

# Section 10—General Policies (cont.)

## **Student Safety**

Fire and tornado drills are conducted periodically to ensure the safety of everyone in case of an emergency. The front entrances to the building is secure and access is controlled.

## **Visitors**

All visitors (this includes parents) are required to check in at the office. If you need to leave something for a student or teacher, please bring it to the office. Visitors are NOT permitted to go directly to the classroom between 7:45-8:10 and 2:15-3:15, as teachers are preparing for instruction, arrival and/or dismissal. Appointments to visit teachers and Administrators can be scheduled through the front office as noted above. In order to maintain student safety, students may not have student visitors during school hours, unless it is approved by ECS previously.

## **Volunteers**

We look to make Volunteers a valuable part of ECS this year and going forward. We encourage parents to be involved and welcome their talents in a controlled and directed manner. There may be many opportunities to serve: assisting with car rider drop off, lunch monitoring, fundraising programs, computer lab monitoring, gardening, attending/driving on field trips, campus beautification, etc. Please see our Administrator to find out what type of help is needed. Please e-mail volunteer hours to the school email.

Observations of classrooms are not encouraged because they may prove uncomfortable and distracting to students. Parents are not permitted to drop in unannounced. If a parent desires to observe a classroom, please see administrative staff to schedule a convenient time.

A criminal records check and/or finger-printing may be required for volunteers.

## **Withdrawal**

A withdrawal form must be completed and signed by the parent(s) of any student who seeks to withdraw from ECS prior to the end of the school year. No academic records will be given to any individual or released to any other agency when there is a balance in the student's account. Requests for records will be sent directly to the requesting school within four (4) business days if a balance does not exist. Parent's contractual commitment is for the annual tuition unless a scholarship is involved.

If withdrawal is unavoidable due to relocation over a 30 mile radius, one (1) month's notice, and the equivalent of one (1) month's tuition, is to be received by the school. Should a student withdraw or be dismissed, there will be no refund of tuition. Also, there will be no refund of any portion of registration or matriculation fees. Your matriculation fee pays for workbooks and computer licensing chosen for classes. These items are the property of ECS and not the individual student. Students that are withdrawn from ECS after July 15th of the designated school year may be required to pay supply and workbook/licensing fees for the coming year that have been spent on their behalf.

## **Policy Changes**

ECS reserves the right to change its policies at any given time, and it will provide parents/students with notification of impending changes in due course.

# Section 11—Transportation

## Drop Off and Pick-Up

To ensure maximum safety for all children, traffic patterns have been established by the school administration. Please follow these instructions and maps when dropping off or picking up your child.

- Students arriving at school after 8:30 must be accompanied into the building and signed in by a parent or a designated signer on the Pick-Up form.
- Do not park your car in the Drop off or Pick up Area. If you need to enter the building, please park in the parking area on the side of the building.
- When dropping off in the morning and when picking up in the afternoon, please remain in your car. Failure to follow these procedures creates a confusing and unsafe environment for students entering and leaving the building.
- A \$5 fine may be assessed to those who violate parking stipulations and interrupt the flow of traffic. The fines will be used for various school purposes.
- All students are required to have a Pick-Up form on file. Only those individuals appearing on the form will be allowed to pick-up a student from or sign in a student at the school. Updates can be done by accessing the form on our website.

## School Bus

The ECS school bus provides transportation for designated bus students to and from campus each day. The cost for transportation is \$40.00 per month per family. Payments must be made at Parent Orientation or sent with the student on the first day of the month.

A bus schedule will be provided to each student and posted on the school website.

Parents are not permitted on the school bus unless instructed by the bus driver or as a volunteer cleared by the school administration (see volunteer section above).

**Bus transportation is a privilege and can be revoked for damaging the bus, unacceptable behavior, or unpaid fees. In the case of revocation, any paid fees will not be returned.**



## Student Drivers

Any high school students that drives and/or transports other students will be required to be in good academic and behavioral standing. To park at the school, the student driver must purchase a \$20.00 parking permit issued to them by ECS, and have the following documents on file:

- Copies of proof of auto insurance.
- Student's driver license
- A permission form must be signed by parents of both the student driver and student passenger(s) indicating permission and approval.

**Please note: This is a privilege and can be revoked for misuse of the parking area, violation of school rules, or loss of good standing at the school. In the case of revocation, parking fees will not be returned.**



## Englewood Christian School

### Handbook Agreement and Parent Contract

(Use one form for each student. This form is valid for the 2020-2021 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: \_\_\_\_\_

## Learning Track Agreement (2nd Grade and Up)

(Use one form for each student. This form is valid for the 2020-2021 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 (5<sup>th</sup>-12<sup>th</sup>) 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 participation in academic competition is optional.
- Student participation in certain field trips related to work completed.
- 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

(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

**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

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**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

Parent Information Form / Child Pick-Up Authorization

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

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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: \_\_\_\_\_