delays and cancellations is via our Call 'Em All Phone System. You will receive an automated phone call when we are operating on a delay or when school is closed.

Name _____ Phone Number _____

Name _____ Phone Number _____

(Please print.)

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I (We) _____ and _____ are the
Parent(s)/legal guardian(s), with legal custody of

<u>Child's Name</u>	<u>Birthdate</u>	<u>Child's Name</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

who reside with us at _____
and who attend Howardsville Christian School, give our permission for a licensed doctor, physician, or emergency treatment center selected by the school, coach or other representative, to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during any school sponsored event, and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnoses, treatment and hospital care deemed necessary.

We understand the school coach/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me (us) are unsuccessful. During this time we can be reached at:

Home (address stated above) _____
Home Phone _____
Cell Phone _____
Cell Phone _____

Date _____ Father/guardian signature _____
Date _____ Mother/guardian signature _____

Doctor _____ Phone _____

Medical Insurance Company _____

Policy Number _____

Allergies to medicines or other allergies _____

Child is presently taking the following medication _____

For the following condition(s) _____

Additional information -

Student Medication Information

Student(s) Name: _____

Parent Signature: _____

Please list medications to be given at school (and directions), this includes pain reliever and cough drops. Make sure meds are labeled with the student's name.

Please list medical conditions and allergies.

The school does not provide Tylenol, cough drops, or any other oral medicine to students. If you want your child to have one of these when necessary, please send it in, labeled with the student's name.

Please return all forms to the school office.

Pastor's Confidential Recommendation Form

Families - Please complete the top section and provide to your Pastor to complete the remainder of the form.

Parent's Name: _____

Church Name: _____

Church Address: _____

Names of children 1. _____ Grade entering: _____

Applying to HCS. 2. _____ Grade entering: _____

3. _____ Grade entering: _____

4. _____ Grade entering: _____

Pastor's – The above Family has applied for enrollment to Howardsville Christian School. Please assist us by answering the questions below.

1. Is the above family an active member of your church? _____

Regular attendance: Yes _____ No _____

Involved in church programs: Yes _____ No _____

2. How long have you known the family?

3. Would you consider the child(ren) open and sensitive to spiritual instruction?

4. Do the children cooperate well with those in authority?

With peers?

5. Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family?

6. Do you recommend this family for admission to Howardsville Christian School?

Yes _____

No _____

No Recommendation

Signature: _____ Date: _____

Title / Position: _____

Church Name: _____

Church Phone Number: _____

Please return to:
Howardsville Christian School
53441 Bent Rd.
Marcellus, MI 49067