

Name _____ Grade _____



RETURNING STUDENT PACKET

2026-2027

*All papers must be filled out and signed by both parents or guardians. Incomplete paperwork will not be accepted.

Updated Information on Renweb _____

Parent Partnership _____

Financial Contract _____

Health Waiver Form _____

Permanent Release _____

Registration Fee _____

Staff Initials _____

Parent Partnership Agreement

If accepted for admission to Calvary Christian School, we agree to the following conditions for our child's attendance. We understand that CCS is a Christian, independent, non-profit corporation formed for the purpose stated in this application. We authorize and give the administration, faculty and staff of CCS authority and jurisdiction over our child during any session of school or during the time that our child is present at or engaged in any school activity.

We further agree with the following:

- To make my tuition payments on time. Payments are due on the 1st of each month (or pay a \$50 late fee after the 5th).
- To faithfully pray for the faculty, staff and students at CCS.
- To abide by the decisions of the administration of the school.
- To permit a teacher or the administration to dispense corrective discipline.
- To actively support and attend CCS activities.
- To use the Matthew 18:15-17 principle in resolving conflicts among students, staff and CCS family members.
- To accept the position that a student's witness on and off the campus can influence his or her right to attend CCS.
- To do our best to get our child to school on time and pick them up on time.
- To contact our child's teachers when we have an appropriate concern.
- To help our child work toward achievement of individual, class and school goals.
- To help our child learn how to be sensitive to the needs of other students in ways that honor the Lord
- To encourage our child to behave in accordance with all school regulations.
- To see that our child's dress, as well as our own, is modest and consistent with the CCS Dress Code at school as well as during field trips.
- To encourage our child to grow spiritually by regular devotional activity and church attendance.
- To encourage our child to apply himself or herself diligently to his or her studies and to provide a time and a place for study.
- Support CCS's Mission, Purpose, Goals, Philosophy, Doctrinal Statement, Rules and Policies.

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

We have read and agree with all of the above:

Student's Name _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Calvary Christian School Health and Waiver Form

General Information:

Student's Name _____ Birthdate _____ Age _____

Father's Name _____ Cell Phone _____ Work _____

Mother's Name _____ Cell Phone _____ Work _____

Home Address _____

Secondary Address (if applicable) _____

Any parenting plans/legal documents if applicable (Please attach)

In case of emergency and parents cannot be contacted, please call:

Relative: Name _____ Phone (____) _____

Neighbor: Name _____ Phone (____) _____

(one of these individuals should be available to pick up your child if necessary)

Health Information:

Insurance Company _____

Policy# _____ Group# _____

Doctor's Name _____ Phone (____) _____

Is student allergic to any drugs? ____ If yes, please specify _____

Does student have any allergies? ____ If yes, please specify _____

Date of last tetanus booster? _____

Does the student take any medication regularly? _____

Are there any behavioral concerns? _____

In case of injury or illness, "I/we hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary for the welfare of the said minor. I understand every effort will be made to notify parents or guardians of the student. In the event of an injury, I will not hold Calvary Christian School liable. I acknowledge that I have read this form completely and understand the school policies."

Parent Signature _____ Date _____

Parent Signature _____ Date _____

CALVARY CHRISTIAN SCHOOL

Permanent Authorization for Release of a Child

Student's Name: _____

I hereby authorize the above-mentioned child to be picked up from Calvary Christian School by the following people any time during the current school year.

1. _____ Phone (____) _____

2. _____ Phone (____) _____

3. _____ Phone (____) _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____