

Knowledge Seekers Christian School

Returning Student Application

School year applying for 2021-2022 Grade _____ Date of Application _____

Full Legal Name of Student _____ Sex _____
Last First Middle

Address _____

Date of Birth _____ Place of Birth _____ Age _____
Month Day Year City State Country

Church Membership _____ Date Baptized _____

Is financial assistance needed for tuition, fees, and/or uniforms? _____ No _____ Yes

If yes, please explain your need: _____

Parent Information:

Mother _____ Occupation _____ Phone # _____ Work/Cell/Home

Home Address _____

Mailing (if different) _____

Church Membership _____ Email Address _____

Father _____ Occupation _____ Phone # _____ Work/Cell/Home

Home Address _____

Mailing (if different) _____

Church Membership _____ Email Address _____

Emergency Contact Information (in the case of parent or guardian absence):

Family Doctor _____ Office # _____

Address _____

Name _____ Phone # _____ Work/Cell/Home

Address _____ Relationship _____

Name _____ Phone # _____ Work/Cell/Home

Address _____ Relationship _____



Knowledge Seekers Christian School Tuition & Fees

2021-2022 School Year

Registration Fees

- Covers textbooks, technology, online programs and insurance
- Pre-K and Kindergarten: \$300
- First Grade thru Eighth Grade: \$475
- Discount of \$50 if paid in full by August 1st

Tuition Rates

- Pre-K through Eighth Grade: \$495 per month
- Sibling Discount:
NEW FAMILIES: \$100/month for each sibling
RETURNING FAMILIES: \$100/mo for 2nd student; \$150/mo for 3rd student
- Financial Aid and Scholarships available for new students meeting eligibility criteria. Please inquire with School Treasurer to see if your student is eligible.
- Church Sponsorships & Subsidies: If your home church is willing to sponsor your student or provide a subsidy to the school, we will apply that subsidy to reduce your monthly tuition. Requests for these sponsorships/subsidies should be made directly to your home church along with a letter that we will provide for you.

Before & After School Care

- Before Care is available Monday - Friday from 7:15am - 7:45am. The cost for this service is \$5 per day.
- After School Care is available Monday-Thursday 3:30pm - 6:00PM, and Friday 1:15pm - 4:00pm. Daily (5 days per week) after school care, if used for an entire month, is \$150/month. Daily after school care (5 days per week), if used for an entire week, is \$50/week. Single day use is \$10/hour. Rates are per family, not per student.

Referral Program

- Current enrolled families who recruit new students to Knowledge Seekers Christian School will earn a credit of one month's tuition, to be credited after the new student(s) has been enrolled at least three months, and their account is in good standing.

Parent/Guardian/Sponsor Tuition Commitment

In consideration for _____ as a student to Knowledge Seekers
(Student's Name)

Christian School, I _____ commit to pay KSCS (Texas
(Parent/Guardian/Sponsor)

Conference Association of Seventh- day Adventists, Inc.) in the amount of

\$_____ per (month/quarter/year) on or before the first day of the

(month/quarter/year). I also acknowledge that to be considered for admission, I agree

to have my tuition payment automatically charged to/debited from the card on file or electronically paid via a checking account.

If paying by CREDIT/DEBIT CARD:

Card type (Circle One): Visa MasterCard Discover American Express

Name on Card: _____

Card number: _____

Exp: ___/___ Three-digit Security Code: _____

If paying by CHECKING ACCOUNT:

Please attach a blank check to this form, or provide the following information:

Bank name: _____

Name on Account: _____

Bank Routing #: _____ Account #: _____

Signature _____ Date _____
Parent/Guardian/Sponsor

Co-signer Signature _____ Date _____
Parent/Guardian/Sponsor

Accepted by _____ Date _____
Principal, or Treasurer, or School Board Chair

KSCS HEALTH & SAFETY POLICY NOTICE

A school health record is to be maintained in the cumulative record folder for each student. Each school is responsible for seeing that state requirements are met and that proper records are maintained. School personnel are not to assist in giving medication to students unless the parent requests such assistance in writing and a doctor provides written instructions.

1. **THE SCHOOL HEALTH PROGRAM SHALL PROVIDE FOR:**
 - A. Annual vision and hearing screening.
 - B. The care of emergency sickness and injury.
 - C. The prevention and control of communicable diseases
 - D. Such other health programs as the state may require..
2. **IMMUNIZATIONS** – Immunizations requirements of the respective states apply to Seventh-day Adventist schools. Students are enrolled in the school only after proof of immunization is presented to the school office. The school shall be responsible for maintaining these records as long as the child remains in that school. It is the responsibility of the principal to enforce these regulations and to ensure that an up-to-date record is maintained for each student.
3. **CONTAGIOUS DISEASES** – No child with an infectious or contagious disease is to be allowed to remain in school. The child should not be permitted to return to school until he has a medical release or until the school authorities are satisfied that he has recovered.
4. **HEALTH FACILITIES AND SERVICES** – Each school should make provision for students who become ill during the school day. This provision should include a cot and blankets as well as adequate first aid supplies.
5. **FIRST AID EQUIPMENT** – Each classroom should have access to a school first aid kit. When going on field trips or excursions, each group is required to carry a school first aid kit.
6. **ADMINISTERING MEDICATIONS** – Teachers should not diagnose a health condition or give any internal medications, including aspirin, except as indicated in the following statement: Any student which is required to take, during the regular school day, medication prescribed for him by a physician may be assisted by the school nurse or other designated school personnel if the school receives:
 - A. A written statement from such physician detailing the time schedules, amount and method by which such medication is to be taken.
 - B. A written statement from the parent or guardian of the student indicating the desire that the school assist the student in matters set forth in the physician's statement.
7. **BLOOD BORNE PATHOGENS** – Every teacher and administrator shall be aware of and follow the procedures as outlined in the local conference policy regarding blood borne pathogens such as hepatitis and AIDS.
8. **SANITATION** – Particular care shall be taken to provide proper hygienic conditions in kitchens, dining rooms, laboratories, drinking fountains, toilets, locker rooms, lavatories and dormitories (SWUEC 1502)

I have read the above _____ Dated _____

Health and Medical Record for School Year 2021 – 2022

Student Name _____ Age _____ Date of Birth _____

Whom to notify in case of illness: _____ Phone _____
(Name and Relationship)

Who does student live with: _____
(Mother/Father/Other – please specify)

Does student have coverage by accident or hospitalization policy? _____ #: _____

1. ALLERGIES/ALLERGIC REACTION (If YES, tell what happened)

_____ Penicillin: _____

_____ Other Medicine (list): _____

_____ Bee Sting, Insect Bite, Poison Oak _____

_____ Food _____

_____ Other (list): _____

2. PLEASE LIST ALL MEDICATIONS CURRENTLY BEING TAKEN:

Medication	Number and Times Per Day	Reason for Taking

3. Has student ever been around anyone known to have tuberculosis? Yes ___ No ___

Has he/she ever been skin tested for tuberculosis? Yes _____ No _____

Has he/she ever had a chest x-ray? Yes _____ Year _____ No _____

HEALTH AND MEDICAL RECORD 2021-2022 (continued)

4. When did the child last visit the dentist? Date _____ (Recommend twice yearly)

5. Has the student had his eyes examined? Date _____ By whom? _____

6. Comment on student's habits: How many hours sleep does he/she usually get? _____
Does he/she participate in outdoor activities? Not at all _____ Moderately _____ Continuously _____
Does he prefer reading or watching TV to the above? Yes _____ No _____
Eating habits: Eats only at mealtime _____ In between meals occasionally _____ Frequently _____

7. HEALTH HISTORY/PAST ILLNESSES (please check all those student has had) Have you had:

(Mark "F" for Frequent or "O" for Occasional or leave blank)

_____ Sinus Trouble	_____ Asthma	_____ Fainting Spells
_____ Rheumatic Fever	_____ Earache/Infection	_____ Diabetes
_____ Epilepsy	_____ Ear Tubes	_____ Frequent Diarrhea
_____ Kidney Disease	_____ Tuberculosis	_____ Glasses
_____ Hay Fever	_____ Heart Trouble	_____ Contact Lenses
_____ Bedwetting	_____ Sleep Walking	_____ Menstrual Problems
_____ Constipation	_____ Polio	_____ Measles
_____ Whooping Cough	_____ Chicken Pox	_____ Scarlet Fever
_____ Diphtheria	_____ Severe Stomachaches	
_____ Cholera (St.Vitus Dance Disease)	_____ Other _____	

8. List any other items helpful to the school program in planning for student's health:

Medication Permission Form

Permission for Over-the-Counter (OTC) & Prescribed Medicines

Permission is granted for designated school personnel to administer medication to my child, as listed and approved by the prescribing physician.

NAME OF MEDICATION	DOSAGE	TIME OF ADMINISTRATION	REACTIONS/ SIDE EFFECT

Name of Student _____

Parent or Legal Guardian: _____ Date: _____

Doctor: _____ Date: _____

THE STUDENT HANDBOOK ACKNOWLEDGEMENT

Parent's and Student's Pledge

It is distinctly understood that every student who presents himself/herself for admission to Knowledge Seekers Christian School thereby pledges to willingly observe all its regulations and to uphold the Christian principles upon which the school is operated. It is also a part of the student's contract that he/she will, to the best of his/her ability, perform all duties assigned to him/her in connection with the school.

I acknowledge that I have read, understand, and agree to comply with everything covered in the Knowledge Seekers Christian School Handbook.

Parent _____

Date _____

Student _____

Date _____

Student _____
(sibling)

Date _____

Student _____
(sibling)

Date _____

Student _____
(sibling)

Date _____

- **I also acknowledge that I must pay all fees before I will receive final grades, transcripts or diplomas.**

Parent _____

Date _____

PICK-UP PERMISSION FORM

To ensure the safety of all students, your student will only be released to the people whom you have designated as having permission to pick up your child(ren) from school. You can make changes to this list at any time, but it has to be given to us in writing. If you have a last-minute emergency pickup, please notify us with the person's name (through phone call or text message) by 3:00pm.

The following people have permission to pick up my children from school:

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Parent's Signature _____ Date: _____

Parent Name: _____ Phone number: _____

KSCS COMPUTER USE STUDENT AGREEMENT

- I will use the computer for schoolwork and to learn.
- I will be a good digital citizen when using school computers by:
 - using good manners.
 - using appropriate language.
 - not looking at or using anyone else's work without permission
 - not using anyone else's logins or accounts.
- I will be careful with all hardware and software that I use.
- I will keep my passwords private.
- I will share the computer and the network.
- I will ask for help If I do not know how to use any or part of the computer system.
- I will not share personal information about myself or anyone else on the Internet. This includes address, phone number, parents' work or photograph, etc.
- I understand that anyone can read the messages I send and that my work on the computer is not private.
- I will not write mean messages or use bad words on the computer.
- I will not use anything from the computer or Internet or send anything over the Internet that belongs to someone else without their permission.
- I will only use the Internet for appropriate learning activities.
- I will not be involved in cyberbullying and I will report it to a teacher or my parents if I see it.
- I will follow the rules of computer and network use at school even if I bring my own device to school.

COMPUTER USE AGREEMENT

I understand these rules and promise to follow them. If I do not follow these rules I know that I may have my computer privileges restricted or taken away.

Name of Student (Please Print)

I have discussed the terms of the KSCS Computer Use Agreement with my child and my child agrees to follow them.

Signature of Parent(s)/Guardian(s) & Date

I do not agree with the terms of the KSCS Computer Use Agreement and understand that my child will not participate in activities that involve the use of computers or the Internet in the school.

Signature of Parent(s)/Guardian(s) & Date

Please sign where appropriate and RETURN TO THE SCHOOL. Until the signed approval is returned to the school the student will not be able to participate in activities that involve the use of computers (school or personal) in the school.

KSCS SEXUAL HARASSMENT & ANTI-BULLYING POLICIES

SEXUAL HARASSMENT

DEFINITION

Sexual harassment is the unwelcome sexual advances, requests, unwanted touching, and other conduct of a sexual nature, which is offensive. It can be spoken, written or physical behavior. It includes pictures/drawings, graffiti, conversation, and jokes of a sexual nature.

Knowledge Seekers Christian School is committed to providing a school environment free of sexual harassment for all students. Incidents of harassment should be reported in accordance with these procedures so school authorities might take appropriate action. Students who sexually harass others are subject to discipline that entails suspension and expulsion. Knowledge Seekers Christian School has a zero-tolerance policy regarding sexual harassment.

REPORTING PROCEDURES

Students who have experienced sexual harassment should report the incident to school authorities as soon as possible. If the harassment is between students, the student should report the incident to the classroom teacher. The student may also report to the principal. If the harassment comes from an adult, the student should report directly to the principal.

ANTI-BULLYING

The School Board of Knowledge Seekers Christian School is committed to protecting its students and employees from bullying and harassment for any reason and of any type. The School Board believes that all students and employees are entitled to a safe, equitable, and harassment free school experience. Bullying and harassment will not be tolerated and shall be just cause for disciplinary action.

DEFINITION

Bullying means systematically and intentionally inflicting physical hurt or psychological distress on one or more students or school employees. It can be further defined as an unwanted, purposeful, written, or dehumanizing gesture by an adult or student, that has the potential to create an intimidating, hostile, or offensive educational environment or cause long term damage, cause discomfort or humiliation or unreasonably interfere with school performance or participation. Bullying is often characterized by an imbalance of power. For the purposes of this policy, bullying shall include Cyberbullying, Cyberstalking or Harassment.

- Bullying may involve, but is not limited to:

Unwanted teasing, Threatening, Intimidating, Stalking, Cyberstalking, Physical violence, Cyberbullying, Theft, Public humiliation, Destruction of school or personal property, Social exclusion (including incitement or coercion), and Spreading of false rumors.

Harassment means any threatening, insulting or dehumanizing gesture, use of technology, computer software or written, verbal or physical conduct directed against a student or school employee that

places a student or school employee in a reasonable fear of harm to his person or damage to his property; has the effect of substantially interfering with a student's educational performance, or employee's work performance, or either's opportunities or benefits; has the effect of disrupting the orderly operation of the school.

Cyberstalking means to engage in a course of conduct to communicate, or to cause to be communicated words, images, or language using electronic mail or electronic communication, directed at or about a specific person, causing emotional distress to that person and serving no legitimate purpose.

Cyberbullying is defined as the willful and repeated harassment and intimidation of a person using digital technologies, including but not limited to email, blogs, and texting by, social media, instant messaging, or video voyeurism. NOTE: Voyeurism which may be utilized in cyberbullying, in and of itself, is a criminal offense.

Bullying, Cyberbullying and/or Harassment also encompass:

1. Retaliation against a student or school employee by another student or school employee for an act of bullying or harassment.
2. Retaliation also includes reporting a baseless act of bullying or harassment that is not made in good faith.
3. Perpetuation of conduct listed above with intent to demean, dehumanize, embarrass, or cause emotional or physical harm to a student or school employee by incitement or coercion.

Bullying shall be prohibited on school grounds, property immediately adjacent to school grounds, at a school sponsored or school related activity, function, or program whether on or off campus, at a location, activity, function, or program that is not school related, or through the use of technology or any electronic device that is not owned, leased or used by the school. Any activity that creates a hostile environment at school for the student or school employee, infringes on the rights of the student or school employee will not be permitted. No behavior that disrupts the education process or the orderly operation of the school will be tolerated. Nothing contained herein shall require the school to staff any non-school related activities, functions, or programs.

I have read these policies to my child and have discussed with them that there is zero tolerance for bullying and harassment. My child understands that to engage in any of the prohibited behavior will result in disciplinary actions that include suspension and possible expulsion.

(Parent/Guardian)

Date: _____

(Student Name)