

OLATHE CHRISTIAN SCHOOLS

12030 Hedge Lane Terr. Olathe, KS 66061 | 913-829-0074 | www.olathechristianschool.com



APPLICATION FOR ADMISSION

Statement of Non-Discrimination | Olathe Christian School does not discriminate against members, applicants, students

Date ____/____/____ Grade Entering ____ (For K5 please circle Full or Half Day. K5 Half Day does not include specials.)
Age of Child ____ Desired Start Date ____/____/____

Student Information

Student Name _____
Last First Middle Initial
Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Date of Birth ____/____/____ Social Security # ____ - ____ - ____

Siblings: presently attending OCS : _____
(Please list names & grades)

will be attending OCS : _____

What church does your family presently attend? _____ Denomination _____

PARENT/GUARDIAN INFORMATION

Father's Full Name _____

Address (if other than student's) _____

Date of Birth ____/____/____ Social Security # ____ - ____ - ____

H-Phone (____) _____ C-Phone (____) _____

Employer _____ Occupation _____

W-Phone (____) _____ Email _____

Mother's Full Name _____

Address (if other than student's) _____

Date of Birth ____/____/____ Social Security # ____ - ____ - ____

H-Phone (____) _____ C-Phone (____) _____

Employer _____ Occupation _____

W-Phone (____) _____ Email _____

TUITION PAYMENT PREFERENCE

For the upcoming school year, I will pay my student's tuition by the payment option checked below:

- Option 1. Full year's tuition due prior to 1st day of class
- Option 2. 10 Payments (August 1– May 1)
- Option 3. 11 Payments (July 1– May 1)
- Option 4. 12 Payments (July 1–June 1)

Registration Fee due upon application.
Annual Fees due by July 1.

Parent/Guardian Signature _____ Date _____

Religious Information

Is the father a follower of Jesus Christ? ____ Mother? ____ Has applicant ever made a profession of faith in Christ? ____

List the name of your church and a member of the staff we can contact for a personal reference (include position and phone number).

Family/Marital Relationships

Check all that apply:

Birth Parents are: Together at home Separated Legally Divorced Birth mother deceased Birth father deceased

If divorced or separated, who has primary custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? Yes No

Student Education History

Please list the schools the student has attended beginning with the most recent.

School	Street/City	Phone	Dates Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Reason for leaving last school attended : _____

Please rate your child's progress in the last school attended:

Academic: Excellent Good Fair Poor **Conduct:** Excellent Good Fair Poor

Has the student been diagnosed with a learning challenge? Yes No If yes, please provide details.

If yes, please give details to the nature & type of testing. _____

Who conducted the testing? _____

Has the student attended OCS in the past? Yes No If yes, why did he/she leave?

Has your child ever repeated a grade? Yes No If yes, state grade and date. Grade _____ Date _____

Has your child ever failed a subject at school? If yes, please explain _____

Has the applicant been expelled, suspended, or refused admission to another school? If yes, please explain.

Student Health History

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Student has difficulty in Speech Vision Hearing ADD ADHD Blood Disorder Cancer Diabetes Migraines Seizures
 Urinary/Kidney Disease Brain/CNS Disorder Asthma Other _____

Please fully explain any answers checked above:

Please list any environmental or drug allergies: _____

Please list medications taken on a regular basis and the dosage given: _____

Emergency Contact Information (*other than parents*). It is important to list contacts that can easily be reached.

Name: _____ Relationship: _____

C-Phone: _____ H-Phone: _____ W-Phone _____

Name: _____ Relationship: _____

C-Phone: _____ H-Phone: _____ W-Phone _____

***** ONLY ONE FORM NEEDS TO BE COMPLETED PER FAMILY *****

Your Partnership with Olathe Christian School

How did you hear about Olathe Christian School? Church Family/Friend Other _____

We believe that it is important for parents to be involved at some level at their child's school. We value our volunteers, as many projects, activities could not happen without the help of our parents.

Please check below the area (s) that at least one parent can volunteer during the school year:

- Assistant Coaching Consultant (type: _____) Chapel Speaker Field Trip Chaperone
- Drama/Production Support (makeup, sewing costumes, scene building, etc) Holiday Class Parties Library Volunteer
- Office Volunteer Special Events Student Tutoring (subject(s): _____)
- Teacher Appreciation Fundraising Coordination Other _____

Authorized Person (s) for pick up

Please list all individuals (*other than parents*) that are authorized to pick up your child/children.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OCS Statement of Cooperation Must be signed by all divisions | K3-12

(Please Initial each item)

- _____ We have read the **Olathe Christian School handbook**, and we agree to be held accountable to the standards set forth within it.
- _____ We have read & agree to the **tuition charges & payment schedules**.
- _____ We understand **accounts must remain current** & that no records will be released until all accounts have been paid in full.
- _____ We have read & completed the **Standard of Conduct** form & completed it. (Grades 6-12 ONLY).
- _____ We have read & signed the **Parent School Agreement** and agree to abide by its terms and rules which apply to all students.
- _____ We have completed the **Emergency Medical Care Authorization** form & had it sworn & notarized.
- _____ We have read, completed the **Permission to Administer Medication** form, and we understand OCS shall not be held liable for damages as a result of an adverse drug reaction suffered by the student because of administering such a drug as indicated.
- _____ We have read & completed the **Student Record Release Authorization**. (If not applicable, indicate N/A).
- _____ We understand our **child(ren)'s photos** may be used for educational purposes, and OCS holds the copyright for such material.
- _____ We have read & completed the **Health History** form for the upcoming/current school year.
- _____ We give permission for our child/children to attend offsite **field trips** as scheduled.
- _____ We have read & completed the **Student Driver Registration** form.

Student— Please Print Grade Student— Please Print Grade

Student— Please Print Grade Student— Please Print Grade

Student— Please Print Grade Student— Please Print Grade

Student's Signature (6-12 grades only) Date

Student's Signature (6-12 grades only) Date

Parent/Guardian Name—Please Print

Parent/Guardian Signature Date

OLATHE CHRISTIAN SCHOOLS

Emergency Medical Care Authorization

In order to meet all legal requirements, I hereby authorize Olathe Christian School and/or Preschool to give consent for any and all necessary emergency medical care for my child/children _____ while said child/children is in said individual's custody. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature

Printed name of parent or guardian

Name of your physician

Phone

Physician's Address

Health Insurance Company

Policy/Program/Card/ID #

Hospital preference

Drug Allergies:

Date of Last Tetanus Shot

NOTARY PUBLIC

State of Kansas
County of Johnson

The above-signed authority, _____, known to be the person whose name is subscribed before me, on this day personally appeared (or is personally known) this _____ day of _____, 20____.

Notary's Signature

Notary's Seal



OLATHE CHRISTIAN SCHOOLS

Parent–School Agreement

IN ORDER TO SOLEMNIFY the desire of the undersigned parties to glorify the Lord with their obedience to Him and to promote a clear understanding of the duties and responsibilities of each party, the undersigned parties adopt the following agreement:

I, _____ (name of parent), for and in consideration of my child(ren), being admitted as a student or students at Olathe Christian School, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this Agreement:

1. I subscribe without reservation to the standards of conduct of Olathe Christian School and agree that my family will abide by these standards in all aspects of our lives, both at and away from school ministries and functions. I am a member of _____ Church, faithfully attending public services and taking an active part in the total church program. I understand that there may be minute differences between my beliefs and the school Statement of Faith. However, I understand that if my belief or attitude becomes counterproductive to the purpose of Olathe Christian School, my child will be dismissed immediately.
2. I understand and agree that the church and the school ministry are inseparable and that my child may be expelled from the school if either of us is out of fellowship with our local church.
3. I have read and understand the *Olathe Christian School Parent and Student Handbook* and I agree to support it, even though I may not agree with parts of it. I agree that my child must abide by all of the policies, rules and regulations of the school, including those listed in the *Student Handbook*, and I agree to support Olathe Christian School with my prayers.
4. I understand and agree that the education of my child will be guided by the instructors and other school officials. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him by the instructors or school officials to the best of his or her ability to their satisfaction. I understand and agree that, during my child's enrollment, the courses offered and the instructors teaching them may change from time to time in the discretion of the school leadership.
5. I understand and agree that my child has no right to publish and distribute a student newsletter or any other publication. I understand and agree that Olathe Christian School has the right, in its sole discretion, to control what is published, circulated, or otherwise distributed at its school to its students or staff, and I will ensure that my child understands this provision.
6. I understand and agree that attending Olathe Christian School is a privilege and the school reserves the right to suspend or expel my child from the school for just cause, as determined by the school. Notwithstanding anything to the contrary contained herein, this Agreement does not bind either party to any specific period of enrollment. Either party may terminate this Agreement without cause upon written notice. Registration and enrollment fees are non-refundable. Tuition is prorated to the number of months attending the school. There is no prepayment penalty. Unused tuition payments will be refunded.
7. As I am a Christian and Olathe Christian School is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. To do otherwise, would be in clear violation of Biblical teaching and practice.
8. The parties agree that there are no other agreements or understandings between them relating to the subject matter of this Agreement. This Agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement of the parties. Neither this Agreement nor its execution has been induced by any reliance, representations, stipulations, warranties, agreements or understandings of any kind other than those expressed herein. If any provision of this agreement is found to be void, it shall not affect the validity of any other provision. Both parties shall remain bound by all other provisions.
9. I certify that I will explain this agreement and its meaning to my child. I will assist the school in every way necessary to ensure my child abides by all the terms of this agreement.
10. I understand that I will be held responsible for my financial obligations, and I understand that all records of work accomplished while my child is in attendance at Olathe Christian School will be withheld if my account is not current.

IN WITNESS WHEREOF, the parties have executed this Agreement on the ____ day of _____, 20__.

I understand this agreement and its content and agree to abide by its terms and all rules which apply to all students while enrolled at OCS.

Parent/Guardian Signature

Students Signature (6-12 grades)

ACCEPTED AND APPROVED:

Signature of Administrator



OLATHE CHRISTIAN SCHOOLS

Student Questionnaire | Students grades 6-12 ONLY

Student's name _____

Date _____

School Year _____

Please answer all questions as thoroughly as possible.

1. Why are you/your parents seeking a change in your schooling? _____

2. Have you accepted Jesus as your personal Savior? _____

a. If yes, how high would you rate your level of commitment? _____ 1 through 10 (10 being the highest)

b. If no, what are your reason(s) for not having yet made a decision to follow Christ?

3. Why did you choose Olathe Christian School? _____

4. Do you currently or have you ever had problems responding correctly to authority? _____

If yes, please provide details _____

5. Have you ever used any of the following substances...Please give approximate date of last use.

Tobacco Yes No Date: _____ Alcohol/Drugs Yes No Date: _____

6. Have you ever been in trouble with the police? _____ If yes, please provide details.

7. What are your convictions about pre-marital sex?

Student Standard of Conduct

Each student, staff member, and volunteer must agree to endeavor to live a life that is pleasing to God. Eight areas of personal responsibility comprise the lifestyle covenant maintained by OCS. All participants in OCS activities, whether inner-school or inter-school, must agree to live a life consistent with the pledges below:

1. I will endeavor to honor God by living in the spirit of honesty
2. I will regularly attend church.
3. I will abstain from the use and/or possession of alcohol, illegal drugs, tobacco.
4. I will abstain from immoral sexual behavior.
5. I will abstain from viewing and/or listening to any form of media (including but not limited to movies and hard rock, heavy metal, and rap music) that gives a message in opposition to biblical principles.
6. I will abstain from viewing obscene or pornographic material.
7. I will abstain from gambling.

Students Signature (6-12 grades only)

Grade

Date

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Student Record Release

12030 Hedge Lane Terr.
Olathe, KS 66061
www.olathechristianschool.com

Office: 913.829.0074
info@olathechristian.com

To Releasing School Counselor:

Date ____/____/____

School Name

Address

City

State

Zip

Dear Counselor:

My child has withdrawn from _____ . Please release the following records to Olathe Christian School:

- *Health Records*
- *Discipline Records*
- *Attendance Records*
- *An explanation of your grading system, if other than A, B, C, D, and F are used*
- *All subjects taken, grades and credits received*
- *Entrance and withdrawal dates*
- *Withdrawal grades for the current grading period*

If this student has been placed in special education programs of any type, please include the following:

- *Psychological evaluation*
- *Individual education plan (IEP)*

Student's Name (Last, First) (Please print)

Date of Birth

Grade level at time of withdrawal

Parent/Guardian Signature

Date

Administrator's Signature

Date

OLATHE CHRISTIAN SCHOOLS

Student Driver Registration

To be completed by all students driving themselves to school.

STUDENT DRIVERS:

In order for a student to be given permission to drive to school, we need the student to register with the school. This form is to be completed and returned to the office.

Student's Name	Grade	School Year
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Parent/Guardian Signature	Date
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Color, Make, & Model of Student's Vehicle

License Number of Student's Vehicle

Attach copy of student's valid driver's license or bring license to school office to be copied.

Attach copy of driver's license here