**King’s Christian Academy** 

**1744 W. Gramercy PL**

**San Antonio, TX 78201**

**(210) 601-6399**

**Student Application for Enrollment**

A non-refundable enrollment fee must accompany this application form.

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade applying for: \_\_\_\_\_\_\_\_\_\_

School year 20\_\_\_- 20\_\_\_ New Student (Y/N) Returning Student (Y/N)

**Student Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male or Female: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TX

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s social Security #\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Home phone # (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Student’s cell phone # (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Student’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information:**

Father/Guardian #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,TX

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone # (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ (emergency use only)

Cell phone # (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text or phone call? (circle one)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (used for communication)

Mother/Guardian #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,TX

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: (MM/DD/YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone # (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ (emergency use only)

Cell phone # (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text or phone call? (circle one)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (used for communication)

**Custody Information**

Both Parents: Yes No (circle one)

Divorced joint custody: Yes No (circle one)

One parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of parent with full custody

Note: If the biological parents are divorced then the school must have a copy of the divorce decree pages signed by a judge which indicates custody placement. Please submit this with your enrollment application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KCA admits students of any race, color, national and ethnic origin to all the rights and privileges, programs and activities generally held or made available to student of KCA. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

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| **Church Affiliation**  **Father/ Guardian 1:**  Have you accepted Christ as your personal Savior? Yes or No  How often do you attend church? Weekly Monthly Occasionally  Church currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  May we be of help in your spiritual life? Yes or No  **Mother/Guardian 2:**  Have you accepted Christ as your personal Savior? Yes or No  How often do you attend church? Weekly Monthly Occasionally  Church currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  May we be of help in your spiritual life? Yes or No |

**Commitment Statements**

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| **PLEASE READ THE FOUR STATEMENTS LISTED BELOW AND SIGN WHERE INDICATED. PLEASE MAKE SURE YOU READ THIS YEAR’S FROM AS SOME OF THE DETAILS HAVE CHANGES.** THESE MUST BE SIGNED BY ANY AND ALL ADULTS WITH THE PROPER CUSTOD IN ORDER FOR THE APLICATION FOR THE ENROLLMENT TO BE VALID. ALSO, THE FINANCIAL CONTRACT MUST BE SIGNED BY THE PERSON WHO WILL BE RESPONSIBLE FOR THE PAYMENTS. |

**Application Commitment**

To the best of my knowledge, all information provided by me on this application form for enrollment are true and correct.

**Statement Commitment**

I hereby make application for my child to attend King’s Christian Academy. In making this application, I understand and agree to comply with and abide by the provisions if the School Student Handbook and the rules and standards set in out therein including, but not limited to, the following:

1. King’s Christian Academy has the right to dismiss any student who does not respect the school’s academic and behavioral standards or does not cooperate in the educational process.
2. King’s Christian Academy has full discretion to discipline students according to the guidelines of the King’s Christian Academy Code of Conduct.
3. I agree to cooperate with the school policies and procedures and to pray for the school personnel. I agree to publicly support the school and bring I have to the proper individual as per school policy and procedures.
4. I agree to cooperate with the school’s policy and dress code and understand I will be held accountable for my child’s adherence to that policy.
5. I agree that my students and I will represent the school well. This includes behavior off-campus, in the virtual world and during school- sponsored activities such as field trips and sporting events.

**Family Standards**

King’s Christian Academy is a religious institution providing an education in a distinct Christian environment, and it believes that its biblical role is to work in conjunction with the home to mold students to be Christ-like. On those occasions in which the atmosphere or conduct in that home is counter to or in opposition to the biblical standards the school teaches (as disclosed in the Student Handbook), the school reserves the right to, within its sole discretion, to refuse admission of an applicant or discontinue enrollment of a student.

**Conciliation Clause Commitment**

[Required for admittance to King’s Christian School]

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church ( see Matthew 18:15-20; 1st Corinthians 6:1-8) Therefore, the parties agree that any claim or dispute arising from or related to this agreement/ enrollment in school shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation. Judgement upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision. Normal communication regarding complaints and/ or grievances will be handled according to the process outlines in the School Handbook under “Complaints and Grievances.” We agree with this approach to resolve any disputes, which may arise without association with King’s Christian Academy.

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| As parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is applying for Grade \_\_\_\_\_\_\_ in 2023-2024, we have read and completed the enrollment form. In doing so, we agree and bind ourselves to the school’s procedures for enrollment and the commitments necessary for enrollment as found on these pages of the King’s Christian Academy Student enrollment form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Signature Mother’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signed Date Signed |

**Tuition Payment Preference**

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| For our bookkeeper to prepare for next year’s billing, we need to know your preference concerning a payment schedule. The options are listed below. **Please mark one.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option 1: 10 Monthly payments**  Monthly payments begin on August 15th and each payment is due on the fifteenth of  each month for a 10-month period. The last payment will be on May 15, 2024.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option 2: 11 Monthly payments**  Monthly payments begin on July 15th and each payment is due on the fifteenth of  each month for an 11-month period. The last payment will be on June 15, 2024.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option 3: 12 Monthly payments**  Monthly payments begin on June 15th and each payment is due on the fifteenth of  each month for a 12-month period. The last payment will be on May 15, 2024.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option 4: Semester payments**  A semester payment receives a 2 % discount for each semester payment. Semester  must be received by August 15th or January 15th to receive the discount. |

For office use only:

Enrollment date: \_\_\_\_\_\_\_\_\_\_\_\_ Re-enrollment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdraw date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Use of Student Images**

As a parent/guardian of this student, I give full consent to the use of photographs taken during the school year. As it pertains to the use of these photos for publicity, promotional, and /or education purposes (including print publications, school website, school Facebook or other media sources), please see the following stipulations concerning the use of photographs for this student.

**\_\_\_\_\_\_\_\_\_ I give full consent for my student to be photographed and their photos used as described above.**

**\_\_\_\_\_\_\_\_\_\_ I DO NOT give consent for my student to be photographed and their photos used as described above.**

**(I understand I will be contacted further concerning the specific of this issue)**

**I do this with full knowledge and consent and waive all claims for compensation for use or for damages.**

**\*\*\*\*\* Please note \*\*\*\*\* All students will be photographed for in-house purposes and their photos will be included on campus decorations, yearbooks, crafts, and projects, along with their names**. If there is a legal reason your student should not or cannot have their photo and/ or name listed, please contact the school office to let us know of the circumstances as well as providing legal documentation stating the details of the limitations.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Student Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**School Medical Form**

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| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Medical Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In case of emergency contact parents or: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A. Please note any health problem, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation in the science classroom. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B. Student’s immunization shots are current, i.e., tetanus and diphtheria, typhoid, smallpox, and polio vaccine. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| C. Student is subject to:  \_\_\_asthma \_\_\_sensitive skin \_\_\_sleepwalking \_\_\_nosebleed \_\_\_Earache \_\_\_sinus trouble \_\_\_convulsions  \_\_\_high blood pressure \_\_\_fainting \_\_\_frequent colds \_\_\_headaches \_\_\_motion sickness \_\_\_tonsillitis  \_\_\_nightmares \_\_\_bed wetting \_\_\_allergies describe) \_\_\_eye infection \_\_\_bronchitis \_\_\_kidney problem |

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| D. Medications  Medications I would like my child to be given.  Name of Medication(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Purpose of Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How often is it administered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Has Your child ever been tested for a learning disability? Yes No  If yes, in what year was he/she tested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, what was the diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has your child been diagnosed with ADD or ADHD? Yes No  If yes, what medications are currently being prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has your child been diagnosed with any medical condition? Yes No  If yes, what medications are currently being prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please submit medical documentation for any diagnosis from above.**  **We will gladly work with your child’s physician if needed. Please notify the office of any change or updates in your child’s condition.** |

In case of emergency, I hereby give permission to the physician selected by the school to provide necessary treatment for my child.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Release Authorization Form**

**We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. King’s Christian Academy must have this form before your child is released to someone other than the parent. The first time an authorized person picks up the student, they must bring a form of identification. The office personnel will make a copy to keep in the student’s file.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Authorized Person’s Name** | **Relationship to The Student** | **TX ID/DL on File** |
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Parent/Guardian Signature Date

**Student Record Request Form**

Student Name:

Legal or other name, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:

Last School attended: Grade

Last District attended:

Receiving School:

Address:

Phone Number:

Parent Release of Records

I, , parent/guardian of , give permission for the release of my student’s records to King’s Christian Academy for the purpose of review.

Parent/Guardian/ Signature: Date:

Please e-mail the documents mentioned below to [kingschristianacademy@yahoo.com](mailto:kingschristianacademy@yahoo.com).

* Official transcript
* Standardized test results
* Special Education records: IEP and evaluation report or 504 plan
* Discipline or behavior records
* Health records/Immunization record
* Attendance records, withdrawal grades/last report card
* Any other applicable records

**Volunteer Information**

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| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please check any activities that you would be interested in helping with.

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| \_\_\_\_\_\_\_\_\_ I would like to organize/ plan class field trips.  \_\_\_\_\_\_\_\_\_ I would like to organize/ plan/ decorate for class parties.  \_\_\_\_\_\_\_\_\_ I would like to organize/ plan/ decorate for school events.  \_\_\_\_\_\_\_\_\_ I would like to help with copying, cutting, and/or office help.  \_\_\_\_\_\_\_\_\_ I would like to donate supplies/books/treats.  \_\_\_\_\_\_\_\_\_ I would like to help with classroom projects.  \_\_\_\_\_\_\_\_\_ I would like to share the following special talent or occupation with the class.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Contract for Enrollment**

Please read carefully, initial all blanks and sign before returning to the school office.

1. **Enrollment/Re-enrollment Fee:** I understand that the registration fee is to ensure that my child will have a position at King’s Christian Academy for the 2023-2024 school year. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial

2. **No Refund:** I understand that the Enrollment/Re-enrollment fee is **not refundable** unless my child is denied admission at King’s Christian Academy. \_\_\_\_\_\_\_\_\_\_\_\_\_Initial

3. **Tuition:** I understand that upon signing this contract, should my child be accepted for enrollment at King’s Christian Academy for 2023-2024, I am obligated to pay for the full annual tuition because King’s Christian Academy must in turn make financial obligations for salaries, services, and products based on my intentions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial

4. **Fundraising:** I understand and agree to participate in all Fundraising events and agree to sell the minimum required amount and failure to do so will result in adding the fundraising amount to the next month’s tuition payment. \_\_\_\_\_\_\_\_\_\_\_Initial

5. **Withdrawal:** I agree that should my child be withdrawn from King’s Christian Academy after his/her admission for the 2023-2024 school year, I will nevertheless fulfill my obligation as outlined in this contract and pay tuition in full, even if my child never attends classes.\_\_\_\_\_\_\_\_\_\_\_Initial

**Exceptions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_a.** The tuition for the fall semester is always due for payment in full on this contract

is signed, unless the withdrawal is due to the child moving more than 25 miles

away. Consideration for release from this financial obligation will be given by the

school should an unforeseen financial hardship arise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **b**. Consideration for release from the obligation to pay the tuition for spring semester

will be given should a request for withdrawal be made on or before November 15.

After November 15, the balance of the year’s tuition is due for payment in full

the withdrawal is due to the child moving 25 miles away.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **c**. Should King’s Christian Academy make the decision to dismiss the child from

school, the tuition due will be prorated based on the child was enrolled.

6. **Breach of Financial Contract:** I understand that failure to pay all tuition charges will be considered a breach of contract; and as a result of not clearing my indebtedness:

1. King’s Christian Academy will not transfer my child’s records to another school until all indebtedness is cleared.
2. I am subject to the legally binding arbitration process as prescribed in the “Conciliation

Cause” which is included in the enrolment packet. \_\_\_\_\_\_\_\_\_\_\_Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Forms and Documents for Admission​**

1. An original or a certified copy of the child's birth certificate.
2. Child's up-to-date immunization record
3. Student's social security card
4. Copy of most recent report card
5. Copies of all standardized test results (TAKS, Stanford, ITBS)
6. Completed application form
7. Legal documents (if applicable)
8. Parent's DL and/or ID card