

Englewood Christian School

Handbook Agreement and Parent Contract

(Use one form for each student. This form is valid for the 2022-2023 academic year only.)

I, _____, am fully committed to supporting the education of my child, _____. I promise to encourage and support my child as he or she works to achieve his or her goals.

I have read the ECS Parent/Student Handbook and understand and fully agree with ECS' rules & values. As such, I will make every effort to ensure my child learns to live up to the policies contained in them. I also understand that there will be disciplinary consequences if my child violates the rules & values, even in small ways, and I will support the school in their efforts to enforce high standards for behavior, responsibility, and Christianity.

I understand that every school day is CRITICAL to a student's success, and I will make sure that my child arrives at school every day on time. If my child takes the bus, I will ensure that he or she is at the bus stop on time.

I understand that unexcused absences and late arrivals can result in my student being unable to pass from one grade level to another. I also understand that three, unexcused late arrivals will count as an unexcused absence. (Absences must have a note from a qualified, treatment professional to be counted as excused).

I will send my student to school every day dressed appropriately according to the ECS dress code. I will also ensure my student has an appropriate lunch/snack to eat.

I understand that, at ECS, the academic standards are extremely high. Grades are earned by the student mastering a given set of concepts. This may require my student repeating a PACE or set of work several times. I also understand that my student will be held to a Learning Track that I have authorized.

I will communicate regularly with my student's teachers as noted in the handbook. I will return a phone call or text from the school within 2 hours unless circumstances will not allow it. Then, I will respond as soon as possible. If I am asked/required to attend a meeting at the school regarding my student's behavior or academic standing, I will make every effort to attend.

I will ensure my student has as much time as possible and a quiet place to work to complete her or his homework. I will have my student at home at a reasonable time each night and will be faithful in signing any homework slips and in reviewing those same books to ensure my student does her or his homework and returns all books to the school.

Signed: _____ Date: _____

Signed: _____ Date: _____

Englewood Christian School

Learning Track Agreement (2nd Grade and Up)

(Use one form for each student. This form is valid for the 2022-2023 academic year only.)

Track 1 – College/University Bound

- Student completes 12 PACES or 10 Units in each subject to pass. Passing grade level is set to 80.
- Student will work on both Computer (5th-12th) and in PACE books.
- Student will receive homework for incomplete daily/weekly goals.
- Student is eligible to help in other rooms and/or can use “gaming websites” when work is complete.
- Student will not be excused from “Specials” for incomplete work.
- Student will participate in 4 academic competitions during the year.
- Student is eligible for Bluehawks’ Pride and ECS Excellence awards.

Track 2 – Diploma/Focus

- Student completes 12 PACES or 10 Units in each subject to pass. Passing grade level is set to 70.
- All-PACE option is available.
- Student will receive homework for incomplete daily/weekly goals.
- Student is eligible to use “gaming websites” when work is complete.
- Student will not be excused from “Specials” for incomplete work.
- Student will participate in 3 academic competition during the year.
- Student is eligible for Bluehawks’ Pride award.

Track 3 – Long-Term Learning

- Student completes 8 PACES or 7 Units in each subject to pass. Passing grade level is set to 70.
- All-PACE option is available.
- Homework can be optional with parent agreement.
- Student is eligible to use “gaming websites” when work is complete.
- Student will not be excused from “Specials” for incomplete work.
- Student will participate in 2 academic competition during the year.
- Student is eligible for Honor Roll award.

I, _____, have reviewed the three

learning tracks and the recommendation of my student’s teacher. I have elected to enroll my student in the following learning track...

_____ Track 1 _____ Track 2 _____ Track 3

For Track 2 or 3, I have _____ have not _____ elected the all PACE option. I understand that changing this option will result in my receiving a licensing/book ordering cost.

Signed: _____ Date: _____

Signed: _____ Date: _____

Englewood Christian School

AUTHORIZATION FOR MEDICATION OR TREATMENT

2022-2023

(Use one form for each medication. This permission form is valid for the current school year only.)

I hereby certify that it is necessary for my child, _____ (first/last name)/ _____ (date of birth), to be given the medication or treatment listed below during the school day, including when s/he is away from school property on official school business. I hereby Englewood Christian School and its officers, employees, contractors and agents to assist my child with medication administration and/or to supervise my child's self-administration of medication(s) as directed by his/her prescribing physician(s). I acknowledge and agree that non-health professionals, trained in medication administration, may assist my child with medication administration.

This form must be signed for all the following: medicines given by mouth, inhaled, by nebulizer, on skin, patch, injection, etc. Only FDA-approved, prescribed, and over-the-counter medicines will be accepted.

Name of medication: _____

Reason for medication (diagnosis): _____

Dosage to be given: _____ Route (mouth, injection, etc.): _____

Time(s) of administration: _____ Amount of liquid or count of pills: _____

Beginning date: _____ Ending Date: _____

Allergies: _____

Prescription and over-the-counter medications/treatments shall come in original, labeled containers. Changes in medication times or dosage can only be made by written prescription from the physician, which may be faxed/scanned to school personnel. Over-the-counter drugs/treatments shall only be administered up to five calendar days without a signed or licensed prescriber statement. A licensed prescriber must provide signed authorization for a student to self-carry or self-administer medications/treatments.

Parents are responsible for safe delivery of medication to the bus driver/school (students may not transport medication unless authorized to self-carry emergency medications) and for picking up any leftover medication within ONE WEEK after the ending date. Medication left after this time will be discarded according to school policy.

I hereby consent for the Englewood Christian School to disclose protected health information, as needed, to provide health services to my child. I also give permission for the information on this form to be utilized by the staff of this school and any health personnel providing school health services at the school for the limited purpose of meeting my child's health and educational needs.

I hereby release, indemnify, and hold harmless Englewood Christian School and any of its officers, employees, contractors and agents any and all lawsuits, claims, demands, expenses, and actions against them associated with their activities assisting my child with medication administration and/or supervising my child's self-administration of medication(s), provided they follow the physician's orders on record. I also hereby agree to indemnify and hold Englewood Christian School and its officers, employees, contractors and agents harmless from any and all lawsuits, claims, demands, expenses, and actions against them arising from harm to any person caused by my child's actions with regards to a self-carried/self-administered medication.

Parent Signature: _____ Date: _____

Englewood Christian School

2022-2023

AUTHORIZATION FOR EMERGENCY TREATMENT OR FIRST AID TREATMENT

Student's Name: _____

Date of Birth: _____

Consent for Emergency Medical/Dental Treatment

In the event of a medical/dental emergency I understand that every effort will be made by Englewood Christian School staff to contact me as soon as possible. However, in the event that I cannot be reached, I agree to my son/daughter receiving medical/dental treatment including anesthetic, blood transfusion or other, as considered necessary by the medical practitioner/emergency medical personnel present.

Parent Signature: _____ Date: _____

Is your child allergic to any medications? YES / NO

If yes, please list the medication and reaction

Consent for 'Over the Counter' Medication/Basic First Aid

I give consent for my son/daughter to be given an age appropriate dose of 'over the counter' non-prescription medication and/or basic first aid by school faculty and staff.

Please cross out any of the following medication that you DO NOT want your child to be given:

Tums/Pepto Bismol (or generic equivalent)

Ibuprofen/Tylenol (or generic equivalent)

Throat lozenges or cough drops.

Antibiotic/Antiseptic Salve (Neosporin or generic equivalent)

Saline eyewash/alcohol wipes/bandages/Hydrogen Peroxide

Antihistamine/Anti-itch cream

Burns gel/Sunscreen

Parent Signature: _____ Date: _____

Englewood Christian School

2022 - 2023

Parent Information Form / Child Pick-Up Authorization

The following students are covered by this form (Please Print):

Parent Signature: _____ Today's Date: _____

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW THEIR PICTURE ID IF ASSIGNED CARPOOL SIGN IS NOT POSTED IN THE CAR. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD.

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

1. Parent (please print): _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Cell Phone can receive texts : (Yes / No) _____

2. Parent (please print): _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Cell Phone can receive texts : (Yes / No) _____

PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD

1. Name (Please Print) : _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Relationship: Grandparent Relative Family Friend Daycare Provider Other: _____

2. Name (Please Print) : _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Relationship: Grandparent Relative Family Friend Daycare Provider Other: _____

3. Name (Please Print) : _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Relationship: Grandparent Relative Family Friend Daycare Provider Other: _____

4. Name (Please Print) : _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Relationship: Grandparent Relative Family Friend Daycare Provider Other: _____