



MUST BE SIGNED BY SCHOOL OFFICIAL  
 Received in School Office: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

2019-2020

# APPLICATION FOR RE-ENROLLMENT

Student name: \_\_\_\_\_

Grade entering for 2019-2020 school year: \_\_\_\_\_

CAMPUS: Independent Study; Category: \_\_\_\_\_

## Parental Commitment:

1. We invest authority in Cedar Park Christian Schools ("School") to discipline our child as the School feels necessary, according to the discipline policy, as outlined in the CPCS Handbook for Parents and Students. We have read, understand and agree to the discipline policy set forth. (*Proverbs 13:24; 19:18; 23:13-14; 29:15, 17; Ephesians 6:1-4; Colossians 3:20-21; Hebrews 12:4-13*)
2. We hereby agree to support school functions and to attend parent meetings when offered.
3. We agree that in case of questions or complaints, communication will be directed only to the school staff or personnel involved. (*Matthew:18*)
4. We understand that assessments will be made to cover damage to school property, including but not limited to breakage of windows, abuse of books, etc.
5. We agree to pay the tuition according to the payment schedule in the Financial Agreement. We understand that report cards, transcripts, and diplomas will be withheld if the required payments are not made.
6. We agree to support all standards of CPCS including dress guidelines.

Cedar Park Christian Schools ("School") is open to all children without regard to race, sex, color, disability or national origin. The School complies with all federal and state disability laws (as applicable to the School) and will make reasonable accommodations to otherwise qualified applicants. The School cannot guarantee a student's eligibility for continued enrollment after his or her initial admittance to the School.

BOTH SIGNATURES ARE REQUIRED, IF APPLICABLE:

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## Important:

- Tuition must be current before the re-enrollment process may begin.
- To qualify for the EARLY-REGISTRATION DISCOUNT, all Re-Enrollment Forms must be delivered to the Independent Study Office no later than 3:00p.m. on June 10<sup>th</sup> (See Tuition and Fee Schedule)
- All forms must be completed – incomplete packages will stop the registration process.
- Be sure to sign all of the enclosures.
- Please attach your check for registration fees, and a separate check for any outstanding tuition.
- Students will not be allowed to attend school until a current IMMUNIZATION CERTIFICATE is received in the School Office.

## IMMUNIZATION REMINDERS:

- ➔ Kindergarten – 5<sup>th</sup>: 3 Hep B; 5 DTP; 3<sup>rd</sup> or 4<sup>th</sup> Polio on or after age 4; 2 MMR; 2 VAR or healthcare provider verified disease
- 6<sup>th</sup> – 12<sup>th</sup>: 3 Hep B; 5 DTP; 1 Tdap; 3<sup>rd</sup> or 4<sup>th</sup> Polio on or after age 4; 2 MMR; 2 VAR or healthcare provider verified disease

If you have any updated information, please indicate below

<input type="checkbox"/> Student name	<input type="checkbox"/> Mother's occupation and work phone	<input type="checkbox"/> Father's occupation and work phone
<input type="checkbox"/> Address	<input type="checkbox"/> Mother's cell phone	<input type="checkbox"/> Father's cell phone
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mother's E-mail	<input type="checkbox"/> Father E-mail:
<input type="checkbox"/> Student's E-mail	<input type="checkbox"/> Church Affiliation	<input type="checkbox"/> Other

## RELEASE; PAYMENT OF EXPENSES; MEDICAL CONSENT

1. The undersigned parent(s) or legal guardian(s) ("Parent") grants permission for the Student to use all playground equipment and participate in all of Cedar Park Christian Schools' ("School") activities, including field trips off of the School's grounds.
2. The Parent recognizes that there may be occasions where the Student may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. The Parent hereby grants permission for the School or its agents to seek and secure any medical attention or treatment for the Student, including hospitalization, if in the agent's opinion such need arises. Additionally, the Parent also grants permission for the School or its agents to administer basic medical treatment. In doing so, the Parent agrees to pay all fees and costs arising from this action to obtain medical treatment. The Parent gives consent to attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and agrees to pay for the medical treatment.
3. The Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Student.
4. The Parent releases and agrees to hold harmless, defend and indemnify the School and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the School) that the Student or the Parent may suffer as a result of the Student's participation and/or enrollment at the School.

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

***Please complete the information below only if there is a change for the 2019-20 school year***

### NOTICE REGARDING RIGHTS OF PARENTS

Cedar Park Christian Schools ("School") will allow (1) the release of a child, (2) information about the child (as deemed appropriate by the School, in its sole discretion), and (3) access to School educational records for the child to either of the child's parents or legal guardians unless the School receives sufficient evidence (in its sole discretion) that a court order, legally binding legal document (for example, a document relating to divorce, separation or custody), or law or regulation specifically revokes those rights. Either of the child's parents or legal guardians is authorized to make decisions on behalf of the child, unless the School receives sufficient evidence (in its sole discretion) to the contrary, whether in the form of a court order, legally binding legal document (for example, a document relating to divorce, separation or custody), or law or regulation specifically revoking the authority of the parent or guardian. In the event of conflicting instructions from the parents or legal guardians (when both are apparently authorized to make decisions on behalf of the child), the School may elect to take any action it deems appropriate, in its sole discretion, including taking no action.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

New regular medications not listed in the attached STUDENT PROFILE: \_\_\_\_\_

Allergies (drug or other) not listed in the attached STUDENT PROFILE: \_\_\_\_\_

Is your child currently under a physician's care? (please explain): \_\_\_\_\_

Are there any health conditions we should be aware of? \_\_\_\_\_

Are any of the allergies or medical conditions **LIFE THREATENING?**    Yes    No

Immediate family member(s) **NOT AUTHORIZED** to pick up child from school: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Non/Joint-Custodial Parent:**   *Complete only for a parent not living with the student. A Copy of Parenting Plan is require unless both signatures included.*

IS THERE JOINT CUSTODY?    Yes    No

RELEASE STUDENT TO NON/JOINT-CUSTODIAL PARENT?    Yes    No   (without legal documentation, this cannot be enforced)

Name: \_\_\_\_\_ Home phone: (   ) \_\_\_\_\_ Work phone: (   ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ E:Mail \_\_\_\_\_