



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

2021-22

APPLICATION FOR RE-ENROLLMENT

Student name: _____

Grade entering for 2021-22 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*), before contacting the administration.
4. We understand that assessments will be made to cover damage to school property, including but not limited to breakage of windows, abuse of textbooks, 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 (see CPCS handbook).

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:

_____ <i>Signature of Parent or Legal Guardian</i>	_____ <i>Date</i>	_____ <i>Signature of Parent or Legal Guardian</i>	_____ <i>Date</i>
---	----------------------	---	----------------------

Important:

- Tuition payments must be current before the re-enrollment process may begin.
- To qualify for the **EARLY-REGISTRATION DISCOUNT**, all Re-Enrollment Forms must be submitted to the Independent Study with payment of \$85 to the **IS Office no later than 3 p.m. Friday, June 11th** (See Tuition and Fee Schedule).
- Standardized Testing for the current school year will be waived due to COVID.
- All forms must be completed and signed by all parties – incomplete packages will stop the registration process.
- 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 IS Office.

IMMUNIZATION REMINDERS:

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Kindergarten – 5th: 3: Hep B; 5 DTP; 3rd or 4th Polio on or after age 4; ➤ 2 MMR; 2 VAR or healthcare provider verified disease. <p>Certificate of Immunization or Exemption must be signed and dated by a healthcare provider.</p> | <p>6th – 12th: 3 Hep B; 5 DTP; 1 Tdap; 3rd or 4th Polio on or after age 4; 2 MMR; 2 VAR; or healthcare provider verified disease</p> <p>Certificate of Immunization or Exemption must be signed and dated by a healthcare provider.</p> |
|---|---|

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 _____